

Mar 2014

COMMENTED by Reto Babst



PRE
0w



PRE
92w

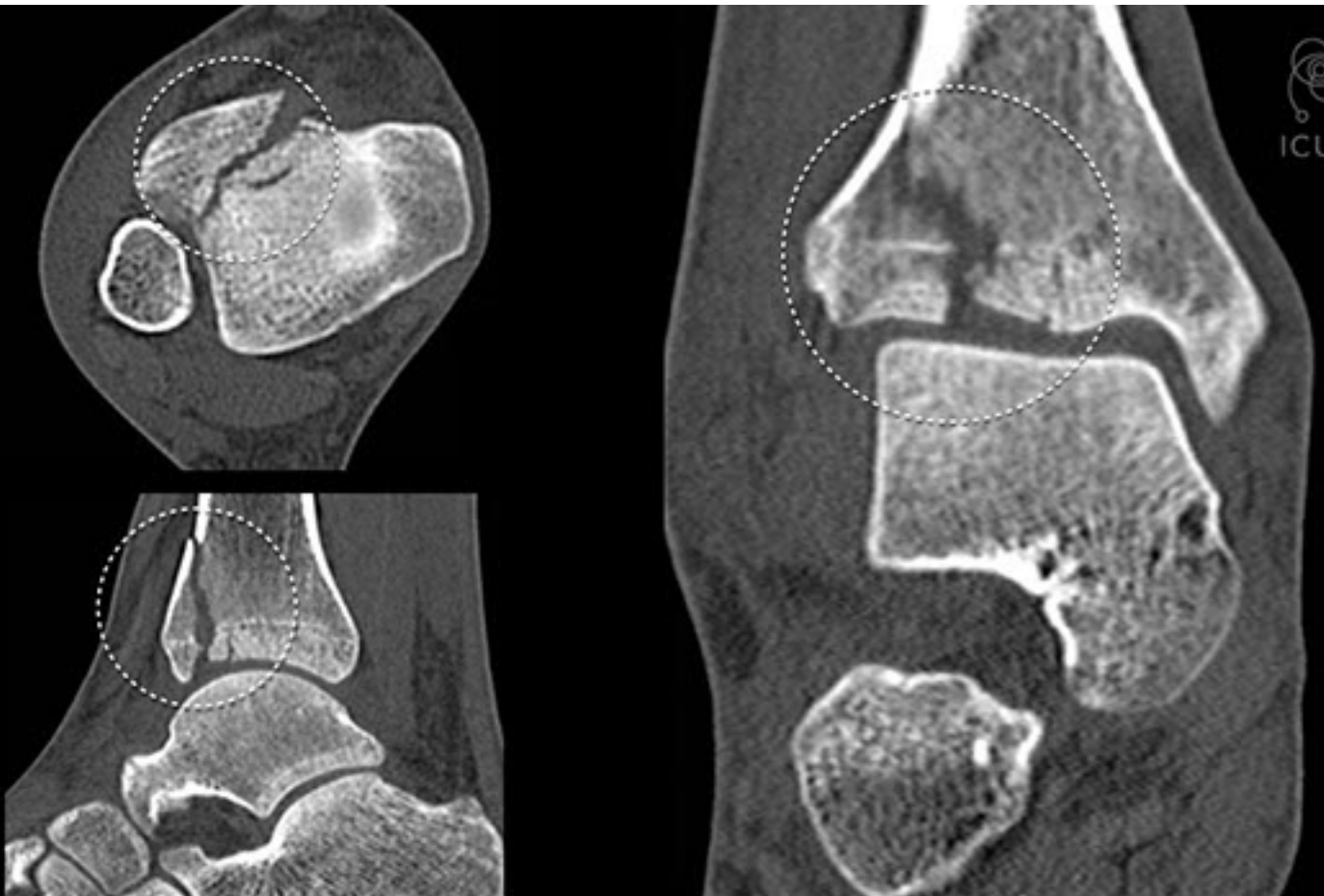




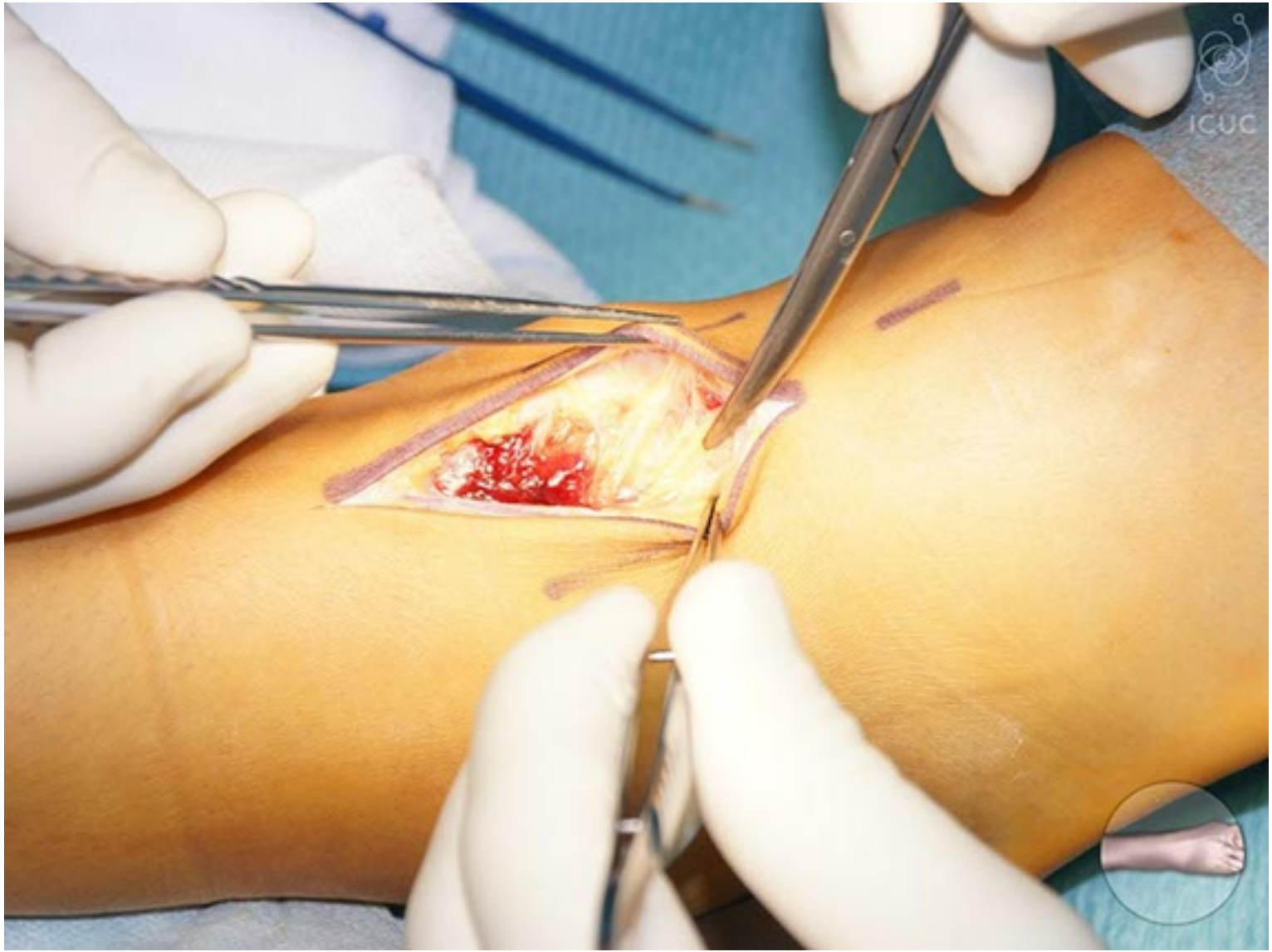
This is a partial articular fracture (B43). The CT image shows anterior marginal impaction, although it looks easy. These fractures often do not have a good prognosis.

