# Two Views Are Always Better Then One

C Mauffrey, A Prasthofer

**Citation**

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**Abstract**

## CASE REPORT

KM is a 5 years old obese boy who slipped on gravel while shopping with his grandmother. The injury was described as being a twisting injury to the right leg, after which KM struggled to weight bare. During the evening at home he was complaining of pain in his leg and had a restless night, forcing her grandmother to elevate his leg and provide him with application of ice. KM was taken to the accident and emergency department on the next day where he was examined and an X-ray of his right leg was taken (fig 1).

**Figure 1**

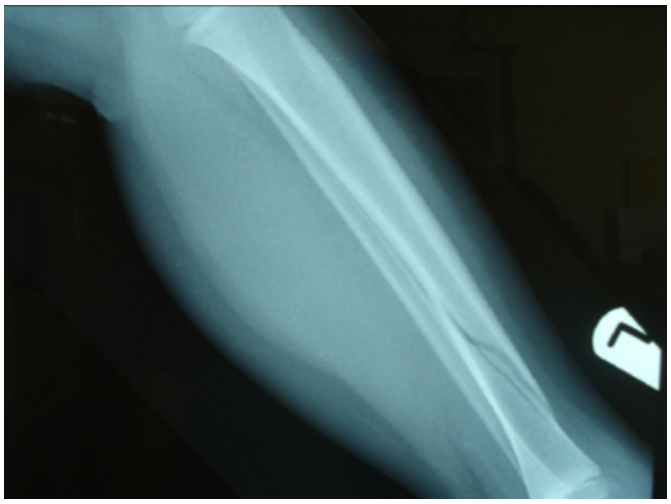
Figure 1: AP view of left tibia.

On examination the casualty officer found KM to be tender

around the base of the first metatarsal of the right foot only (fig 2). After reviewing the X-ray, he was put in a below knee back slab for his foot and send to next day's fracture clinic.

**Figure 2**

Figure 2: Lateral view of left tibia.



KM arrived at the fracture clinic with his angry mother. On history taking mum informed us that she was told that KM had a fracture in his foot but was complaining of pain in his leg rather. His X-rays were reviewed showing an obvious undisplaced spiral fracture of the right tibia on the lateral view, invisible on the AP view (Figure 1 and 2). There was no tenderness to palpation of KM's right metatarsal and the Xray of his foot had a normal appearance. Examination of KM's leg showed no soft tissue swelling but a marked tenderness to palpation and some degree of pain to passive flexion of his toes. KM was admitted for observation, analgesia, elevation and an above knee full cast. His mother was explained in details the diagnosis and shown the x-rays.

## CONCLUSION

This case illustrates the fact that all fractures should be looked at on two projections. In fact fractures are a three dimensional concept and both views usually allow the clinician to classify and plan the treatment. Some studies have shown that the lateral view did not change the classification or the management plan of the fracture in fractured neck of femur [1], but it is an essential requirement to make sure that both views are normal to exclude a fracture.

## References

1. Mauffrey c, Morgan M, Bryan S. The use of lateral X-ray in classification and management plan of fractured neck of femur. The European journal of orthopaedic surgery and traumatology.

## Author Information

**Cyril Mauffrey**
SpR in Trauma and Orthopaedics, University hospital of Coventry and Warwick

**Anna Prasthofer**
SpR in Trauma and Orthopaedics, University hospital of Coventry and Warwick