Conclusion
CONCLUSION

Ankle injuries are very common, they occur most commonly because of road traffic accidents, slipping and twisting and in sports. Ankle fractures have been one of the difficult problem to tackle.

Much had been heard about the mechanism of injury to the ankle on the basis of clinical examination, post mortem dissection, and the laboratory production of examination injuries in cadavers by various workers, even before the invention of roentgenography.

Lauge-Hansen described injury mechanism in 1950 and classified ankle injuries according to mechanism of injury. After him Jergesen (1959) and Danis-Weber (1966) also classified the ankle injuries. In the present series the injuries are classified according to Lauge-Hansen’s classification.

Clinical examination is very important and is very much helpful in diagnosing the ankle injuries. Sometimes special views are required to confirm the diagnosis.

Most of the cases of undisplaced fractures can be successfully treated by conservative means as was present in this series. The displaced fractures should be treated by operative methods as proper and rigid fixation is required to achieves good result.

[83]
In the present series a clinical and radiological study of 40 cases of ankle injuries was done using a wide range of parameters to find out different aspect of ankle injuries regarding their mechanism, classification, diagnosis and problems of management. From the observations made during the study following conclusions are drawn :-

1. Ankle injuries occur more commonly during active working period of adult life. Males are affected more because they lead more vigorous outdoor life.

2. Road traffic accidents, domestic accidents like slipping or stumbling and sport injuries are common mode of injury.

3. The information regarding the mechanism of injury in most of the cases could be obtained from radiographs as patients can not recollect the direction of injuring force.

4. Many cases of ankle fractures have other associated injuries following road-side accidents.

5. Ankle fracture are more common on left side in present series.

6. Apart from conventional antero-posterior and lateral views, mortise views is also very useful for the diagnosis of diastasis.

7. Undisplaced ankle fractures were satisfactorily treated by conservative methods with upto 80% good results.
8. In displaced fractures quality of end result depends mostly on the accuracy of reduction which can be, more often, achieved by operative methods.

9. Fractures and epiphyseal separations around the ankle in children are easily reduced by closed reduction and maintained by plaster cast.

10. Incidence of complications like swelling and stiffness are common in fractures treated operatively and conservatively respectively. In the present series more cases of fractures have been treated by conservative means.

It was concluded in the present series that there is not very much difference in results of ankle fracture whether treated operatively or conservatively. But it is for sure that proper reduction and rigid internal fixation can be achieved only by operative treatment for displaced fractures.

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