Modern Lisfranc Classification

Daniel Niño Gomez, Md. , Guillermo Arrondo, Md.,
Santiago Eslava, Md., German Joannas, Md.,
Diego Yearson, Md., Nicolas Monsalve, Md.,
Pablo Maggi, Md., Ignacio Melendez, Md.,
Luis Donzis, Md.

Foot and Ankle Dept, Instituto Dupuytren
Buenos Aires, Argentina
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Our disclosure is in the Final AOFAS Mobile App.
We have no potential conflicts with this presentation.
Are descriptive classifications of metatarsal dislocations useful?

Useless as a treatment guideline.
Subtle injuries not included.
Intercuneiform separations not mentioned.
Failed to determine prognosis.

Type A

Type B

Type C
Modern Classification (EPTP)

I. Subtle
   A. Stable
   B. Unstable

II. Evident
   A. Simple
   B. Comminuted

Every group is also identified as 1, 2 or 3 depending on medial, central or lateral column affection

1: Medial column: 1st MTT and medial cuneiform.

2: Central column: 2nd and 3rd MTT with their corresponding cuneiforms.

3: Lateral column: 4th and 5th MTT with the cuboid.
IA: Stable subtle

Positive clinical findings.

**Negative** stress test

Nonoperative treatment
IB: Unstable Subtle.

Positive clinical findings.

“Normal” plain X rays and CT.

Positive Stress test.

Mini invasive fixation if anatomic reduction is possible.
IIA: Simple Evident

Evident radiologic findings

Single fracture line, no comminution on CT

ORIF with canulated screws
IIB: Comminuted Evident

Evident imaging

Comminution on CT

Primary arthodesis with tricortical bone graft and plating
Materials and Methods

- 64 original Cases
  - 16 O*
  - 16 A*
  - 32
- 128 Total Cases
  - 16 O*
  - 16 A*
  - 32

O: Original cases (interobserver)
A: Same cases in randomic order (intraobserver)
All 64 cases were classified by two Senior staff doctors (Control Cases)
All 128 cases were evaluated by 22 doctors (16 residents and 6 staff surgeons) on a simple blind mode

2816 observation instances (statistically significant).

Buenos Aires Statistics Research Centre, Argentina
Results

Intraobserver CI values with statistically significant $p$ ($p < 0$) reached maximum values of 0.8389 and with progressive confidence bands from 0.7542 to 0.9379.

The global interobserver reliability value was of 0.7227 with a confidence interval which ranged from 0.6516 to 0.7940 with negative values for $p$ statistically significant ($p < 0$).
Conclusions

The highest CI values reached in the inter and intraobserver evaluation were higher than 0.8 for a maximum of 1 obtaining statistic relevance.

The collected data strongly support the hypothesis that the classification has a high degree of reproducibility demonstrated in the CI values obtained in interobserver as well as in intraobserver reliabilities, which makes it highly recommendable for its clinical use.
References