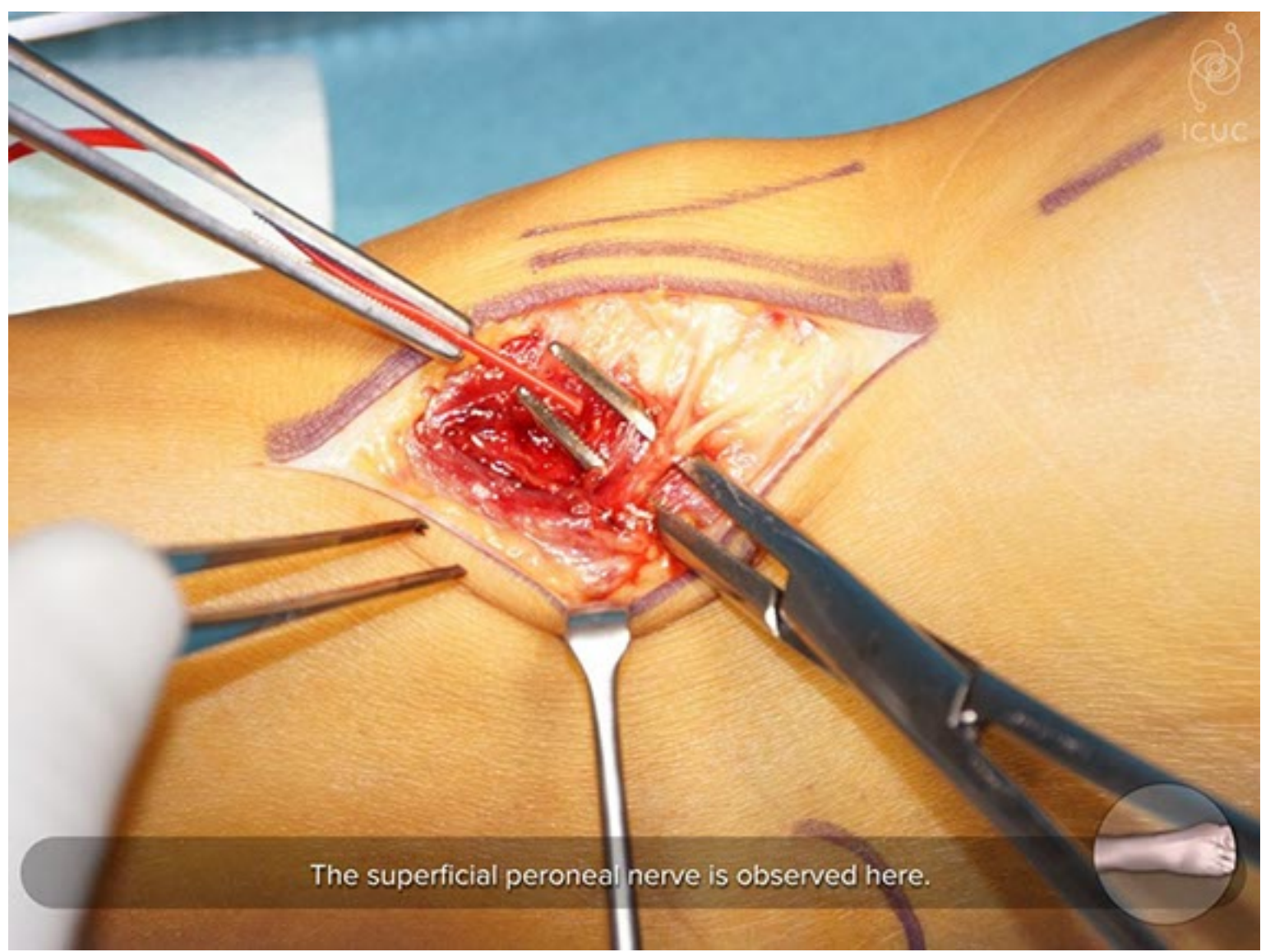
PRE





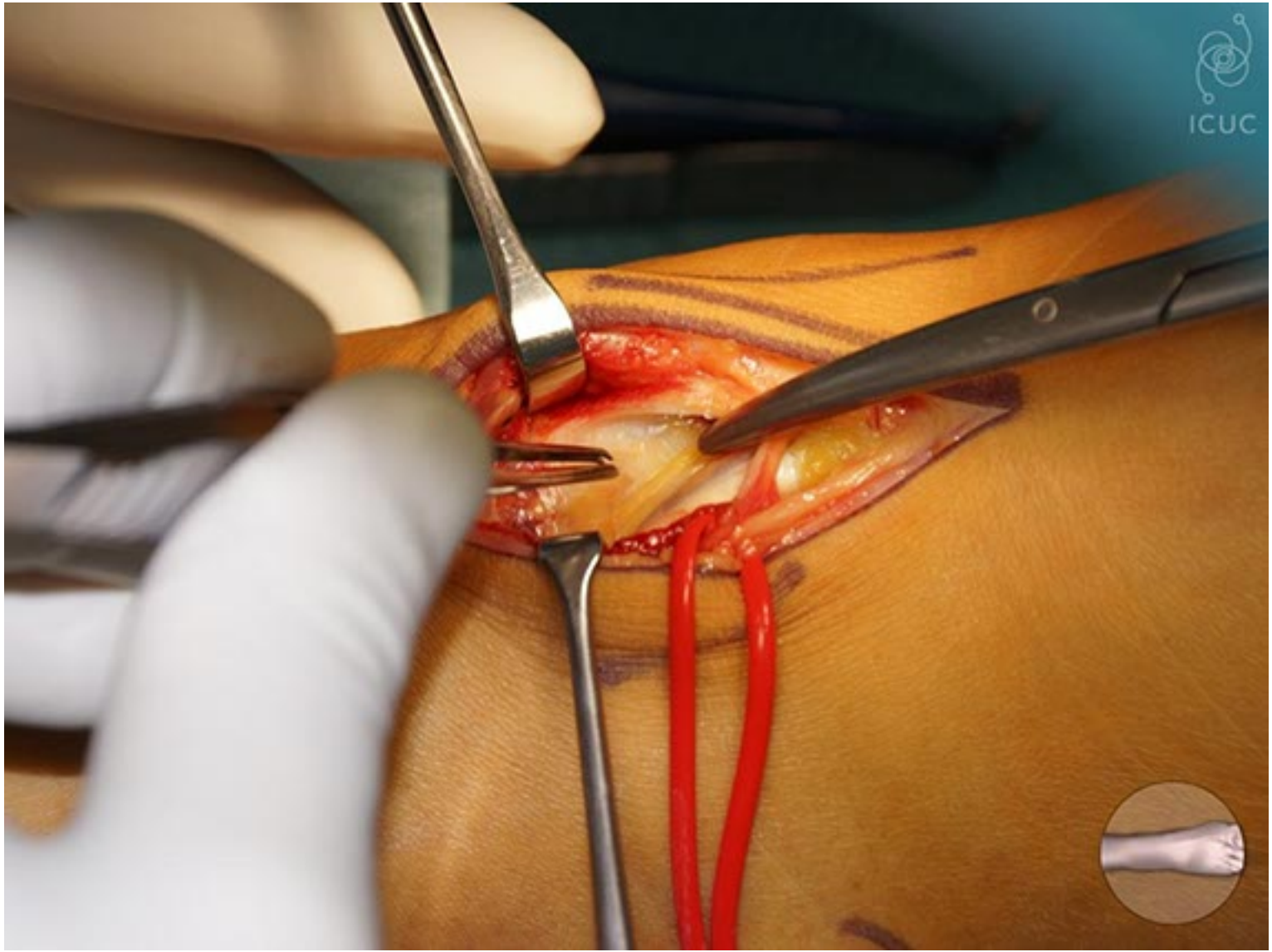
Marginal impaction is observed. This should probably be addressed from the anteromedial, anterior or anterolateral side. However, we have to use a plate. Their approach is from the anterior side.

