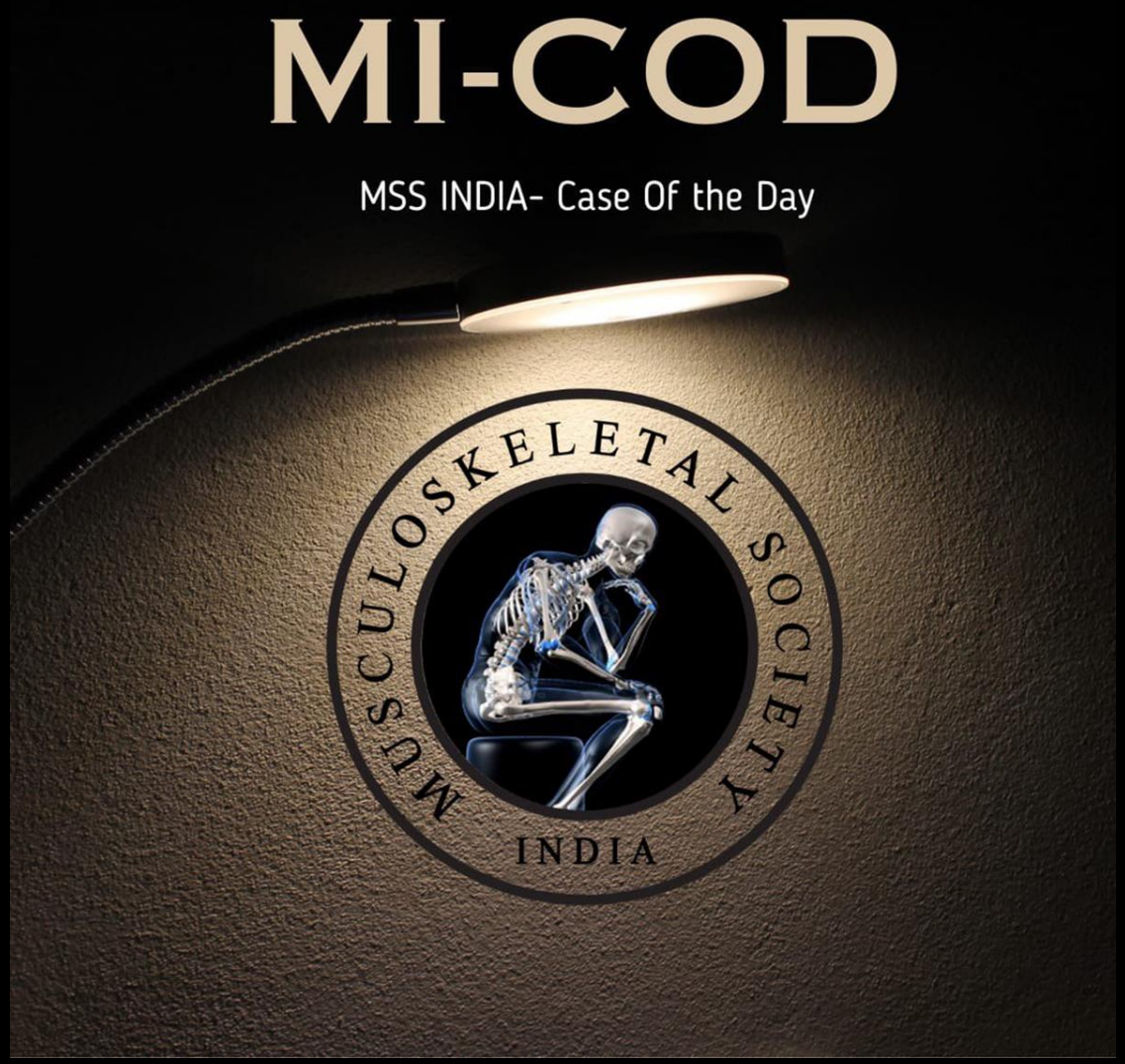
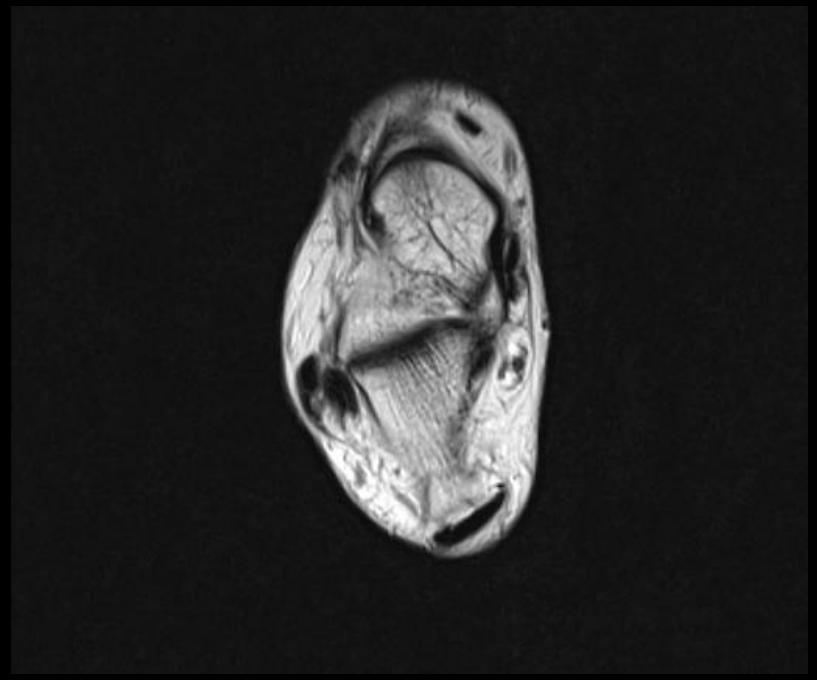
