

LISFRANC INJURIES

TIPS & TRICKS

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COMMON PITFALLS

The X-ray can often appear normal, especially if a non-weight bearing film is ordered

A CT scan will also appear unremarkable in the setting of a ligamentous Lisfranc injury

Plantar ecchymoses (bruising on the plantar aspect of the foot) are pathognomic of the injury and should never be ignored, even in the presence of a normal X-ray

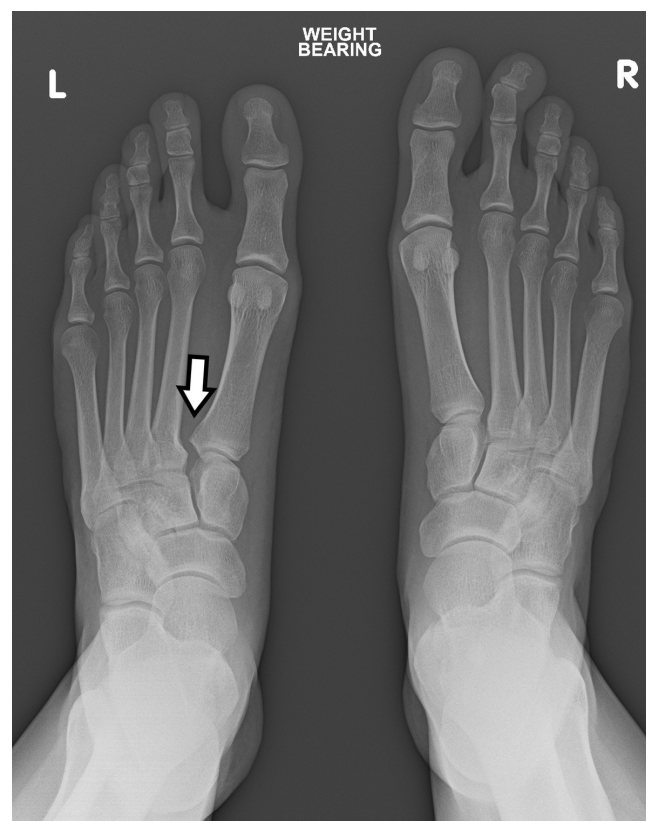
INJURY PROFILE & HISTORY

Common around the 3rd decade of life

Male : Female ratio = 4.25:1

The most common mechanism is an axial force applied to a plantar flexed foot

Often the only X-ray finding is widening of the space between the 1st & 2nd metatarsals (pictured right)



EXAMINATION

- Examination is the key to diagnosis of a Lisfranc Injury
- The patient will be tender over the base of the 2nd metatarsal (pictured below in red)
- Plantar ecchymoses are a hallmark sign of Lisfranc injury and their presence should lead to multiple levels of imaging until the injury is ruled out (pictured below left)



WHAT TO LOOK FOR ON IMAGING

The first subtle clue is widening of the space between the bases of the 1st & 2nd metatarsals on a weight-bearing foot X-ray (see 1st page)

The CT will often show a small intra-articular fracture of the base of the 2nd metatarsal or medial cuneiform (see below)

In the event of a soft-tissue-only Lisfranc injury, the MRI may show increased signal or rupture within the Plantar Lisfranc Ligament

WHAT SHOULD I DO

If Lisfranc injury is expected, a weight-bearing X-ray is recommended as a first line investigation

If the X-ray is unremarkable for widening or fracture, but the clinical signs are consistent with a Lisfranc injury, then a CT scan is recommended

If continued pain or disability persists after 3-4 weeks despite normal CT & X-ray imaging, an MRI is recommended

In cases of identified Lisfranc injury, place the patient into a boot or backslab (Non Weight-bearing) and obtain early specialist referral

