Treatment of Proximal Fifth Metatarsal Fractures: Prospective Study

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ABSTRACT

Objective: To study the early outcome of proximal fifth metatarsal fracture treated by conservative means.

Patients and Methods: 144 patients with proximal fifth metatarsal fracture were randomised to receive either compressive soft dressings or cast immobilisation. Injuries were classified as Jones or non-Jones fracture. Fracture healing and functional outcomes were reviewed.

Results: The mean age of the patients was 52.7 years. The overall radiological union rate at 16 weeks of follow-up was 95.8%. There was no statistically significant difference in fracture union rates or functional outcomes among patient subgroups at the most recent follow-up visit.

Conclusion: Acute fracture of the proximal fifth metatarsal, including Jones fracture, can be safely managed by conservative means.

Key Words: Fractures, closed, Metatarsal bones/injuries, Treatment outcome

INTRODUCTION

Fracture of the proximal fifth metatarsal is a common orthopaedic trauma of the foot. Much has been discussed about it since Sir Robert Jones first drew attention to this fracture when he incurred the injury while dancing around a maypole at a military garden party in 1896. In 1902, Jones described the location of the fracture as the three-quarter-inch (1.5-cm) segment of the shaft on the fifth metatarsal bone distal to the styloid. Since then, virtually all fractures of the proximal fifth metatarsal have been labelled as ‘Jones fractures’. The continued use of this imprecise term, however, has perpetuated the confusion and controversy regarding the classification, pathomechanics, and the choice of treatment for this type of fracture.

Since the 1960s, several authors have recognised the heterogeneity in the prognosis among fractures of the proximal fifth metatarsal. Subsequently, different classification systems and treatment modalities have been put forward in the literature. Stewart meticulously defined the true Jones fracture as “a transverse fracture at the junction of the diaphysis and metaphysis, without extension distal to the fourth and fifth intermetatarsal articular facet, but should not