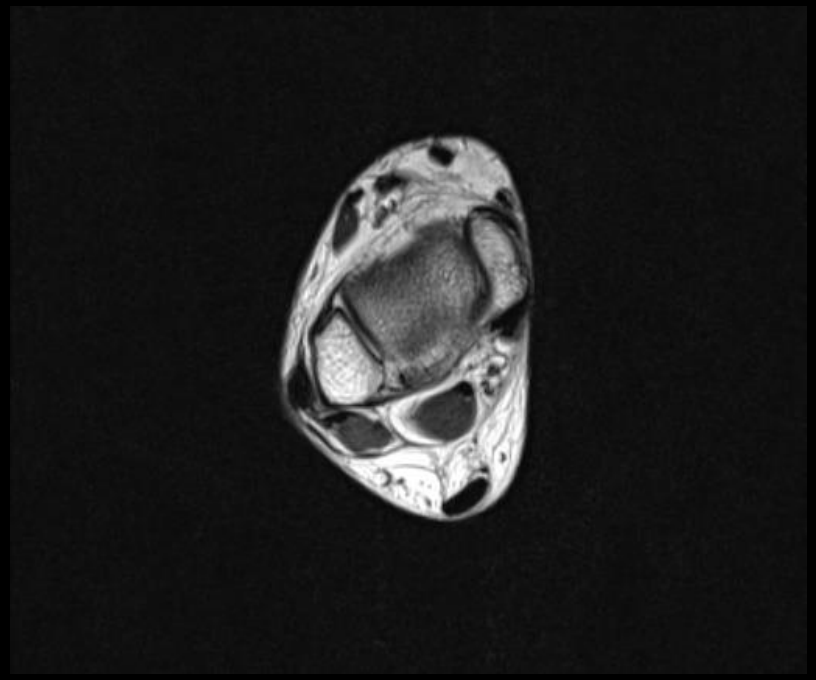
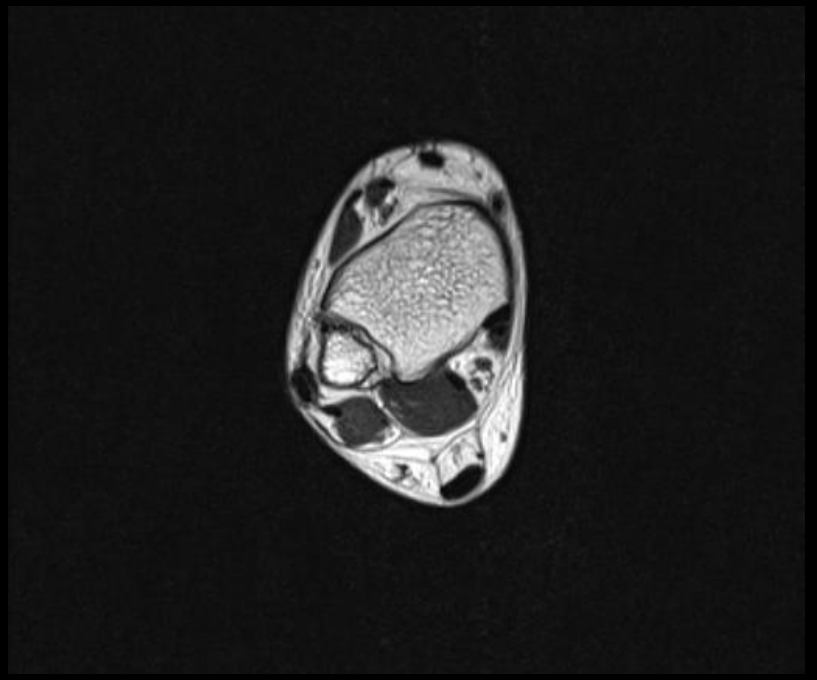
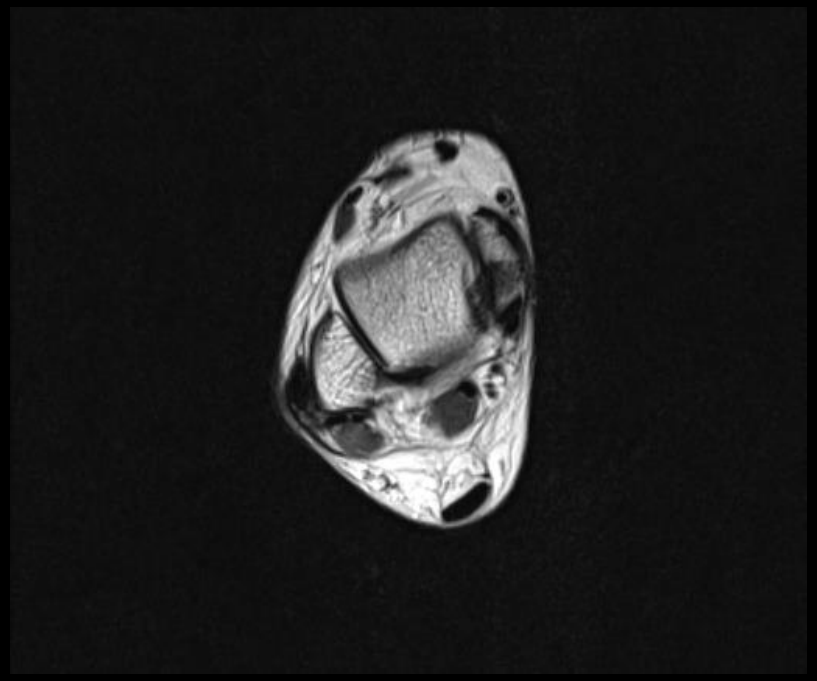