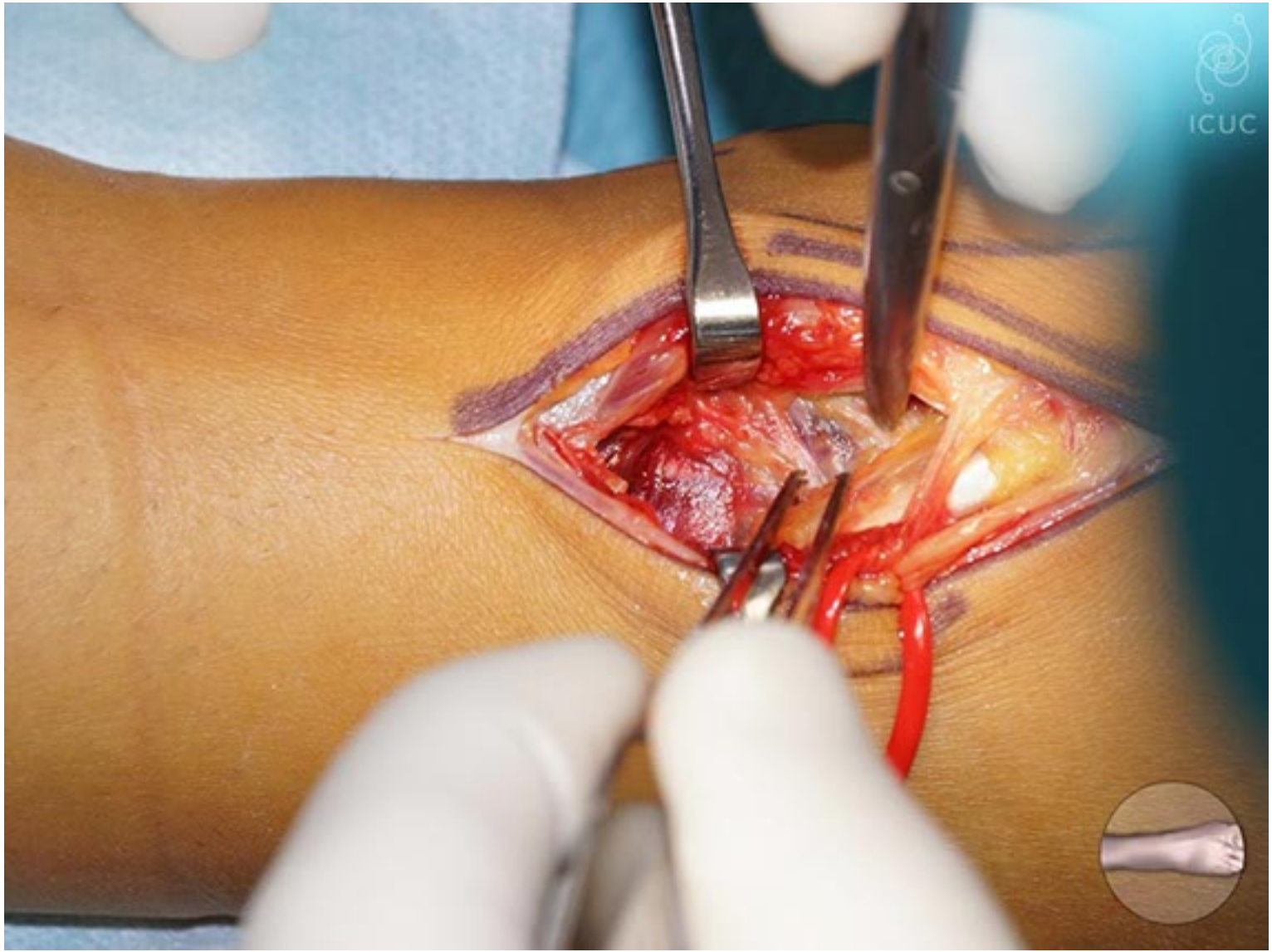


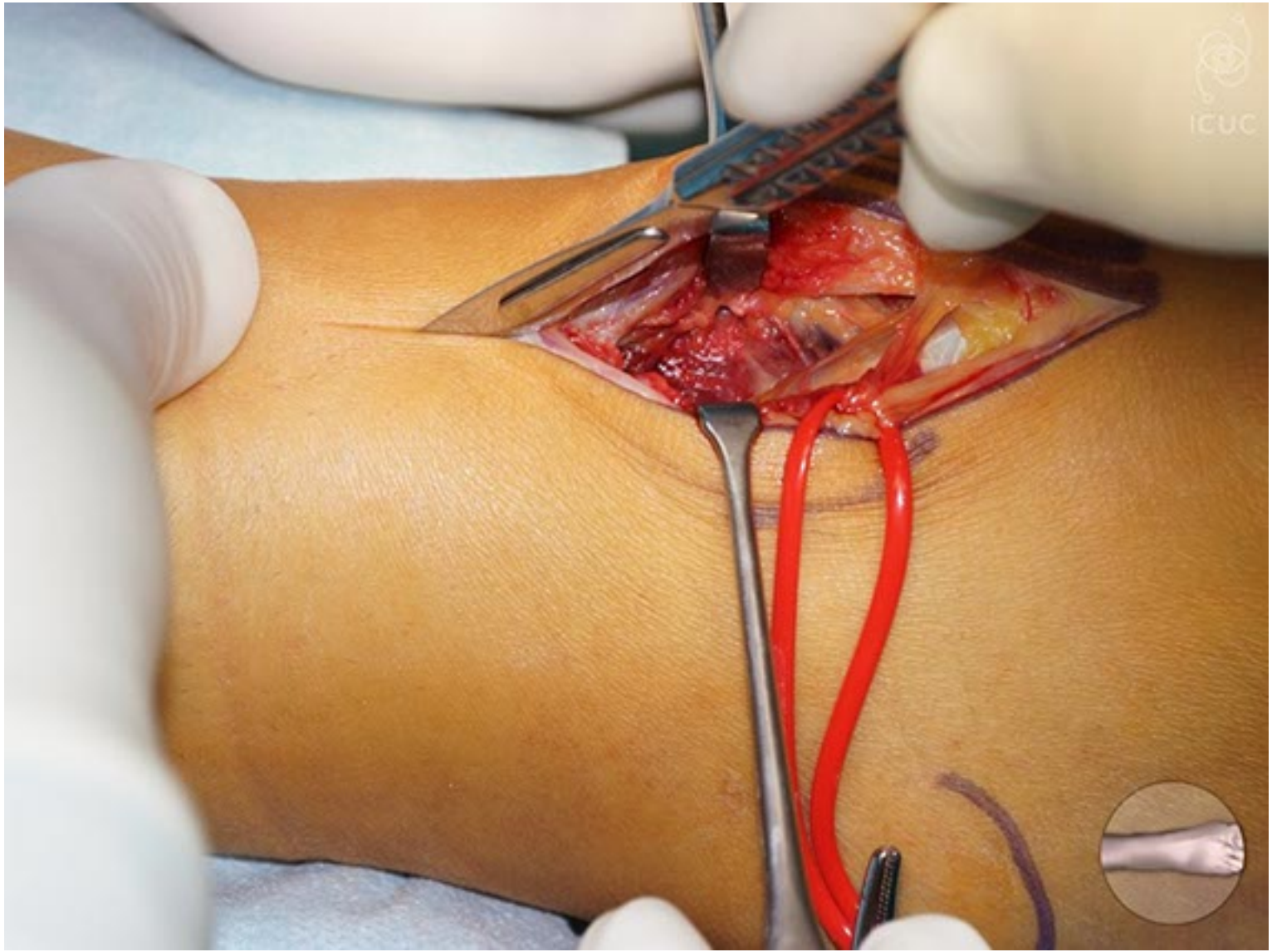


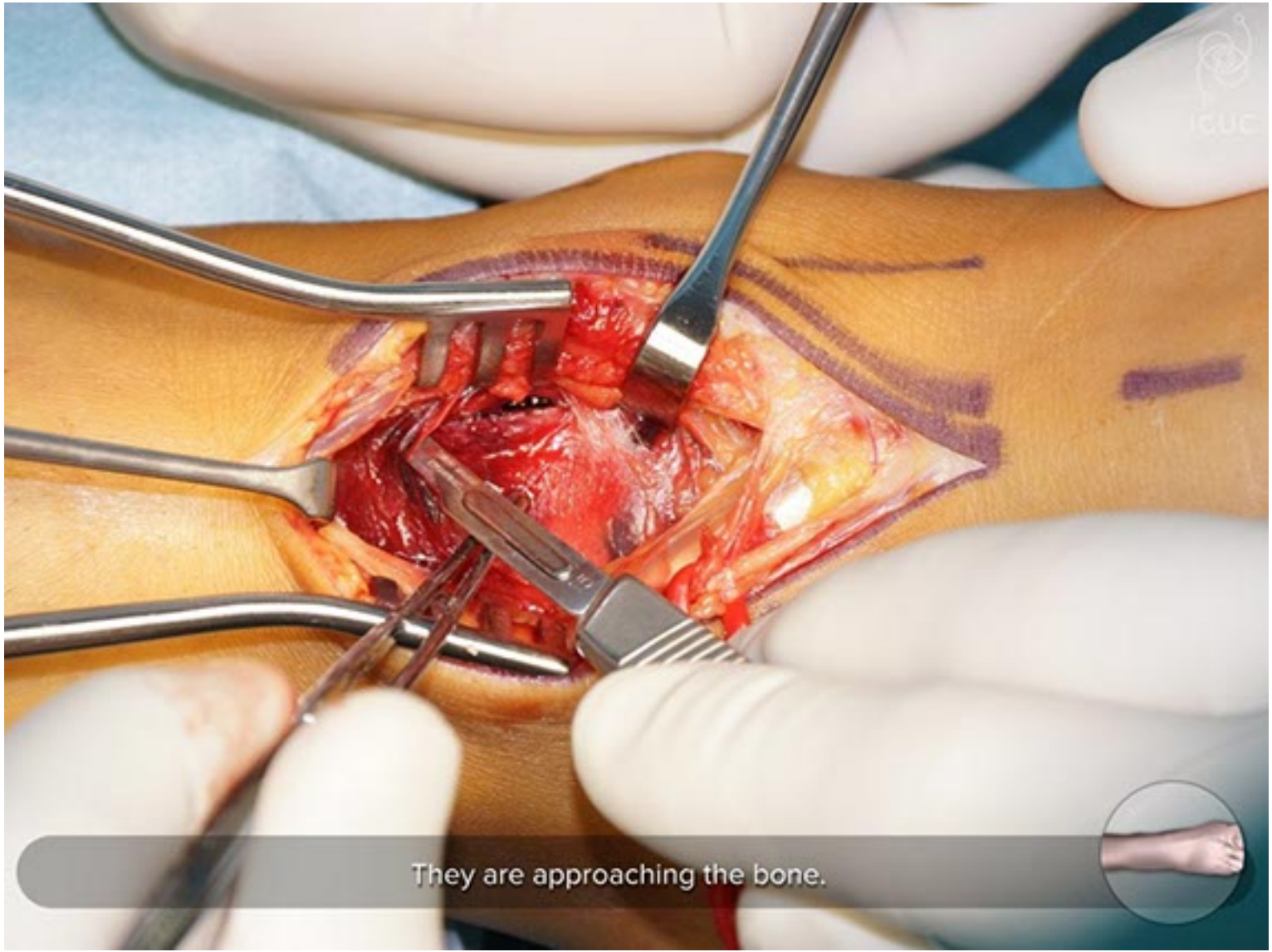
The superficial peroneal nerve is observed here.





