

Ankle Fracture Symposium

Ankle fractures are one of the most commonly treated injuries in day to day practice. Yet the understanding of these complex injuries still remain unclear. Many controversies surrounding ankle fractures are still unresolved. Advances in the field have always been with an attempt to make complexities simpler. With this symposium, based on current literature; we aim to bring out many recent facets of ankle fracture management.

In today's context, usefulness of Lauge-Hansen's classification is being debated in some quarters, but no other classification has evolved to replace it. In the current issue, Dhillon et al discuss the pros and cons of this age old classification, with emphasis on its relevance in the modern era of orthopaedics and so is the posterolateral approach for fixing posterior malleolus. There are many controversies surrounding ankle fractures, none more relevant or debatable than dealing with injuries of the syndesmosis; Jin Su Kim from Korea presents an alternate method of managing these by reconstructing the antero inferior tibio-fibular ligament, rather than screw fixation, and this opens up different modalities of thought. Stabilizing all 3 components of a Trimalleolar fracture often become mandatory, and the posterolateral approach is fast evolving into an excellent approach which addresses multiple issues at the same time. The approach is well described in 'How I do it' article in the symposium, and becomes an important part of the armamentarium of the modern foot and ankle surgeon. Topics like management issues of open fractures and malunion of ankle which are included in this symposium are truly the need of the day. Saini and co-authors have described options available, with standardized guidelines, and a comprehensive literature review. With the rampant increase in incidence of diabetes mellitus world over, the time has come for us to devise an algorithmic approach to manage ankle fractures in diabetics. Understanding of these methodology would help readers to reduce the rate of complications associated with diabetic ankle fractures. One of the articles in this symposium does just that, and it is hoped that many aspects of management would be clarified.

In all we are hopeful that this symposium would not only give newer insights in the subject but also help clinician to better manage ankle fracture cases.

Lastly, it is the privilege of the editorial board to include a book review on an interesting book by Rammelt and Zwipp, which describes the foot and its myths, plus its description in the arts, as well as some of the "secrets" kept over the millenia. An interesting read not only for the symbolisms and the role of the foot in languages and social life, but also for a chapter on the history of ankle fractures, which related well with the current symposium.



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