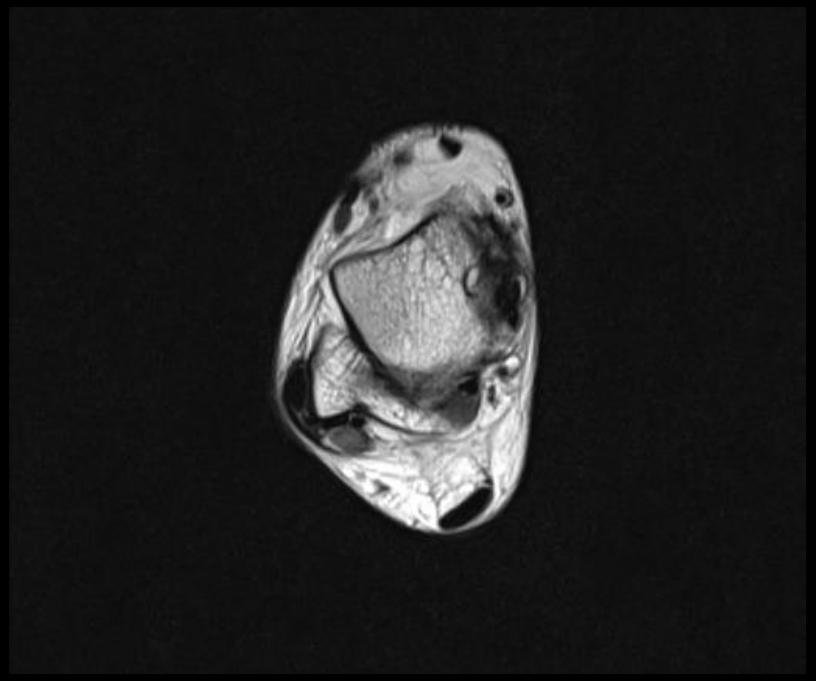
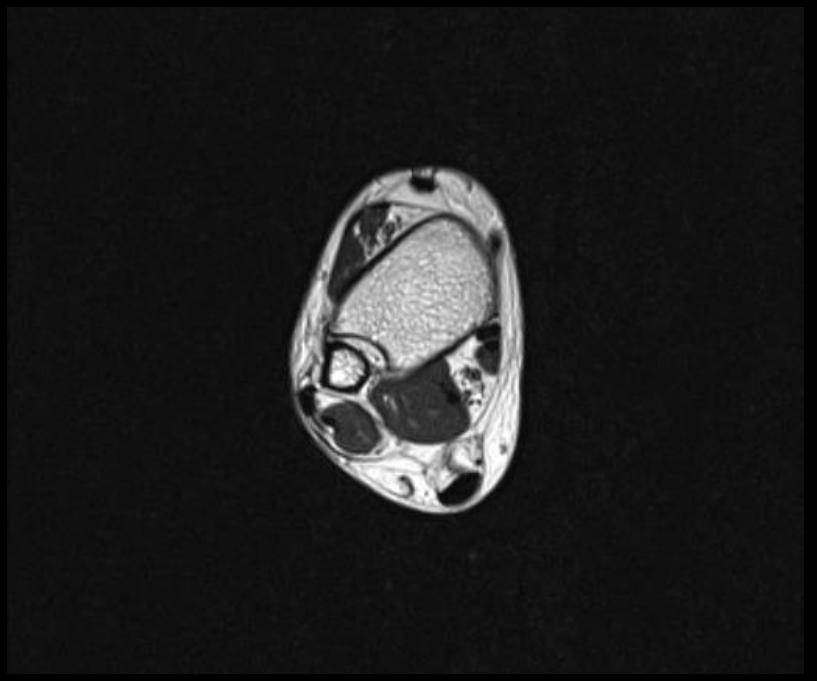
