# Case Presentation

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*See case resolution on page 447.*

A 34-year old amateur sports male presenting chronic medial ankle pain. The patient indicates having suffered a trauma that resulted in a sprain, which was not treated, 2 years ago. Pain worsens with weight-bearing and improves with no weight-bearing. Patient reports occasionally experiencing locking symptoms.

Physical examination reveals pain at the medial side of the tibiotalar joint line, negative drawer test, And ankle range-of-motion limitations.

Radiographic study reveals an irregularity in the medial region of the talar dome (Figure 1). The patient is advised to walk but to suspend sports activities. In order to determine the true nature of the lesion, a non-contrast MRI (Figure 2) is ordered, which reveals an osteochondral lesion. The lesion is placed in the talar bed and appears to be covered by cartilage. Sagittal sections (Figure 3) show fluid between the fragment and the talus, leading to the suspicion of a partially unstable lesion. Results also show mild joint effusion and bone edema.

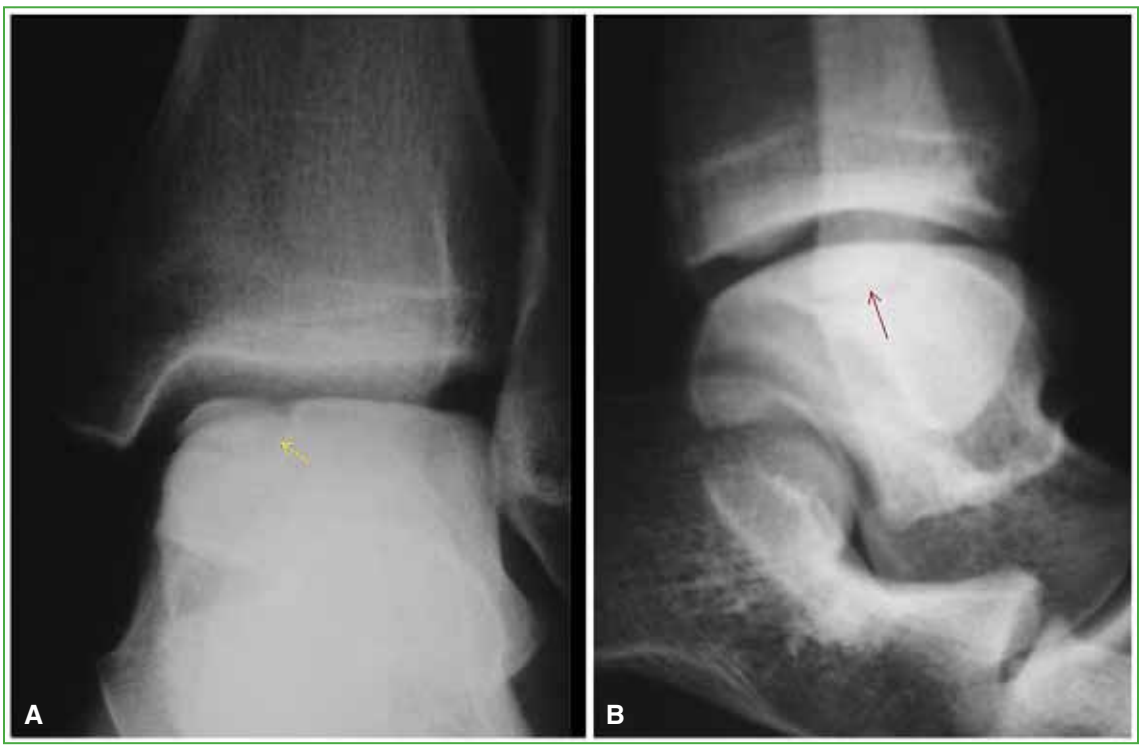


**Figure 1.** Anteroposterior (**A**) and lateral (**B**) radiographs revealing an irregularity on the medial region of the talar dome.

