OUTCOMES OF OPERATIVE TREATMENT FOR PEDIATRIC JONES FRACUTRES
Katherine Sage, DO, MS, Wendy Ramalingam, MD, Jaime R. Denning, MD, Charles T. Mehlman, DO, MPH
Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio

PURPOSE
The purpose of this retrospective case series was to assess radiographic and functional outcomes in pediatric patients who underwent operative intervention for Jones fractures.

METHODS
Hospital records were reviewed to identify pediatric Jones fracture patients operatively treated between 2001 and 2013. Charts were reviewed for demographic, clinical, and surgical information. Characteristics of the patient population, injury type, length of time to radiographic healing and to return to activity after operative fixation were evaluated. Pre-operative and follow-up radiographs confirmed diagnosis and skeletal maturity (Image 1). Patients were contacted at least one year after surgery to complete the Foot Function Index (FFI) to assess pain, stiffness, activity limitation, difficulty, and social effects of foot pathology.

RESULTS
Fourteen patients (12 male, 2 female) with 17 surgically treated Jones fractures were identified. Average clinical follow up was 54.5 months (range: 13.5-124 months). The age at the time of surgery averaged 15.6 ± 1.0 years (range: 13-17 years). Twenty-one percent (3/14) of fractures occurred in patients with open physes on radiographs at the time of injury. Twelve of 17 fractures evaluated were the result of acute injuries (Table 1). Surgical treatment consisted of a single cannulated screw in 94.1% (16/17) of fractures, with percutaneous pinning used for one fracture. One patient underwent subsequent hardware removal. One patient re-fractured and underwent revision hardware. The time to return to activity averaged 18.6 ± 15.0 weeks (range: 5-46 weeks). After operative fixation, radiographic healing occurred by 21.1 ± 15.9 weeks (range: 4-59 weeks). All fractures went on to radiographic healing. One patient completed the FFI (71.4%), an average of 5.4 years after surgery (range: 1.2-10.3 years). The average FFI score indicated little to no dysfunction. No patients reported activity limitations. Sixty percent of patients denied dysfunction in any category. Forty percent of patients reported mild to moderate pain and stiffness. One patient, with osteogenesis imperfecta and multiple subsequent ipsilateral foot fractures, reported significant problems finding footwear.

CONCLUSIONS
Surgical treatment of fifth metatarsal Jones fractures in the pediatric population of patients under the age of 18 leads to acceptable radiographic healing. In addition, pediatric patients can expect an average return to sport five months after operative fixation. After operative fixation, none of the pediatric patients reported activity limitations after a minimum of one year. Both acute and chronic injuries in the pediatric population showed acceptable radiographic healing and return to activity with operative fixation.

Disclosures: See Following Slide

REFERENCES

NO CONFLICT TO DISCLOSE

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Katherine Sage DO

My disclosure is in the Final AOFAS Mobile App.

I have no potential conflicts with this presentation.