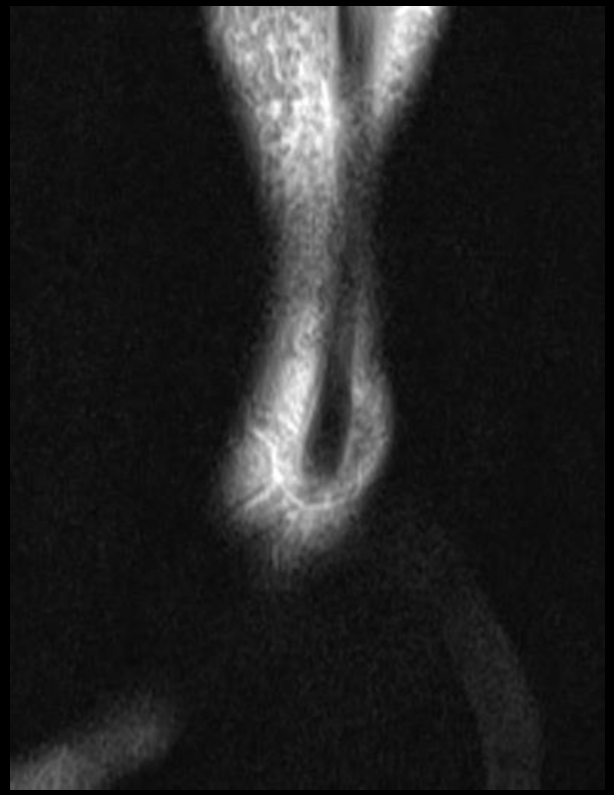
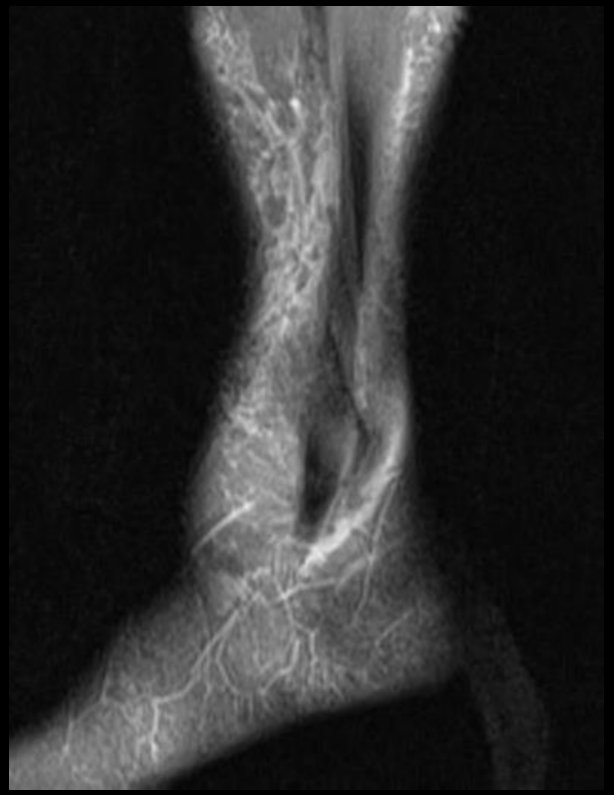
