

# 35-month-old girl with left foot pain after fall. Able to stand.







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### **Toddler's Cuboid Fracture**

![](_page_3_Picture_1.jpeg)

**Figure 16.** Diagram shows the cuboid fracture mechanism. Forced plantar flexion compresses the cuboid (*C*) between the calcaneus and the metatarsals.

- *Compression fracture* postulated to occur due to compression of the cuboid between the calcaneus and the bases of MT4 and MT5 in the *plantar-flexed* or *abducted foot*.
  - "Nutcracker fracture"
- Radiographs reveal a subchondral, linear band of sclerosis in the proximal base of the cuboid
  - Senaran et al (2006) reports that the sclerosis may occur distally or in the midportion of the cuboid.

## Toddler's Cuboid Fracture

- Caregivers may or may not recall an episode of injury (tripping and falling on plantar-flexed foot)
  - One case report of a "stress" fracture in a child with abnormal gait learning to walk (Nicastro and Haupt JBJS 1984 Sep;66(7):1106-8.)
- Presentation: Antalgic gait, refusal to bear weight
- Diagnosis:
  - Pain and refusal to bear weight laterally
  - Positive "nutcracker" manuever
  - Radiographs initially negative in as many as 2/3 of cases
    - → obtain follow-up radiographs in 1-2 weeks to visualize sclerosis
  - Other modalities: MR, ultrasound, bone scan

![](_page_5_Figure_0.jpeg)

FIGURE 2. Sonographic examination of the foot reveals the fracture of the cuboid bone. (A) Sonogram of the patient's right foot shows a cortical "step" (arrow) representing the fracture site. (B) Sonogram of the patient's left foot shows a smooth, uninterrupted cortical surface.

#### **Toddler's Cuboid Fracture**

- Excellent prognosis
- Conservative management
- Symptoms resolve after an average of 1 month, heal without sequelae
  - Duration may be slightly shorter with casting and immobilization

![](_page_6_Picture_5.jpeg)

Blumberg et al. Radiology. 1991 Apr;179(1):93-4.

# **Cuboid Fracture in Children and Adults**

- Uncommon
- More severe trauma
- Direct or indirect injury
- Compression or avulsion fractures
- May be impacted, displaced, or disrupt articular surface
- Often associated with other fractures and dislocations
  - Anterior process of the calcaneous
  - MT4, MT5
  - Navicular
- Soft tissue complications
  - Distraction-type injuries of medial soft tissues (PTT)
  - Peroneus longus tendon fibrosis

![](_page_7_Picture_13.jpeg)

Ceroni et al. J Pediatr Orthop. 2007 Jul-Aug;27(5):557-61.

## **Cuboid Fracture in Children and Adults**

- Functional division of the foot originating at the midtarsal joint by *Lambrinudi*:
  - Medial column: navicular, cuneiforms, 1<sup>st</sup> and 2<sup>nd</sup> rays
  - Lateral column: cuboid, 4<sup>th</sup> and 5<sup>th</sup> rays
- Impacted cuboid fracture leads to foreshortening of the lateral column.
- Surgery (fixation, fusion, calcaneal lengthening) indicated to restore anatomic alignment of the foot and prevent development of pes planovalgus
  - More tenuous blood supply and growth potential of midfoot bones in children

![](_page_8_Figure_7.jpeg)

Herml MB, Gershon-Cohen J. The nutcracker fracture of the cuboid by indirect violence. Radiology. 1953 Jun;60(6):850-4.

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