

Follow-up of previous report

Improvement 2-9 years after ankle fracture

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In 1977, we treated 237 patients, aged over 15 years, for fracture of the ankle and published a 2-year follow-up, which was based on a questionnaire (Tunturi et al. 1983). The same questionnaire was distributed to the patients 9 years after the accident. Totally, 152 patients answered both of the questionnaires.

Table 1. Subjective symptoms (percent) following ankle fracture in 152 patients

Subjective symptoms	Years after the accident	
	1.5-2.5	9
None	26	35
Stiffness of the ankle	49	51
Pain during exercise	45	41
Pain on the lateral side of the ankle	41	34
Trouble running	40	34
Pain on the medial side of the ankle	29	27
Fatigue of the ankle	33	26
Trouble squatting	32	26
Pain at start of walking	26	24
Weakness of the ankle	23	19
Pain at rest	18	18
Trouble walking	26	17
Need of auxiliary devices	5	3

Nearly all the subjective symptoms decreased during the follow-up. The change was most obvious in "trouble in walking" (from 26 to 17 percent). The number of asymptomatic patients increased from 26 to 35 percent. "Stiffness of the ankle" was the only symptom that increased during the follow-up (Table 1).

On the basis of these comparisons, we agree with Bauer et al. (1985): sequelae following ankle fracture decrease during the long-term follow-up. However, only one third of our patients were totally asymptomatic 9 years after the accident. Therefore, we still emphasize the importance of anatomic reduction in the primary treatment of ankle fractures.

References

- Bauer M, Jonsson K, Nilsson B. Thirty year follow up of ankle fractures. *Acta Orthop Scand* 1985; 56(2): 103-6.
- Tunturi T, Kemppainen K, Pätäälä H, Suokas M, Tamminen O, Rokkanen P. Importance of anatomical reduction for subjective recovery after ankle fracture. *Acta Orthop Scand* 1983; 54(4): 641-7.

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