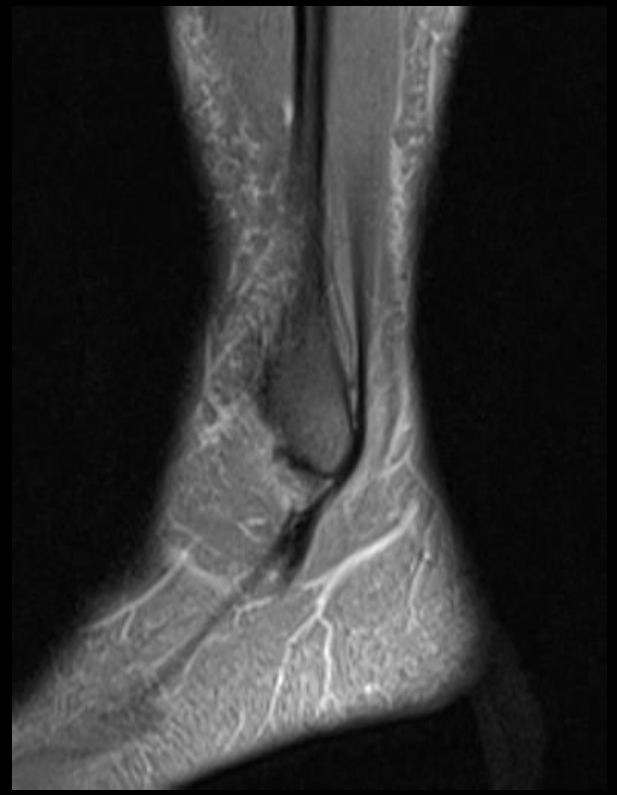
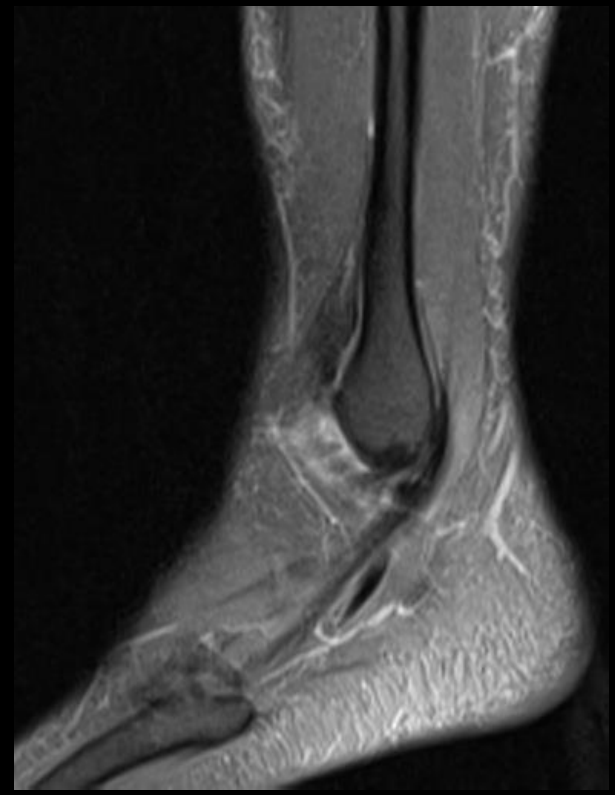
MICOD – 03/06/2024

