



Adequacy of ankle radiographs in trauma

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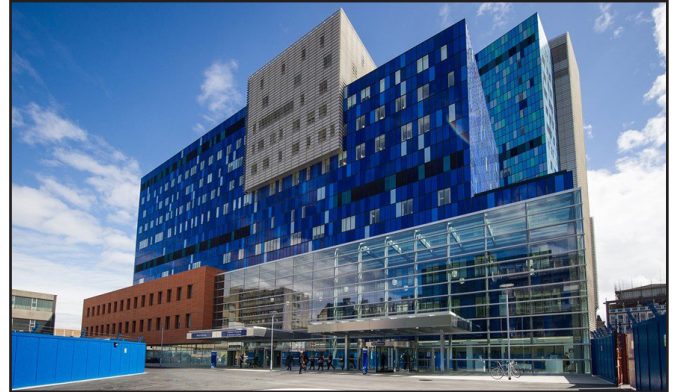
Abstract:

Ankle injury is one of the most common presentations to A&E, accounting for a considerable proportion of casualty reporting work. Radiological diagnosis relies heavily on the quality & adequacy of radiographs. This is of paramount importance as suboptimal ankle radiography can lead to false diagnosis and therefore incorrect management. In a trauma setting, AP and lateral ankle radiographs are performed in almost all centres in the UK. This audit aims to assess the adequacy of AP (mortise view) and lateral ankle radiographs.

The medial and lateral malleoli should be equidistant from the cassette in a standard AP (mortise view) ankle radiograph, ensuring a clear joint space. The AP view should also include the lower third of leg, and the beam centred midway between malleoli [1]. The lateral ankle radiograph should include the lower third of tibia and fibula, talus, base of 5th metatarsal and calcaneum. It is also essential to show general bone and joint space alignment and the X ray beam should be centred over the medial malleolus [1,2]. These principles have been used as the 'gold standard' of the audit.

Biography:

Mr Hassan Shafiq is an Orthopaedic Surgery trainee at Royal London Hospital, UK. He holds MBBS degree and MSc in Trauma Sciences from Queen Mary University London. He is also a member of Royal College of Surgeons and is pursuing a career in Orthopaedic Surgery.



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Citation: Hassan Shafiq, Adequacy of ankle radiographs in trauma, Webinar on Hypertension and Healthcare, December 14, 2020, Vienna, Austria