



## Near Miss Fracture

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### Clinical Image

Trauma patients report with a variety of complaints of different intensities. Though x-rays are generally adequate for the diagnoses, seldomly a CT scan may be required for those whose signs and symptoms do not match with the x-ray findings (Figure 1). This case was of a boy who jumped off a wall and reported to ED with bilateral foot pain

### Chief complaint

Pain and difficulty walking after high jump.

### History

The 15-year-old boy jumped off a wall about 2 metres high and was brought to ED due to pain and difficulty in walking.

### Physical examination

General state well. Conscious oriented cooperative. BP: 120/80 pulse: 72/min temp: 36.5°C pulse oxymetry: 96%.

Both heels of the feet were tender on palpation with minimal swelling. No open wounds. Knees and pelvis joint movements were normal. No paravertebral tenderness.

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Received Date: 31 May 2017

Accepted Date: 08 Jan 2018

Published Date: 16 Jan 2018

#### Citation:

Refik Medni M, Gül M, Cander B. Near Miss Fracture. Glob J Emerg Med. 2018; 1(1): 1004.

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Figure 1: Bilateral ankle and foot x-ray – symmetrical calcaneal fractures?



Figure 2: Bilateral ankle tomography report –bilateral anterolateral multiple fracture extending medially. Also bilateral fracture lines extending to calcaneal apophysis causing apophyseal separation. Other bones were normal.

**Orthopedics consultation**

Bilateral displaced calcaneal fractures were secured via plaster and the patient was hospitalised in the orthopedics ward (Figure 2).

**Summary**

It is not common to see bilateral symmetrical fractures in trauma patients reporting to the ED and as such , a diagnosis of fracture

may be missed. The requirement of a CT scan in suspected cases may be of importance in confirming a diagnosis of fracture or not. A consultation with orthopedics is recommended in such cases.