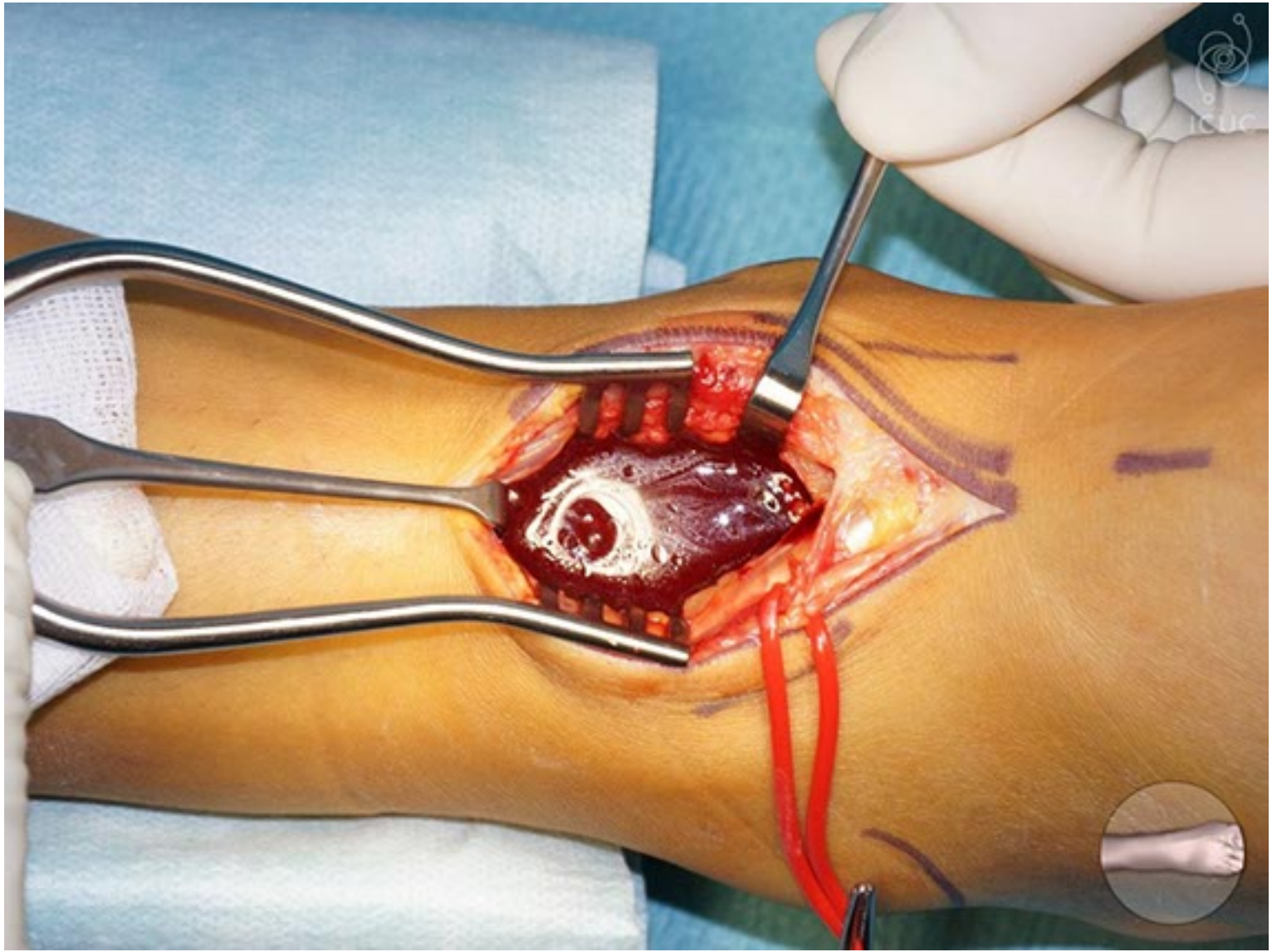




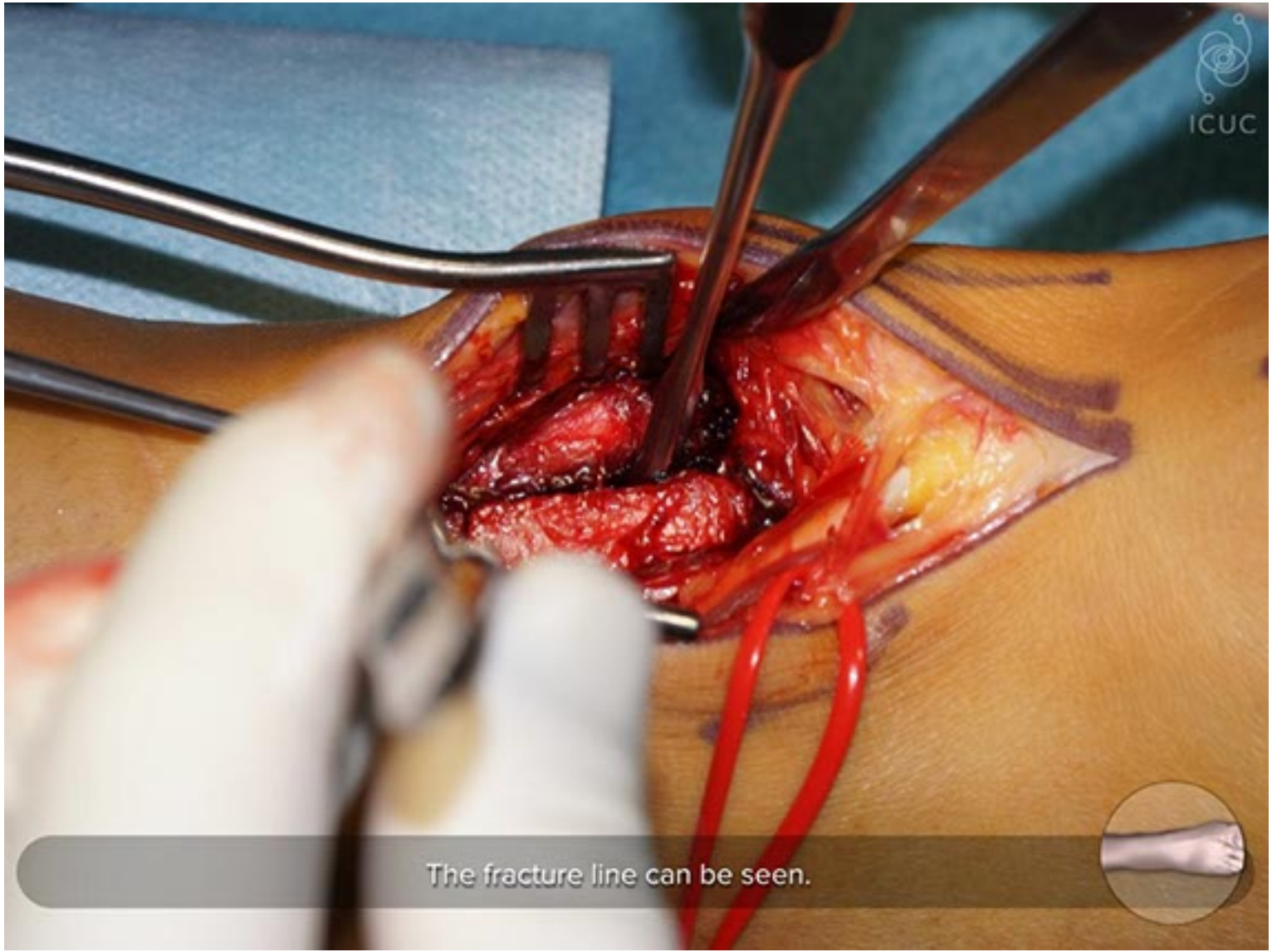


They are approaching the bone.



