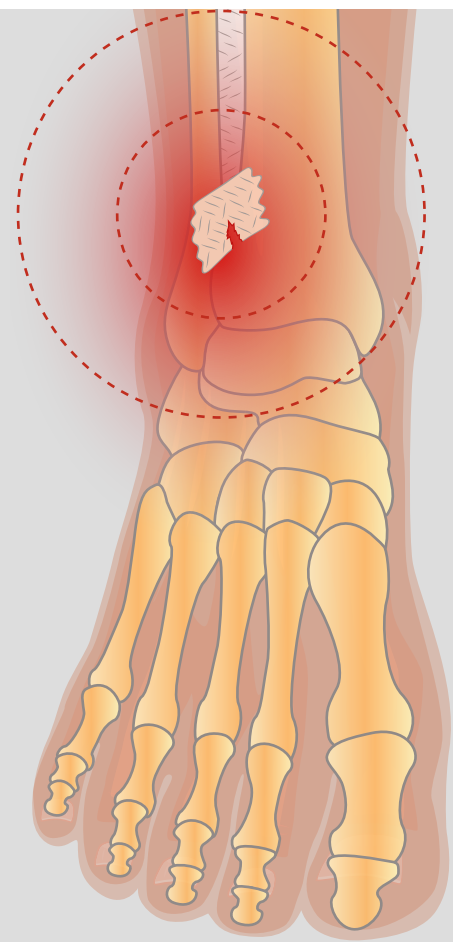


Suture Button vs. Syndesmotic Screw in Stabilization of Acute Syndesmosis Injury

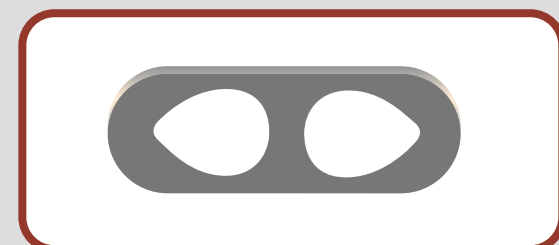
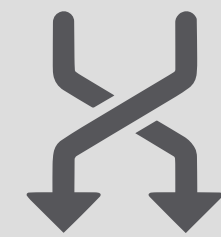


Acute syndesmotic injury

with/without concomitant OTA/AO type 44-C ankle fracture (Weber C) in 18- to 70-year-old patients

Randomization

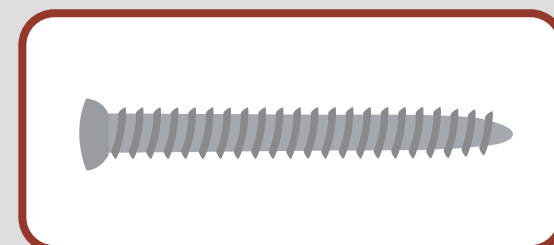
n = 97



Suture button

[TightRope®,
Arthrex Inc.]

n = 48



Syndesmotic screw

[4.5-mm self-tapping,
quadricortical screw]

n = 49

Standardized
rehabilitation

Suture button yielded...



Better clinical outcome scores



Less pain with walking



Better radiographic results
(confirmed by postoperative CT scans)

90% patients were
followed for 2 years

Main outcome measures

- American Orthopaedic Foot & Ankle Society (AOFAS) ankle-hindfoot scale
- Visual analog scale (VAS)
- Olerud-Molander Ankle (OMA) scale
- EuroQol-5D (EQ-5D) Index



Suture button provides better clinical and radiographic results than does quadricortical screw in stabilization of acutely injured syndesmosis

Randomized Trial Comparing Suture Button with Single Syndesmotic Screw for Syndesmosis Injury

Andersen et al. (2018) DOI: 10.2106/JBJS.16.01011

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