Dear Editor,

We enjoyed reading the well-illustrated report of 2 cases published by Valkering et al. [6]. They describe 2 patients with persisting anterior ankle impingement after an ankle sprain due to a web-like intra-articular fibrous band. One year after arthroscopic dissection of these bands, both patients were free of complaints. The authors and also others suggest that these transarticular fibrous strands could be induced by the intra-articular accumulation of blood after a trauma [2, 6]. Therefore, they advise that considering the aetiology of these bands, the consequence of observing one should prompt a careful inspection of the ankle joint for additional post-traumatic pathology. However, we have two comments on this article, and the conclusions of the authors should be seen in this light.

We agree that anterior ankle arthroscopy is of great value in the diagnostic work-up and treatment for these post-traumatic intra-articular bands; however, the authors did not discuss that these bands should be differentiated from a distal/associated fascicle of the antero-inferior tibiofibular ligament (one of the syndesmotic ligaments). The fibres of the accessory ligament descended obliquely from the lateral, anterior, and distal borders of the tibia to the anteromedial aspect of the lateral malleolus, approximating the fibular insertion of the anterior talofibular ligament [1, 7]. The incidence of the accessory fascicle differs very widely in several studies and could be a normal finding [5]. When the band restricts plantar flexion, the diagnosis of post-traumatic anterior fibrous bundle is more probable because this accessory ligament only causes pain complaints [4]. The anatomical and pathomechanical aspects of these two pathologies differ and are interesting for the ankle arthroscopist. The diagnosis with arthroscopy and treatment with resection are, however, very similar.

The second comment is concerning the pathomechanism of the pain complaints. After non-operative treatment for ankle sprains, some degree of laxity will persist [3] and this could result in contact between the talus and the band in the ankles, which showed no contact previously [1, 7]. As Valkering et al. already suggested, an arthroscopic impingement test (bending of the band caused by impingement of the talus) could be performed and an anterior abraded articular region of the talus due to the impingement could be observed [6, 7]. The authors do not know whether the band already exists before the ankle sprain and becomes symptomatic due to the laxity caused by injury of the anterior talofibular joint and the subsequent altered biomechanics of the ankle joint. Can this band also be observed in (post-traumatic) ankles without an anterior impingement syndrome?

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