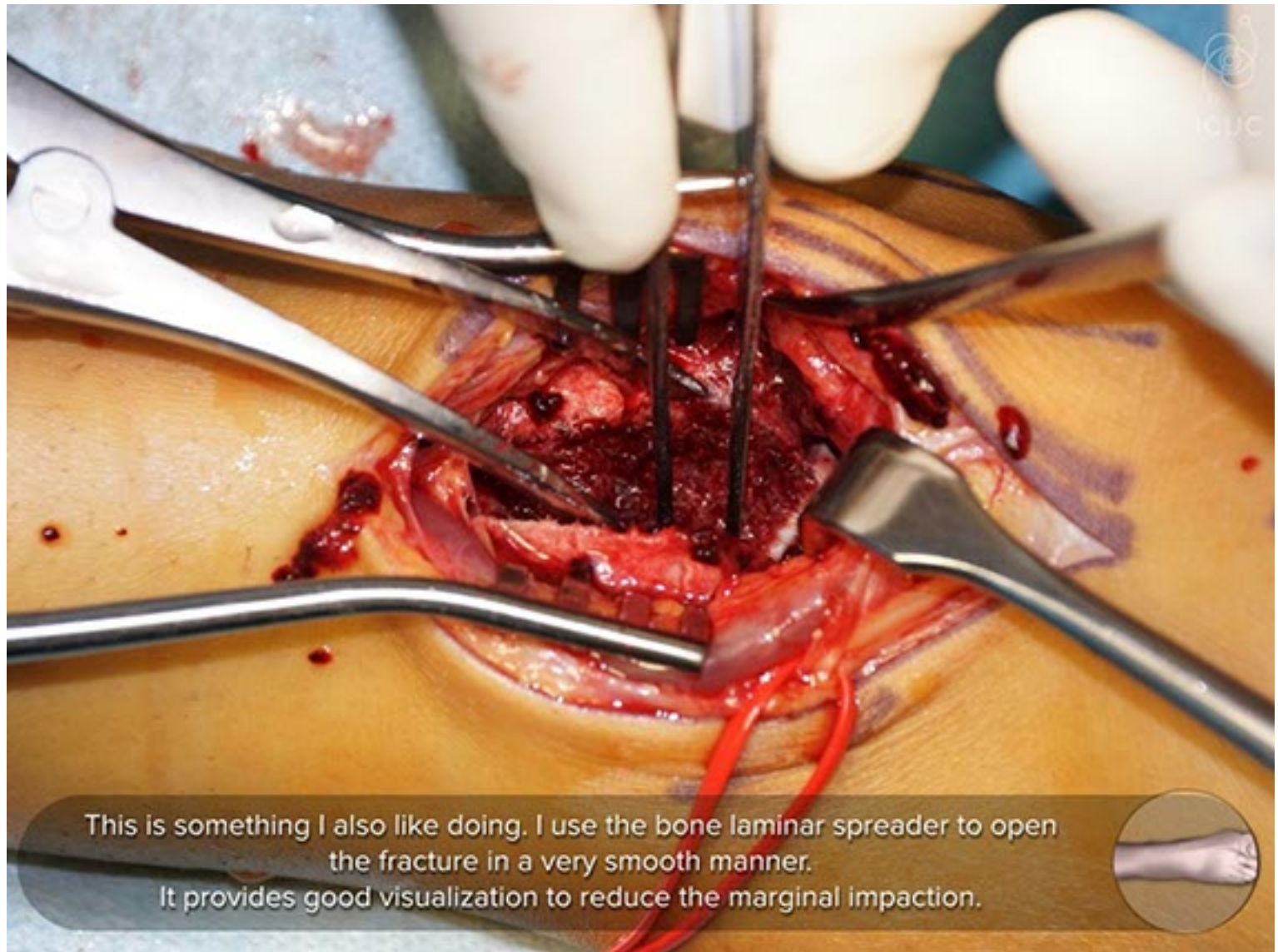






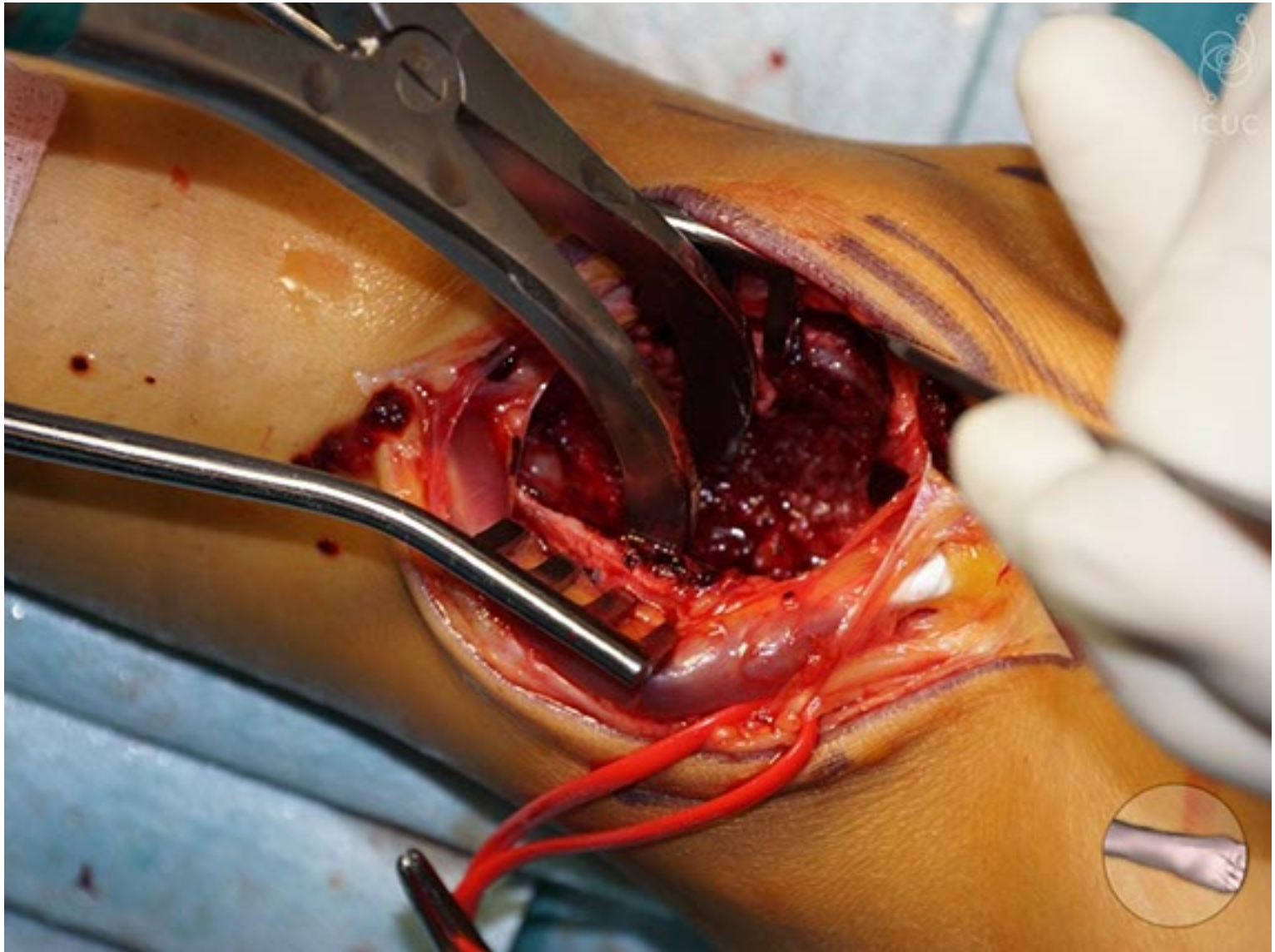
The fracture line can be seen.

