

Introduction:

Fifth metatarsal fractures are common and accounts for more than 50% of all foot fractures.¹⁻³ Jones fracture is a transverse fracture of the base of the 5th metatarsal occurring within 1.5 cm of the tuberosity.⁴ According to Lawrence and Botte in 1993, fracture base 5th was classified into tuberosity avulsion fracture (zone 1), Jones fracture "metaphyseal at the level of inter-metatarsal joints" (zone 2), and proximal diaphyseal stress fracture (zone 3) also called "pseudo-Jones avulsion fracture". Figure [1] Jones fractures may occur in athletes and are famous for their high complication rate.^{3,4&6-8} The proximal diaphyseal area is a watershed area, meaning that there is a scanty blood supply. Because of the decreased blood supply and high stresses over this area, Jones fractures are often difficult to treat and are at high risk for occurring delayed union, refracture and/or non-union.^{9,10}

The purpose of this study is to estimate clinical and radiographic chart review through evaluation of clinical and radiographic results of Jones fractures that were treated by intra-medullary cannulated screws.

Materials and methods:

After approval by our institutional ethical committee, this interventional study was done between September 2013 and September 2017 at our institution. All patients signed an informative consent. Patients were diagnosed by postero-anterior and oblique X-ray views of the injured

foot. Seventy five patients with consecutive 75 Jones fractures were operated on. As regarded to gender; 24 (32%) patients were female wherever 51 (68%) patients were male. Patients' age (ranged 20-40y) with a mean 26.4. Right foot was affected in 44 patients (58.6%) while left foot fractures in 31 patients (41.4%). Thirty four patients were heavy manual labors, 15 patients were athletes, while 26 patients had an office based work. Time elapsed between fracture and operation was (ranged 1-14 d) with an average 7 days.