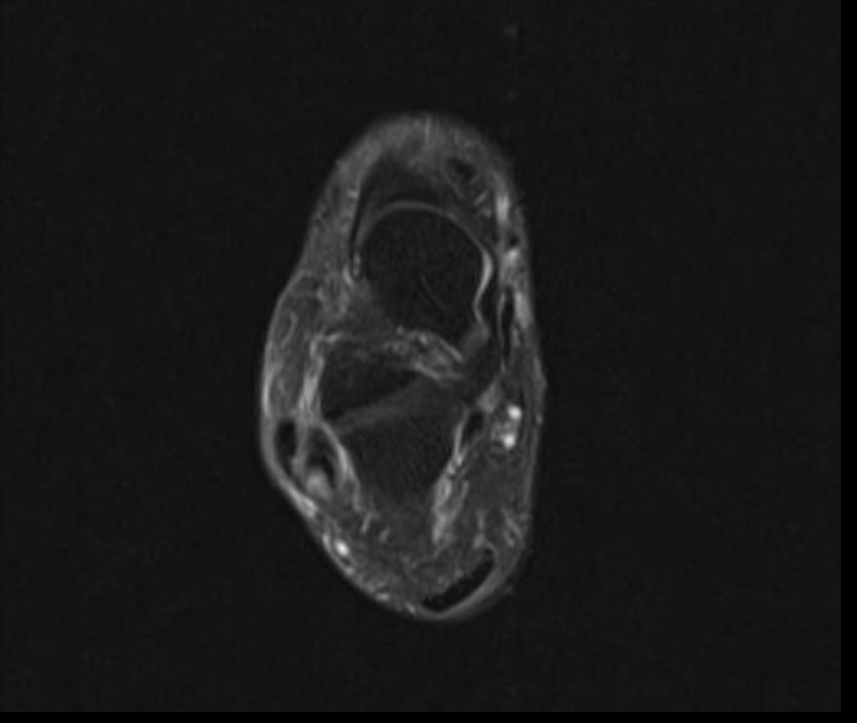
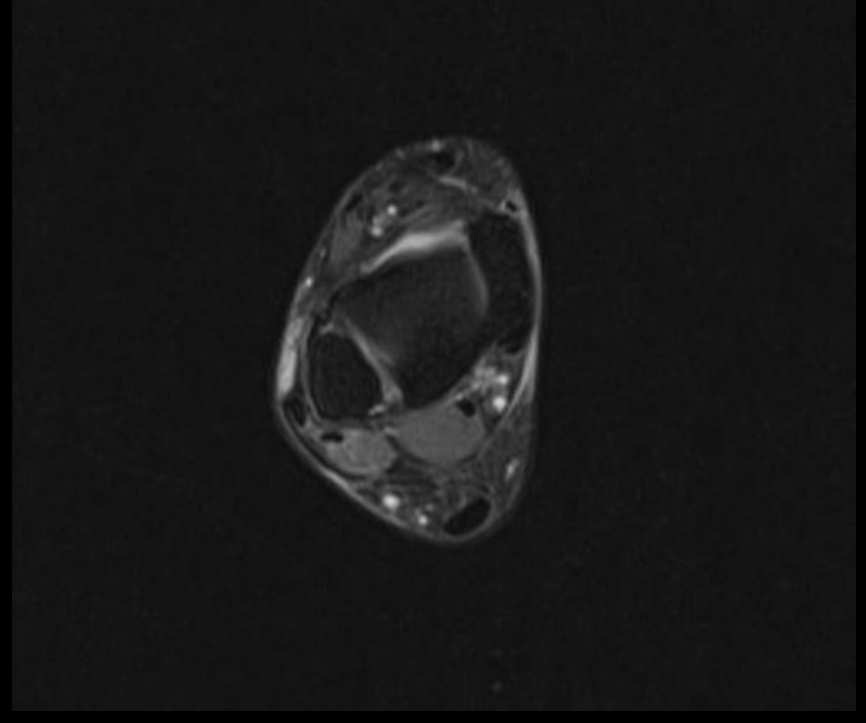
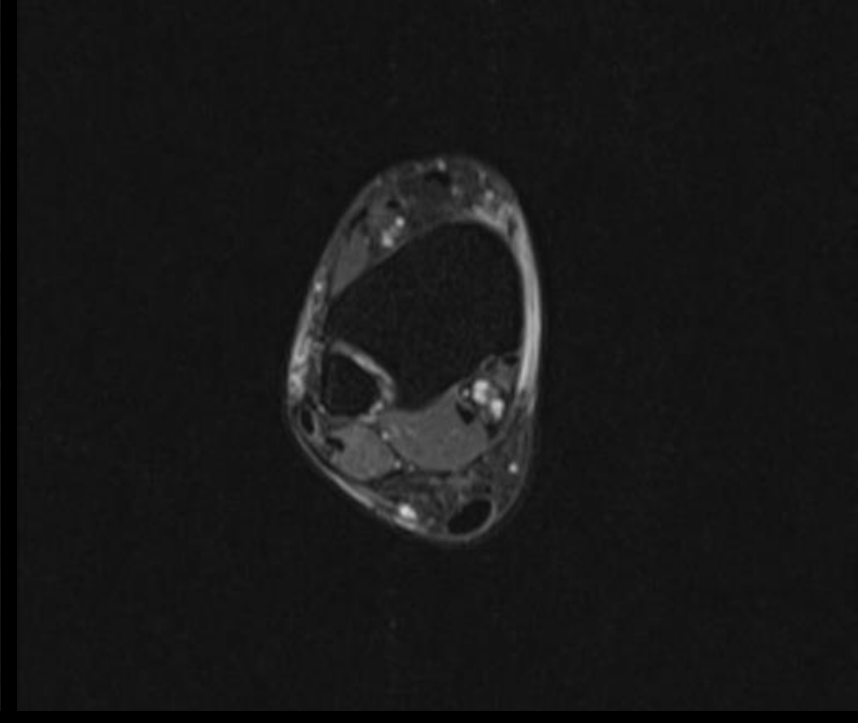
