

## CASE REPORTS

# Ipsilateral Transposition Fibular Graft for Reconstruction of the Tibial Diaphysis and Soft Tissue Defect

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## ABSTRACT

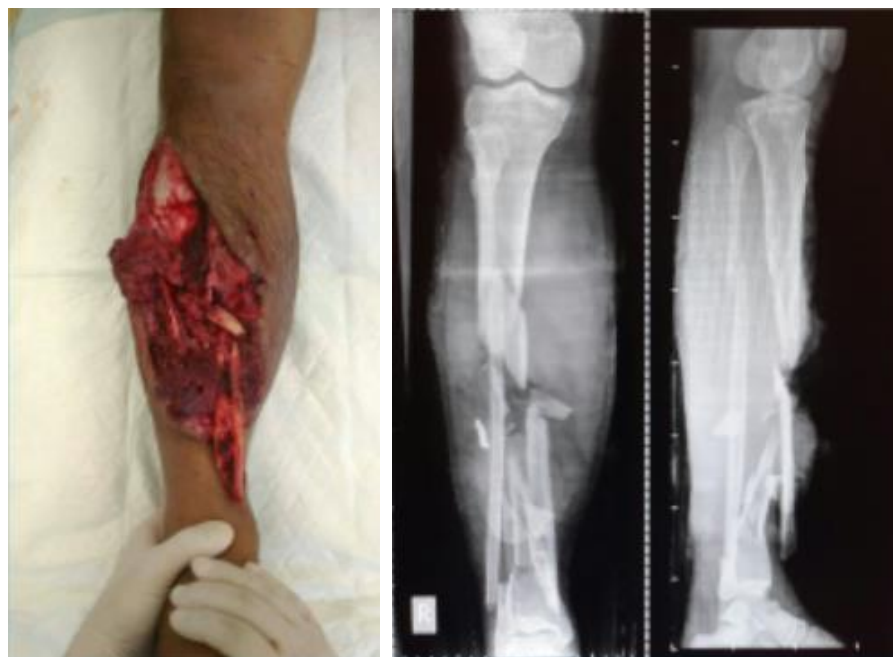
Gap bone defect is a major challenge. Its treatment has evolved over the years from amputation to limb reconstruction through vascularised graft, distraction osteogenesis and use of customised implants. The use of Tibialization of Ipsilateral fibula first suggested by Hahns in 1884 to bridge a gap of 12 cm in an 8 year old male, with segmental tibia loss from chronic osteomyelitis. In this case we did transposition of the ipsilateral fibular into the tibia gap defect in a one stage procedure after eradication of the infective process of osteomyelitis. We present our experienced problem of bone defect after trauma. Male 50 years old, with crushed injury at his right leg 1 years ago. Patient was Riding a motorcycle and hit by another motorcycle. His leg was Run Over by a car. At emergency department there was a crushed injury at the right leg without pulsation of the dorsalis pedis artery and pulseless of the tibialis posterior artery. MESS Score was 9. Patient refused to be performed Below Knee Amputation. Patient was performed serial debridement and applied external fixation of his leg. Two month later patient came with bone exposed at the anterior aspect tibia with active pus. Then patient was performed debridement, sequesterectomy ipsilateral transposition fibular graft for tibial defect.

**Keywords:** Transposition, Fibular Graft, Bone Defect, amputation

## CASE REPORT

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crushed injury at the right leg without pulsation of the dorsalis pedis artery and pulseless of the tibialis posterior artery. Mess Score was 9. Patient refused to be performed Below Knee Amputation.



a) Clinical Picture

b) Radiological Picture

**Figure 1: Clinical and Radiological picture right leg after trauma**



Figure 2: Radiological picture 2 month after trauma with large sequester



Figure 3 : Radiological Imaging 1 years after transposition fibular graft



Figure 4: Clinical outcome 1 year after transpositional fibular graft

Patient was performed debridement and applied external fixation of his leg. Two month later patient came with bone exposed at the anterior aspect tibia with active pus. Then patient was performed debridement, sequesterectomy ipsilateral transposition fibular graft for tibial defect.

One year after transposition fibular graft surgery procedure there was no sign of infection, joint stiffness. Also patient can walk and feel no pain anymore

**REFERENCES**

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