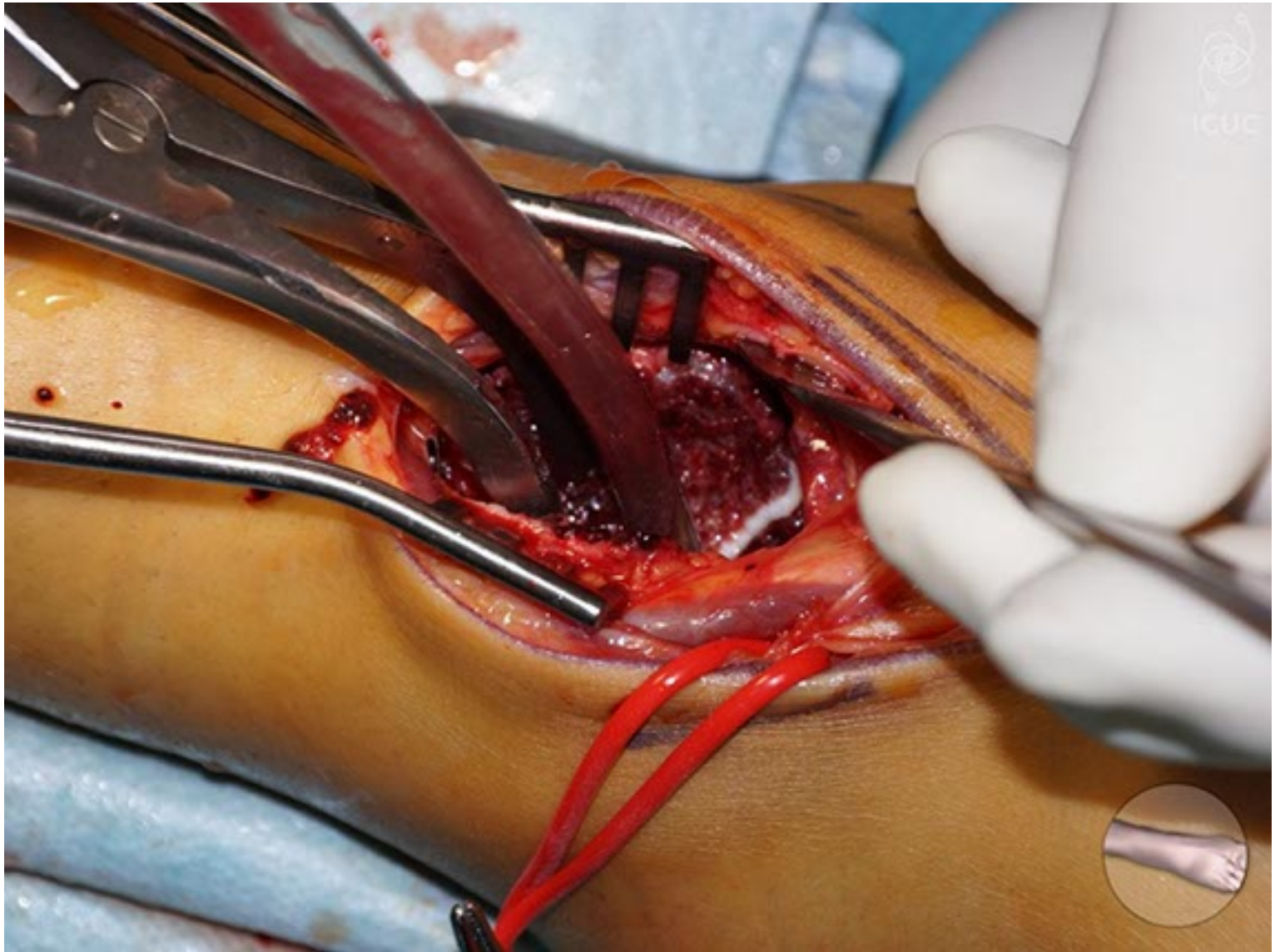


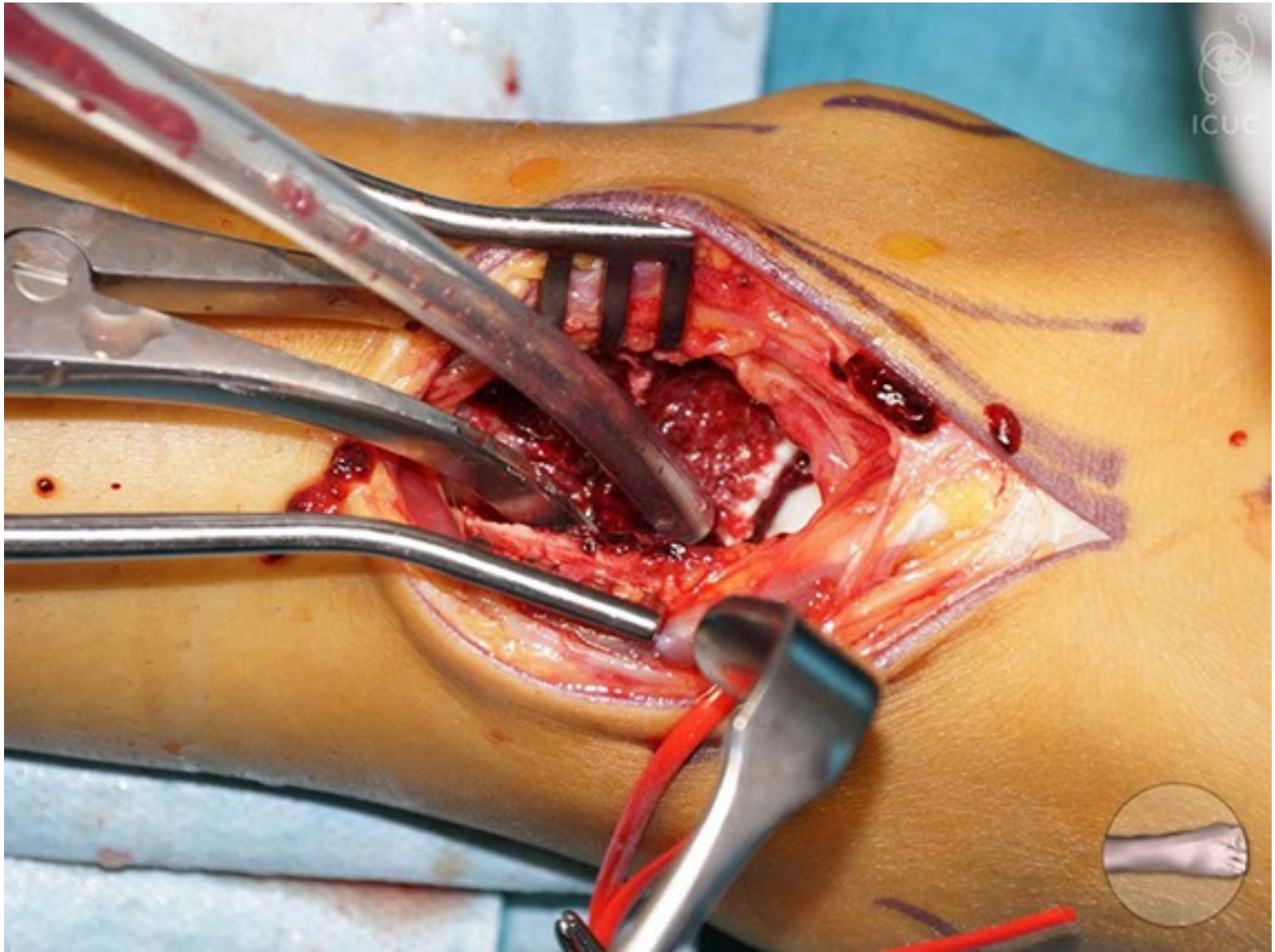


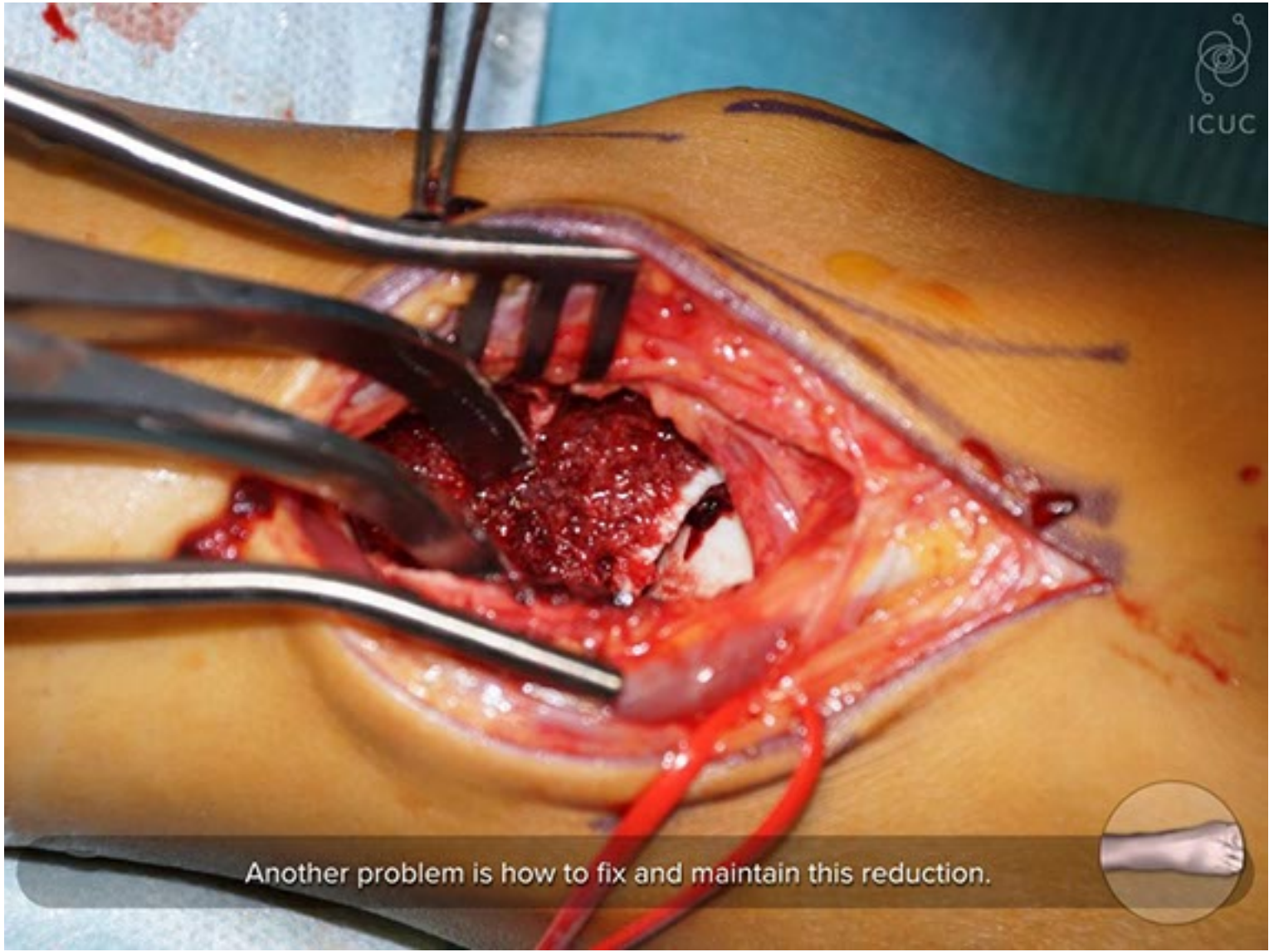
This is something I also like doing. I use the bone laminar spreader to open the fracture in a very smooth manner. It provides good visualization to reduce the marginal impaction.