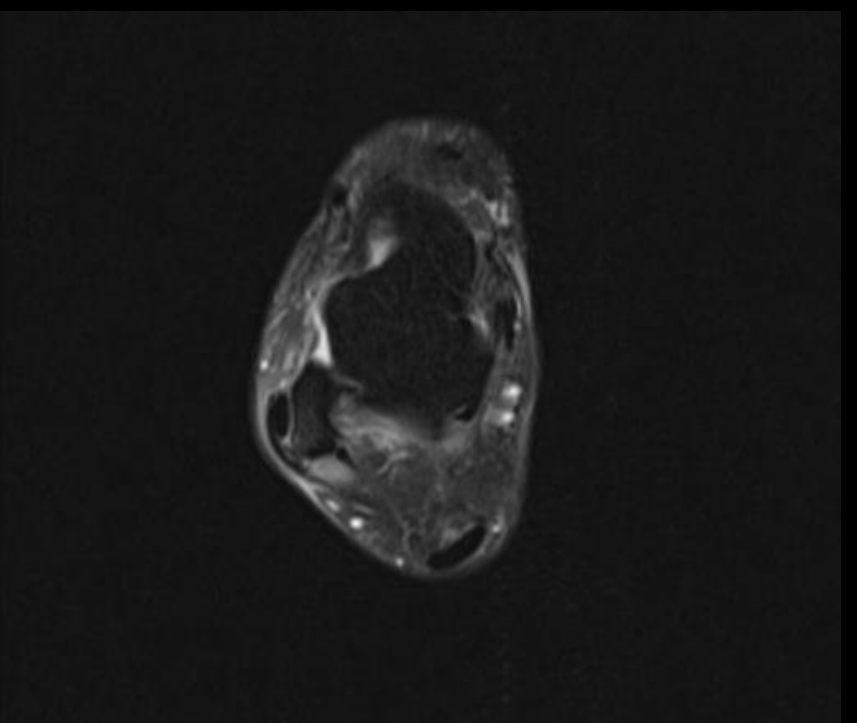
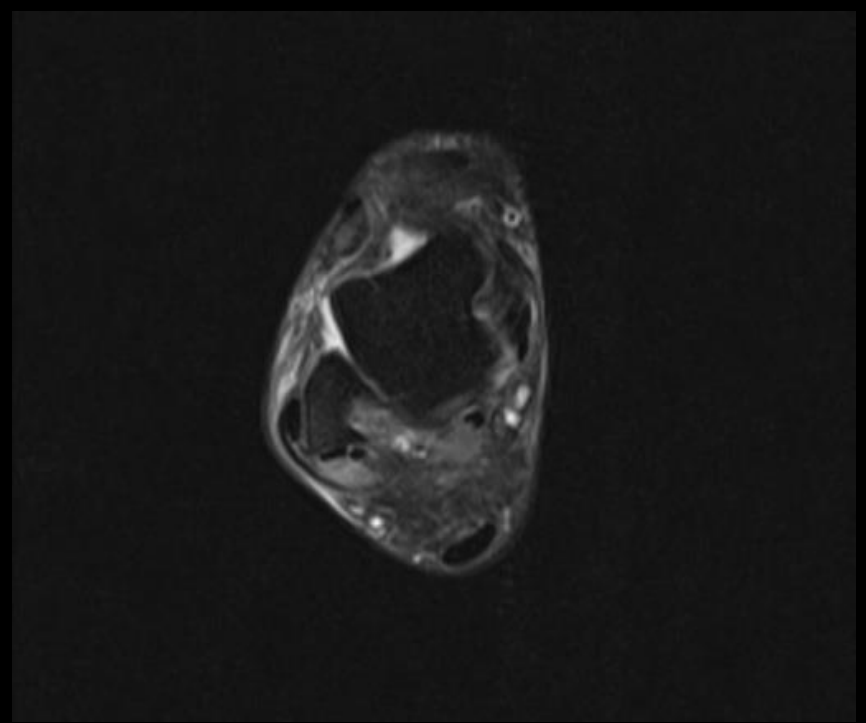
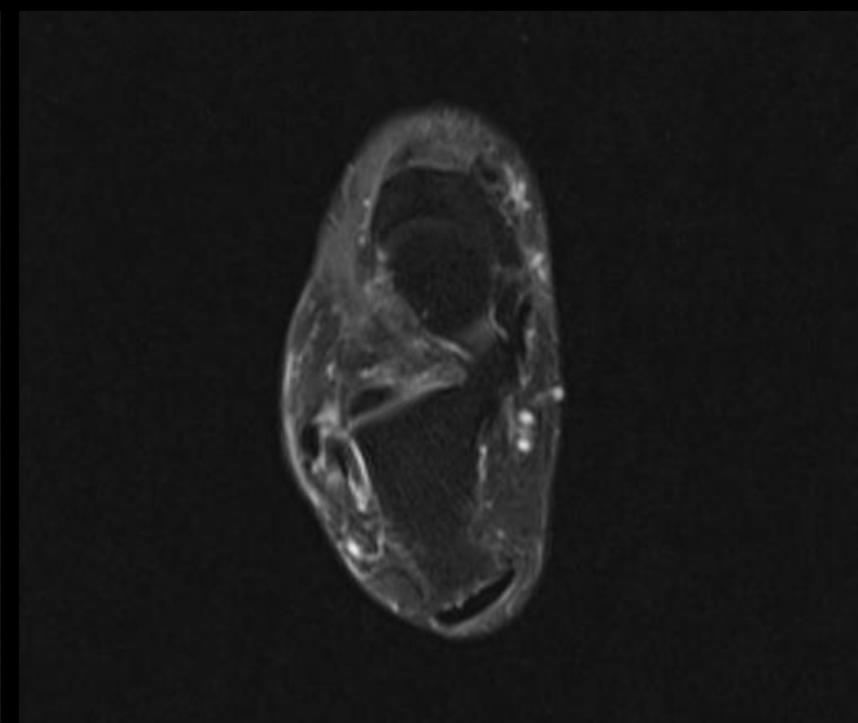
Case contributor – Dr. Surendra Kumar



