

Pediatric Foot and Ankle Trauma: Expert Panel Approach

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Introduction

Pediatric foot and ankle trauma, particularly severe cases, can be difficult to treat. Treatment can take the form of hybrid fixation with a combination of pediatric and adult techniques. Many fractures can be managed nonoperatively or with percutaneous fixation. However, as children approach adulthood, they also require rigid fixation techniques. The cases presented here span a wide spectrum of ages and fracture types, and the invited panel has presented both usual and unusual approaches to treatment.

Click on the link below for the accompanying case:

Case #1: Metatarsal Fractures: <https://bit.ly/37bBc0Z>

Case #2: Midfoot Injury: <https://bit.ly/3rNexBv>

Case #3: Floating Ankle Injury: <https://bit.ly/3yiGweP>

Case #4: Lisfranc Injury: <https://bit.ly/2WAHQvE>

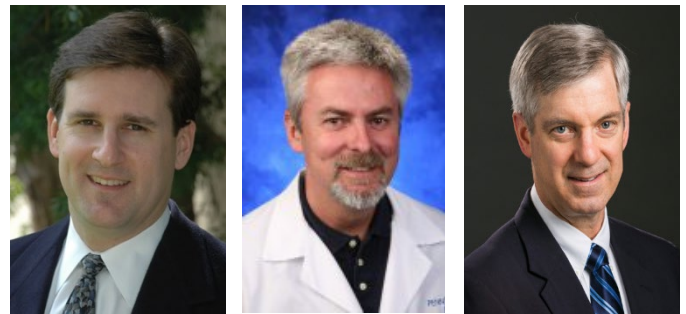
Case #5: Navicular Fracture: <https://bit.ly/2V3Tq2h>

Case #6: Bilateral Talus Fractures with AVN:
<https://bit.ly/3lji6yh>

Case #7: Calcaneus Fracture: <https://bit.ly/37dfUAg>

Case #8: Chopart Joint Injury: <https://bit.ly/3j8FThL>

Case #9: Talar Dome Injury: <https://bit.ly/3fhp3vS>



Expert Panel

Robert M. Kay, MD; William Hennrikus, MD; and Brian G. Smith, MD

Robert M. Kay, MD, is the Chief of Pediatric Orthopaedics at Children's Hospital Los Angeles and a Professor of Orthopaedic Surgery at the Keck-USC School of Medicine. Dr. Kay is a member of the Editorial Board of the *Journal of Pediatric Orthopaedics* and reviews regularly for several other journals. Dr. Kay serves on the Board of Directors for the Commission for Motion Laboratory Accreditation.

William Hennrikus, MD, is Professor of Orthopaedic Surgery, Medical Director of Pediatric Orthopaedics, and Associate Dean of Continuing Education at the Penn State College of Medicine, Hershey, PA.

Brian G. Smith, MD, is the L.E. Simmons Chief of Orthopaedics at Texas Children's Hospital and a Professor in the Department of Orthopaedics at the Baylor College of Medicine. He was previously Professor and Resident Director at the Yale University School of Medicine and served as the Director of Pediatric Orthopaedics at the Yale New Haven Children's Hospital for 11 years.

Summary

The goal of surgical management of complex pediatric foot trauma is to maintain joint mobility and lower extremity function while avoiding growth-related complications. Many principles are similar to those used in treating adult foot trauma. Although pediatric patients often heal fractures more quickly and have fewer wound

complications, treating physicians must still pay attention to soft tissue management in high-energy injuries. Some foot fractures may be amenable to nonoperative treatment in younger children (calcaneus fractures, Lisfranc injuries), but it remains important to look for other injuries in the setting of a high-energy mechanism in all age groups.