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**Combined Dislocation of the Naviculocuneiform and Calcaneocuboid joints: A Case report and Review of the Literature**

**Case**

A 37-year-old male presented to the emergency department after his right foot was run over by a construction lift resulting in traumatic dislocation of the naviculocuneiform and calcaneocuboid joints in addition to fracture of the fibula with associated ligamentous disruption. The patient underwent staged treatment with closed reduction and percutaneous pinning followed by open reduction and bridge plate fixation, achieving an excellent clinical outcome with extended follow-up of 34 months.

**Methods**

Review of the 14 case reports have been described in the literature and summarized in table 1. The injury mechanisms included crush injuries (n=3), high-speed traffic accidents (n=1), other traffic accidents (n=2), falls from a 2-foot stool (n=1) or 6 meters (n=1), sports injuries (n=1), tripping on a pothole (n=1), and motor vehicle accidents (n=2). Postoperative complications were reported in four cases, including surgical site infection (n=1), an osseous fragment adjacent to the N-C1 joint (n=1), and an infection necessitating incision and drainage with amikacin 50 mg every 12 hours for five days (n=1). At the final follow-up, post-traumatic arthritis was observed in two cases, and AOFAS scores were documented in four cases.

**Conclusion**

Combined dislocation of the naviculocuneiform and calcaneocuboid joints represents a rare and poorly described clinical entity. Joint reduction and temporizing stabilization followed by definitive fixation once soft-tissue trauma is improved can produce a favorable clinical result.