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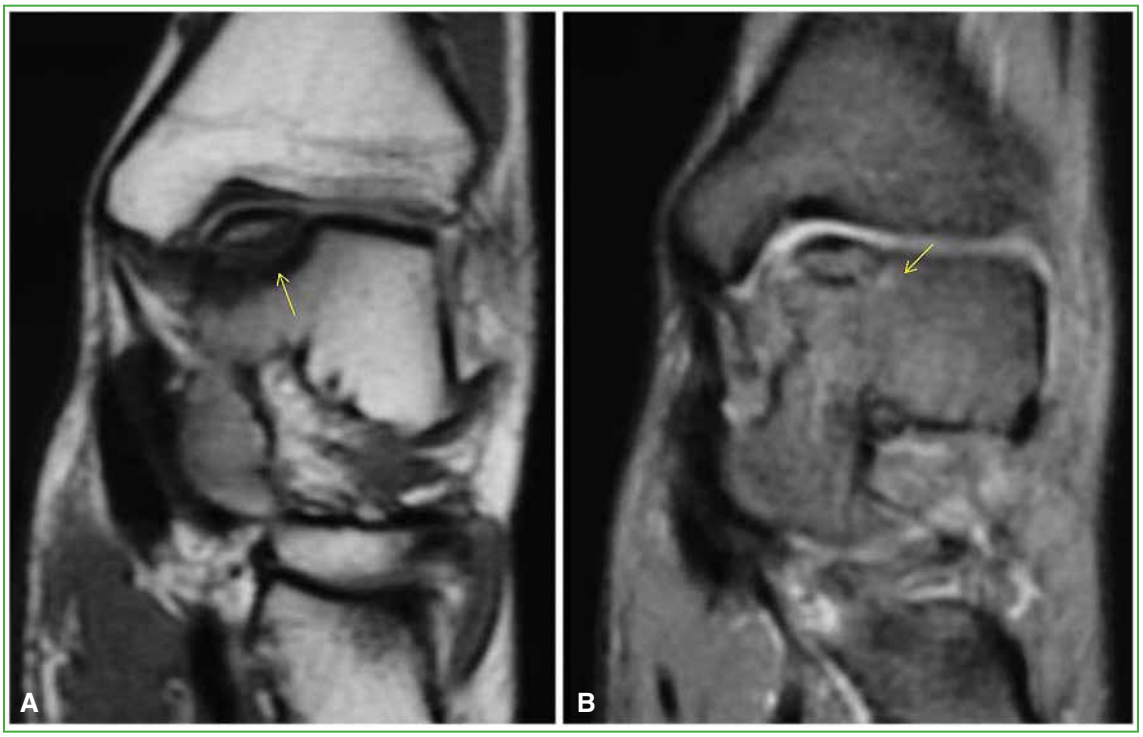


**Figure 2.** Frontal T1-weighted (**A**) and STIR (**B**) MRI sequences revealing an osteochondral lesion at the medial side of the talar dome associated with minimal bone edema.

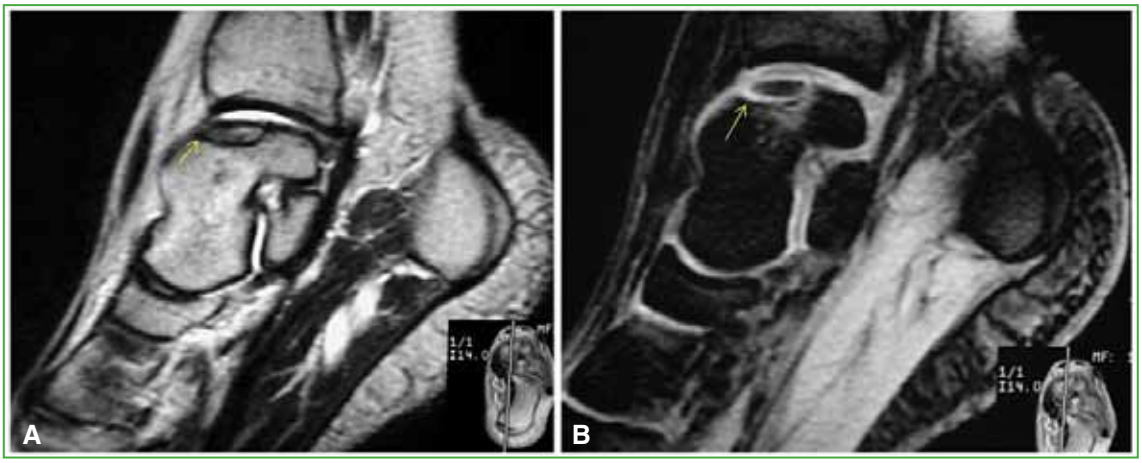


**Figura 3.** Sagittal T2-weighted (**A**) and T2-weighted fat-suppressed (**B**) MRI sequences revealing leakage of synovial fluid into the anterior side of the osteochondral lesion associated with minimal bone edema.