Functional treatment of 5th metatarsal fractures

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Our disclosures are in the Final AOFAS Program Book.
I have no potential conflicts with this presentation.
Introduction: Fractures of the 5th metatarsal bone is frequently treated surgically or with prolonged periods of casts and non weight bearing. Early functional treatment (EFT) in contrast is claimed to be an acceptable option. EFT as treatment option is investigated in this study.
• Methods: The first part of the study is retrospective followed by a prospective part still ongoing. Patients presenting to the Authors team with fractures of the 5th metatarsal bone independent of location were included in the study. They were treated functionally without cast, without surgery and with weight bearing as tolerated. They were then followed in the clinic until union and until becoming asymptomatic. They were compared to the control group of patients presenting on alternate days and treated with casts. Both treatment options were explained to the patients and they finally make the decision. Thirty patients were included up-to-date. 20 treated with EFT, and 10 with a cast.
• Results: EFT group recovered earlier from pain and returned earlier to work. No further fracture displacement was seen in cases treated without plaster. Two cases of nonunion were seen, one of them in the cast group, but they were asymptomatic. Both were in the proximal 1, 5 cm of the bone. No surgery was needed. No further complications were observed. In the cast group one suffered DVT.

Discussion:
Low number of patients registered in the study. However, tens of patients were treated in the past 10 years by the authors with early functional treatment without significant complications. This moved the authors to initiate this study as they detected more invasive treatment carried out by other colleges.
• Conclusion:
  Early Functional Treatment, without cast and without surgery is suggested as a safe and comfortable option of treatment of 5th metatarsal fractures. We suggest to avoid casts, and keep surgery for fractures with adjacent joint dislocations and those with symptomatic nonunion.

• References