

# Osteochondral lesion of the talus

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Patients with persistent pain (and sometimes instability) in the ankle following an injury should be suspected of having an osteochondral lesion, with MRI or CT usually required for diagnosis. Repair of cartilage is not yet possible and large meta-analyses of experimental techniques such as grafting, cell culture, implants and stem cells have not yet shown any statistical benefit. Debridement and microabrasion/microfracture form the mainstay of treatment. Large fragments seen early might benefit from early fixation. Juveniles seem to have a high recovery rate and surgery should not be necessary. Many patients have ongoing pain following ankle injury that is simply due to synovitis within the ankle joint, prominence of the syndesmotric ligament into the joint, impaction injury or undiagnosed fracture or OCD lesion. MRI is mandatory for these cases but usually misses the synovitis. Synovitis may be treated non-operatively, with an injection of steroid. Persistent symptoms may require arthroscopic debridement. Osteochondral lesion of the talus

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