

Letter to the Editor

Alternative anesthesia method in reduction of tibiofibular joint dislocation: regional block

Dear Editor,

We have read the case report entitled "A new technique of reduction for isolated proximal tibiofibular joint dislocation: a case report" with great interest¹. We want to thank to appreciate the authors for the contribution to the literature with their new technique. We want also to present our additions with the valuable authors and readers through you.

As mentioned in the study, isolated proximal tibiofibular joint dislocations are not frequently seen in emergency departments (ED) but they are orthopedic emergency cases. According to the study, reduction of the talofibular joint dislocations with the new technique has advantages for the patient and physician. Before the reduction, local anesthesia was applied with 10 cc lidocaine for the pain management in the study.

We want to mention that regional block also can be used as an alternative to the local anesthesia in these patients. It is known that in recent years, local and regional blocks can be applied safely and quickly in the reduction fractures and dislocations with the widespread use of ultrasonography in ED². Sensorial and motor innervation of proximal tibiofibular joint is usually provided by common fibular nerve. It can be easily blocked at popliteal region with USG guidance, and it provides a valuable addition to the reduction procedure³. Regional blocks are also superior to procedural sedation with lack of serious complications.

Moreover, it is known that vascular and nerve injuries can be seen in these cases. Especially tibial artery and common peroneal nerve injury may accompany⁴. It should be in mind that cases that have pain at proximal tibiofibular joint region can be associated with isolated proximal tibiofibular joint dislocation after high energy trauma. In these cases, detailed distal extremity sensation, motor and periphery artery examination should be done and findings should be noted. As mentioned in the study, in the presence of vascular and nerve injury, choose of closed reduction or open reduction in the surgery room is controversial.

Conflict of Interest

None of the authors has any conflict of interest with the submission. The authors of this study did not receive any financial support for this submission.

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