INTRODUCTION
Approximately 65% of the emergency cases are major and minor traumas. 35% of the unnoticed traumatic injuries are seen in the Emergency Departments. Unnoticed traumatic injuries adversely affects the patient’s prognosis, as well as tarnishing the reliability and reputation of the related clinician and institution [1]. Dislocation of the Proximal Tibiofibular Joint (PTFJ) is among the injuries that can go unnoticed [2]. While dislocation of the PTFJ is usually described with accompanying bone fractures in the literature [3], isolated dislocation of the PTFJ is very rare [4]. This study aims to report an isolated PTFJ dislocation case presenting to our Emergency Department with the complaint of knee pain due to falling while walking.

CASE REPORT
A twenty eight year-old male patient presented to our Emergency Department with the complaint of knee pain due to a slip and fall accident on the accident. Physical examination revealed tenderness to palpation in the lateral aspect of the right knee. He was totally capable of passive movements of the joint; however, he felt increasing pain with the flexion of the knee and ankle. The patient could walk with support. His pulse palpations and neurological examination revealed normal results. Direct imaging suggested dislocation of the PTFJ (Figure 1). Then, computed tomography (CT) scan of the knee was performed.

DISCUSSION
Dislocation of the PTFJ was first described by Dubreuil in 1844. It is seen 3 times more commonly in men than in women [4]. PTFJ varies anatomically depending on its angle relative to the...
Magnetic resonance imaging of right lower extremity shows direct imaging scans are useful in first step investigations, they are not sensitive enough for diagnosis. Direct radiography findings in PTFJ dislocations are as follows: an increased lateral deviation of the head of the fibula and an enlarged interosseous region in AP aspect, and an increased anterior dislocation of the head of the fibula in lateral radiography [5].

In addition to the direct imaging scans, axial CT scan may be useful in that it helps verify the dislocation, determine the direction of dislocation, find out about the condition of the joint, and detect additional pathologies. Diagnostic sensitivity of axial CT is 86%. MRI scan may help diagnose the atypical cases, and it helps show the ligament integrity and fluid collections [4].

All 4 types of dislocations can be treated with closed reduction procedure. While this procedure may be performed in Emergency Departments by administering local anesthesia or sedoanalgesics, it may also be performed in operating rooms using general anesthesia [5]. Anterolateral, posterior and superior dislocations for which closed reduction procedures have failed are detected surgically [2]. If the dislocation is identified, it can easily be treated in the Emergency Department without any surgery [2]. The most common closed reduction method was described by Ogden. First, the physician renders the foot dorsiflexed and rotates it externally and tries to rotate the fibula externally. Then, the knee is flexed up to 70-110 degree and reduction is performed by applying pressure on the head of the fibula at the same time [8]. Based on the physical examination and direct imaging results of our case, we performed CT scan due to the suspicion of PTFJ dislocation. Upon the final diagnosis with CT scan, an MRI scan was performed to evaluate the condition of the ligament structures. MRI scan revealed injury to the tibiofibular ligament. Furthermore, our case had early intervention with early diagnosis and he was treated and discharged without surgery.

**CONCLUSION**

PTFJ dislocations should be considered in the distinctive diagnosis of the patients with posttraumatic knee pain. Early diagnosis and urgent reduction of the acute dislocation of the proximal tibiofibular joint is important for preventing long-term complications. If this rarely seen clinical case which can be easily reduced in the Emergency Department goes unnoticed, it will lead to extra surgical intervention, morbidity and unnecessary treatment costs.

**REFERENCES**


