

## Dislocation of Proximal Interphalangeal Joint of the Toe: A Case Report

### Ayak Parmağının Proksimal İnterfalangeal Eklem Çıkığı: Olgu Sunumu

F. Sinem Akgün<sup>1</sup>, Selim Şanel<sup>2</sup>, Hakan Yıldız<sup>2</sup>, Cem Ertan<sup>3</sup>

<sup>1</sup>Maltepe University, Faculty of Medicine, Department of Emergency Medicine, Istanbul.

<sup>2</sup>Maltepe University, Faculty of Medicine, Department of Orthopedics and Traumatology, Istanbul.

<sup>3</sup>Izmir Medicalpark Hospital, Department of Emergency Medicine, Izmir.

İletişim: F. Sinem Akgün, Maltepe University, Faculty of Medicine, Department of Emergency Medicine, 34843, Maltepe/Istanbul-TURKEY E-posta: bfsakgun@hotmail.com

#### SUMMARY

Dislocation of the interphalangeal joint of the toe is an uncommon injury, it can be generally treated by closed reduction. Its diagnosis is made by examination and radiography. There may be fracture together. In this article, a 17-year-old patient was presented with radiological findings.

**Keywords:** Closed reduction, dislocation, toe, emergency department.

#### ÖZET

Ayak parmaklarının interfalangeal eklem çıkıkları nadir travmalardan olup genellikle kapalı redüksiyon ile tedavi edilebilir. Tanısı muayene ve grafi ile konur. Çıkıkla beraber kırık da olabilir. Bu yazıda 17 yaşında bir olgu radyolojik bulguları ile birlikte sunulmuştur.

**Anahtar Kelimeler:** Kapalı redüksiyon, çıkık, ayak parmağı, acil servis.

## INTRODUCTION

Dislocations of interphalangeal joint of toes are relatively rare and can generally be treated by closed reduction. After unsuccessful attempts at closed reduction, open reduction is advised (1). We present a case of a persistent proximal interphalangeal joint dislocation of the second toe.

## CASE REPORT

A 17-year-old student sustained a left foot injury on landing during playing volleyball. He complained of pain and deformity over the left second toe. The patient had been wearing a pair of sport shoes at the time of injury. He was admitted to the Emergency Department of Maltepe University by ambulance. Physical examination revealed lateral deviation of the second toe at the PIP joint. The toe was tender and swollen.

He was diagnosed with a left second toe proximal interphalangeal joint dislocation (Figure:1).



Figure 1. Proximal interphalangeal joint dislocation at the left second toe.

On admission to the orthopedics ward, the physical examination revealed marked swelling over the left second toe, with dorsal subluxation of the PIPJ. The subdermal venous plexus refill time was normal, and no neurologic deficit was detected. The radiographs demonstrated a dorsolateral dislocation of the PIPJ of the left second toe without any associated fracture. Closed reduction was performed. He was able to perform full weight bearing walking without pain. Radiographs of his left second toe showed good alignment with congruent PIPJs (Figure:2).



Figure 2. A good alignment in proximal interphalangeal joint of the left second toe.

## DISCUSSION

Dislocation of the interphalangeal joint of the toe is an uncommon injury, the great toe is more commonly involved than the lesser toes (2,3). Reduction is usually accomplished through manual traction with or without digital block anesthesia and the irreducible dislocation is rare. After closed reduction, these dislocations are usually stable. If closed reduction is unsuccessful, the open reduction can be performed (3,4). In the our case the dislocation occurred in the second toe and the

interphalangeal joint dislocation was primarily treated by closed manipulation and the joint was successfully reduced.

After a reduction of a traumatic planter dislocation of the PIP joint of the toe, Boutonniere deformity may be resulted from the rupture of the central slip of the extensor tendon. The DIP joint is forced into hyperextension (5). This deformity did not occur in our patient.

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