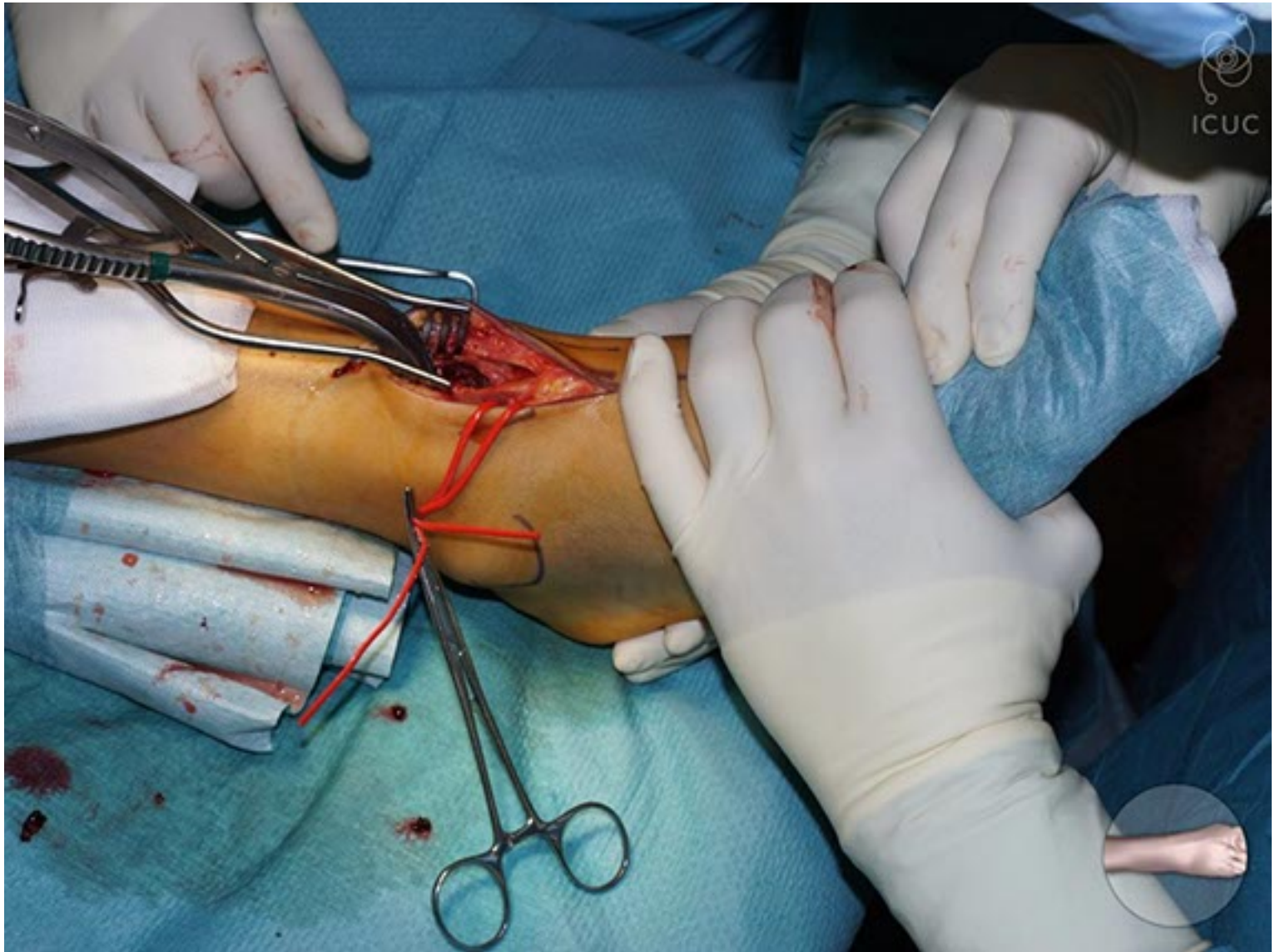


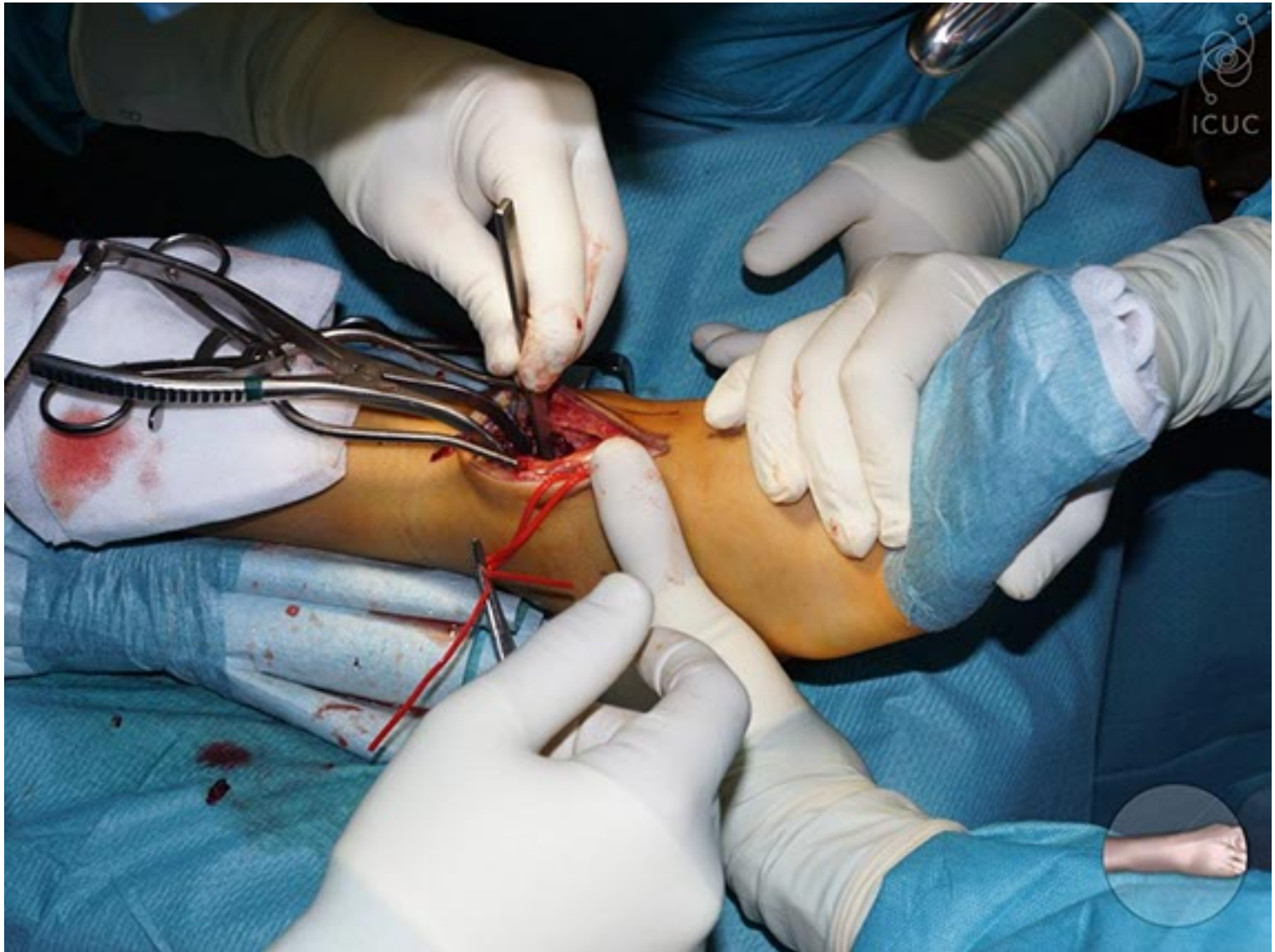


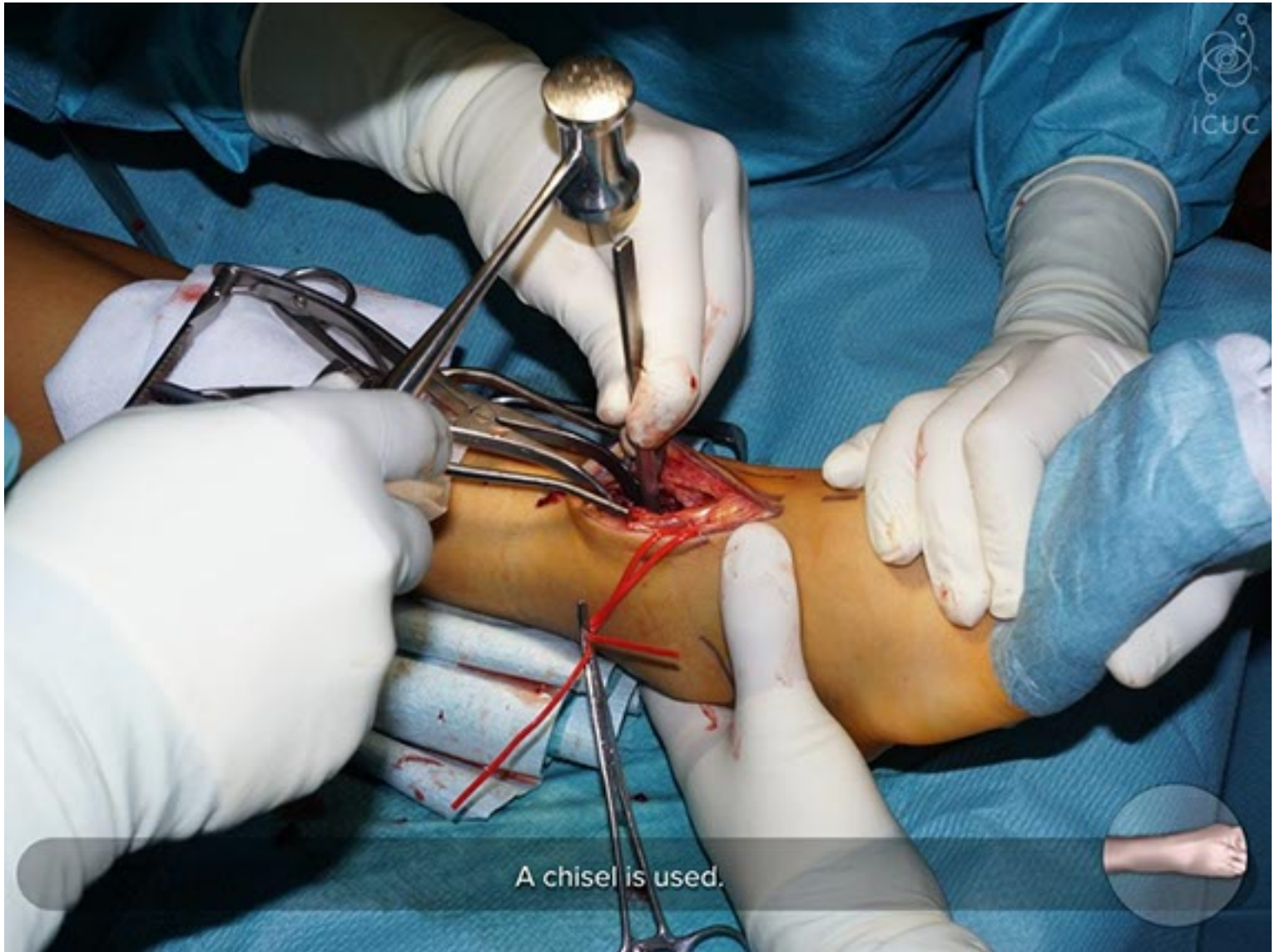