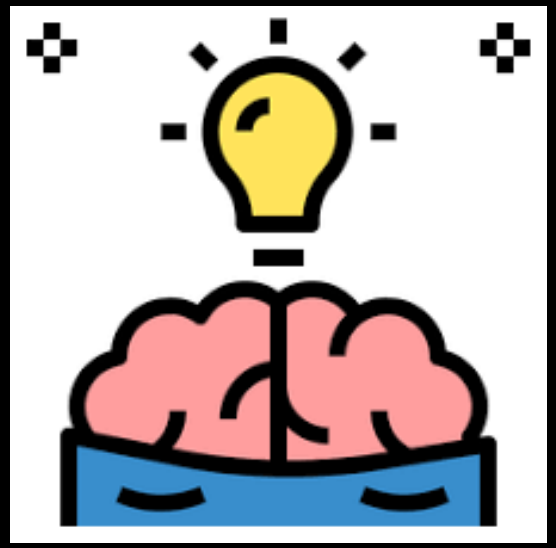
- 35 yr old female with pain in the lateral aspect of right ankle

ANSWER



Dislocation of peroneus longus tendon with perosteal stripping and elevation of superior peroneal retinaculum

Splitting of peroneus brevis tendon with edema in musculo-tendinous junction

Type flat retromalleolar peroneal groove.

Peroneal tendon pathologies commonly cause symptoms on the posterolateral side of the ankle joint, such as pain and a popping or snapping sensation.

These pathologies include peroneal tendinopathy, peroneal tear or rupture, and peroneal tendon dislocation.

The risk factors include the relationship between the retromalleolar fibular groove morphology and the development of peroneal tendon disorders has been well discussed.

Whether the type of retromalleolar groove is a risk for peroneal tendon pathologies remains controversial. However, retromalleolar groove with a concave shape was a risk factor for peroneal tendon tears.

However, no evidence is available to support that this is the optimal level for evaluating retromalleolar groove morphology..

- Types of retromalleolar groove

- Concave
- Covex
- Flat
- Irregular

- The decrease in depth of retromalleolar groove is most commonly associated with dislocation. Surgeries have come up to increase the depth of the grove.

Differences in Retromalleolar Fibular Groove Morphology According to Level of Axial Computed Tomography Scans

Takuji Yokoe, MD, PhD,[*†] Takuya Tajima, MD, PhD,[†] Koki Ouchi, PhD,[†] Nami Yamaguchi, MD, PhD,[†] Yudai Morita, MD,[†] and Etsuo Chosa, MD, PhD[†]

SUPERIOR PERONEAL RETINACULUM INJURY

- In the most common form of SPR injury (Oden classification2 Type I), the SPR is not torn, but becomes detached from the lateral malleolus together with stripping and elevation of the periosteum to which it is attached, forming a false pouch.
- Type II injury, the SPR is torn near the lateral fibular margin.
- In a type III SPR injury, there is also an associated avulsion fracture, which may be detected radiographically as a small fleck of bone detached from the lateral fibular margin.
- Type IV injury involves a tear of the posterior portion of the SPR.
- The vast majority of injuries are Type I, without an actual tear of the retinaculum.
- Concomitant lateral ligamentous injuries are frequently seen and may cause ankle instability.

Peroneal Tendon Dislocation and Superior Peroneal Retinaculum Injury

Daniel Bodor, M.D.

- THANKYOU