

## BACKGROUND

A Jones fracture is described as a fracture in the fifth metatarsal at the metaphyseal-diaphyseal junction. Sir Robert Jones is credited with the original description after he suffered this type of fracture while dancing. Both conservative vs. surgical fixation of these fractures have been debated in the literature. Of the surgical options available, percutaneous intramedullary (IM) single screw fixation has been shown to be an effective technique in treatment of Jones fractures.<sup>1</sup> The most common complications following acute Jones fracture repair using IM screw fixation include delayed or non-union, refracture, prominent screw head, and sural nerve injury.<sup>2</sup> The purpose of this study was to examine screw presence in the fifth metatarsal-cuboid joint after intramedullary screw fixation of acute Jones fractures using the traditional “high and inside” technique.

## METHODS

Forty patients who underwent IM screw fixation of acute Jones fractures were included in this retrospective, single surgeon review. The traditional “high and inside” starting position was used for placement of an intramedullary screw on the fifth metatarsal base under fluoroscopic guidance. After the intramedullary canal was prepared with a cannulated drill and tap, the solid screw was inserted in traditional manner. Post-operative x-rays were then reviewed by an independent, board certified radiologist (AS). Standard weight-bearing AP, lateral, and oblique films were examined to determine the presence of the screw within the fifth metatarsal-cuboid joint, defined as disruption of the articulating surfaces with any part of the screw. The percentage of patients with intra-articular joint involvement of the fifth metatarsal-cuboid joint was then reported.

## RESULTS

Forty patients (12 men and 28 women) were included in our study population of patients who underwent IM screw fixation of acute Jones fractures by a single surgeon. Of those 40 patients, 17 (42.5%) were found to have intra-articular presence of the screw in the fifth metatarsal-cuboid joint. Of note, 7 (17.5%) of cases graded as “no joint violation” on first look were changed to “no joint violation” on second look by our radiologist. Only 1 case (2.5%) was changed from “no violation” to “joint violating” in our study population.

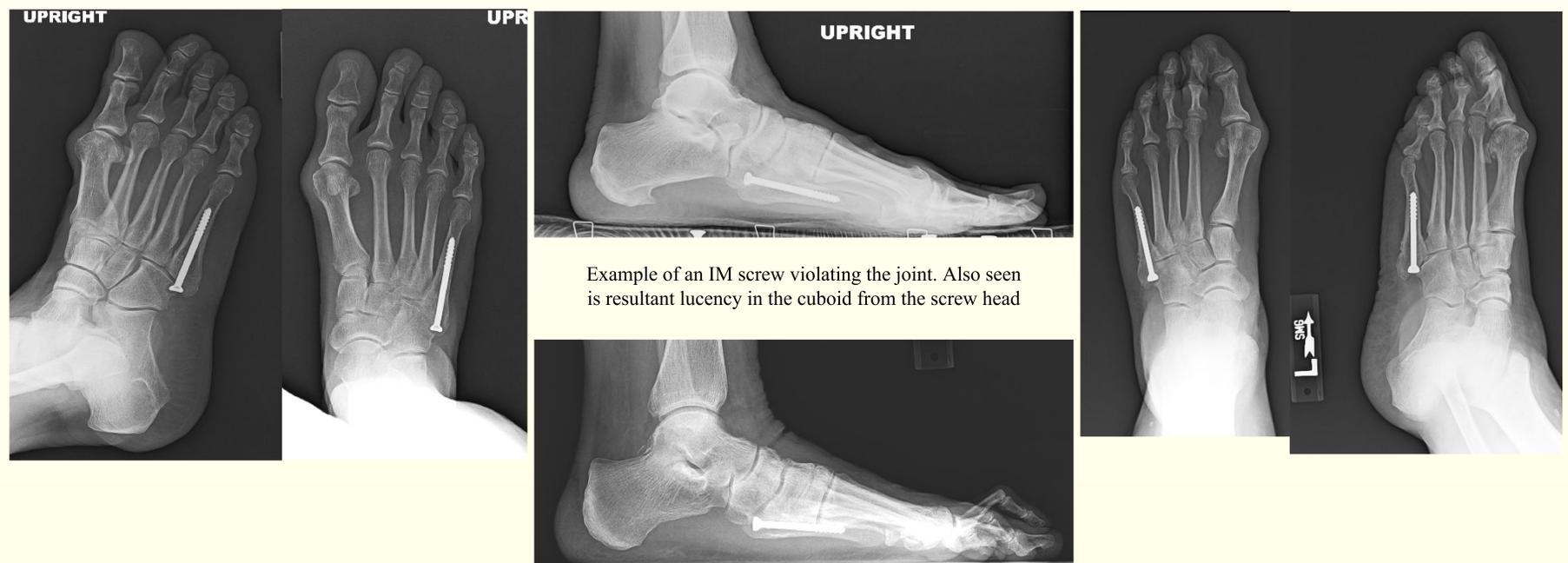
## DISCUSSION

To our knowledge, no study to date has described the incidence of screw presence in the fifth metatarsal-cuboid joint after IM screw fixation for acute Jones fractures using the traditional “high and inside” technique. 5.5mm solid stainless steel screws were used in our patient population due to their high pull out strength, and high fatigue resistance.<sup>4</sup> Our study shows that 17 of the 40 patients (42.5%) had screw penetration into that joint. Some possible causes of this could be the shape and amount of bowing of the 5th metatarsal, which has been shown to strongly correlate with patient height.<sup>3</sup> While the clinical importance of this is not completely known, we believe that it could be a source of persistent post-operative pain, discomfort and swelling even after fracture healing has occurred. Multiple cases in our study show a resultant lucency in the cuboid from violation of the screw head. Further studies need to be performed to assess the clinical importance of intra-articular screw presence and further consideration should be given to implants that do not violate the fifth metatarsal-cuboid joint. Future studies should include long-term follow up with documentation of persistent irritation, progressing degenerative joint disease, and the need for screw removal in patients with intramedullary screw fixation that may violate the fifth metatarsal-cuboid joint.

## Examples of IM Screws Not Involving the Metatarsal Cuboid joint



## Examples of IM Screws Violating the Metatarsal Cuboid joint



## REFERENCES

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