

Exposed Fracture Gustilo IIIC, Lower Member, Extremity Salvation, Case Report

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Purpose: The main objective of the clinical case treated in the ISSSTE Regional Hospital Dr. Manuel Cárdenas De la Vega is to demonstrate that salvage surgery is possible with a lesion classified as Gustilo IIIC with neurovascular lesion of artery and posterior tibial nerve and to count in its phase of recovery with irrigation of the anterior tibial artery, without complications. Fractures classified as Gustilo IIIC are the ones with the greatest demand since they require multidisciplinary management, prolonged hospital stay, high complication rate, and a poor prognosis for function.

Methods: We present the report of a case, a male patient 40 years of age who suffered high-energy trauma in a car accident by direct mechanism with partial traumatic amputation of the right foot, who was received and explored in the emergency area and upon finding capillary refill and mobility decided to move to surgery for salvage surgery.

Results: The lesion was an exposed Gustilo IIIC fracture with extensive soft-tissue injury, neurovascular lesion of the artery and posterior tibial nerve, rupture of the calcaneus tendon, fibula, debridement, profuse soft-tissue cleansing and external fixation of the fracture, wound closure, as well as cures with the support of a VAC (vacuum-assisted closure) system, taking and application of skin graft, evolving favorably until arthrodesis of tibioastragalina articulation with retrograde nail, achieving at the end of its recovery the bipedal march.

Conclusion: The decision-making to perform salvage surgeries precedes the support in various classifications; the good evolution is striking because the salvage prognosis in this patient was very poor due to posterior tibial neurovascular injury and complex soft-tissue injury. In his recovery, only the blood supply of the anterior tibial artery was counted, which according to the literature has less relevance than the posterior tibial artery. We demonstrate with this case that it is viable not only as a rescue but also a recovery without complications in short, medium, and long term, being as a sequel to the trauma hindfoot anesthesia due to neurotmesis of the posterior tibial nerve. The patient's satisfaction in freely wandering with the results obtained is the best conclusion.



The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device he or she wishes to use in clinical practice.