Another problem is how to fix and maintain this reduction.

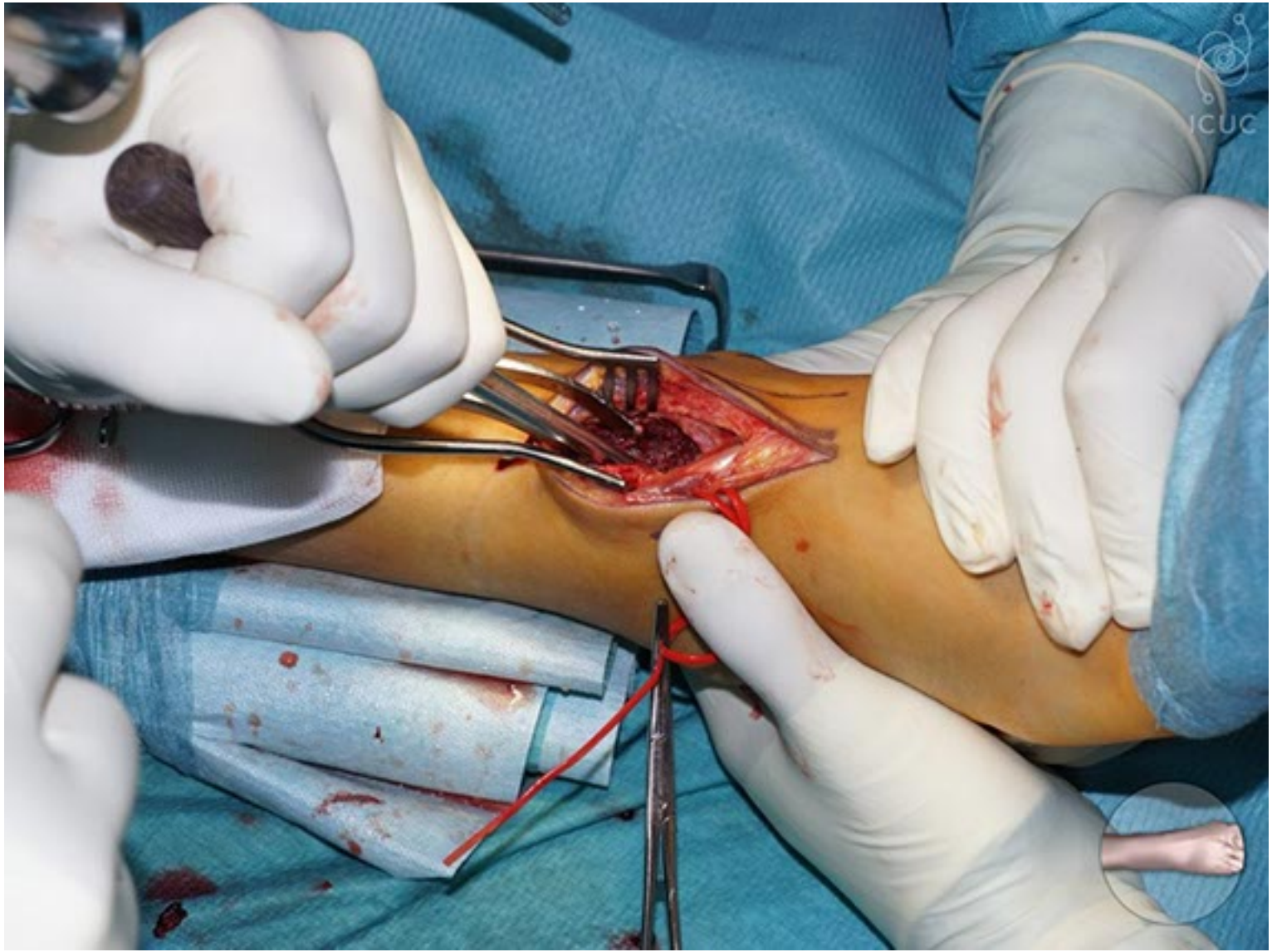


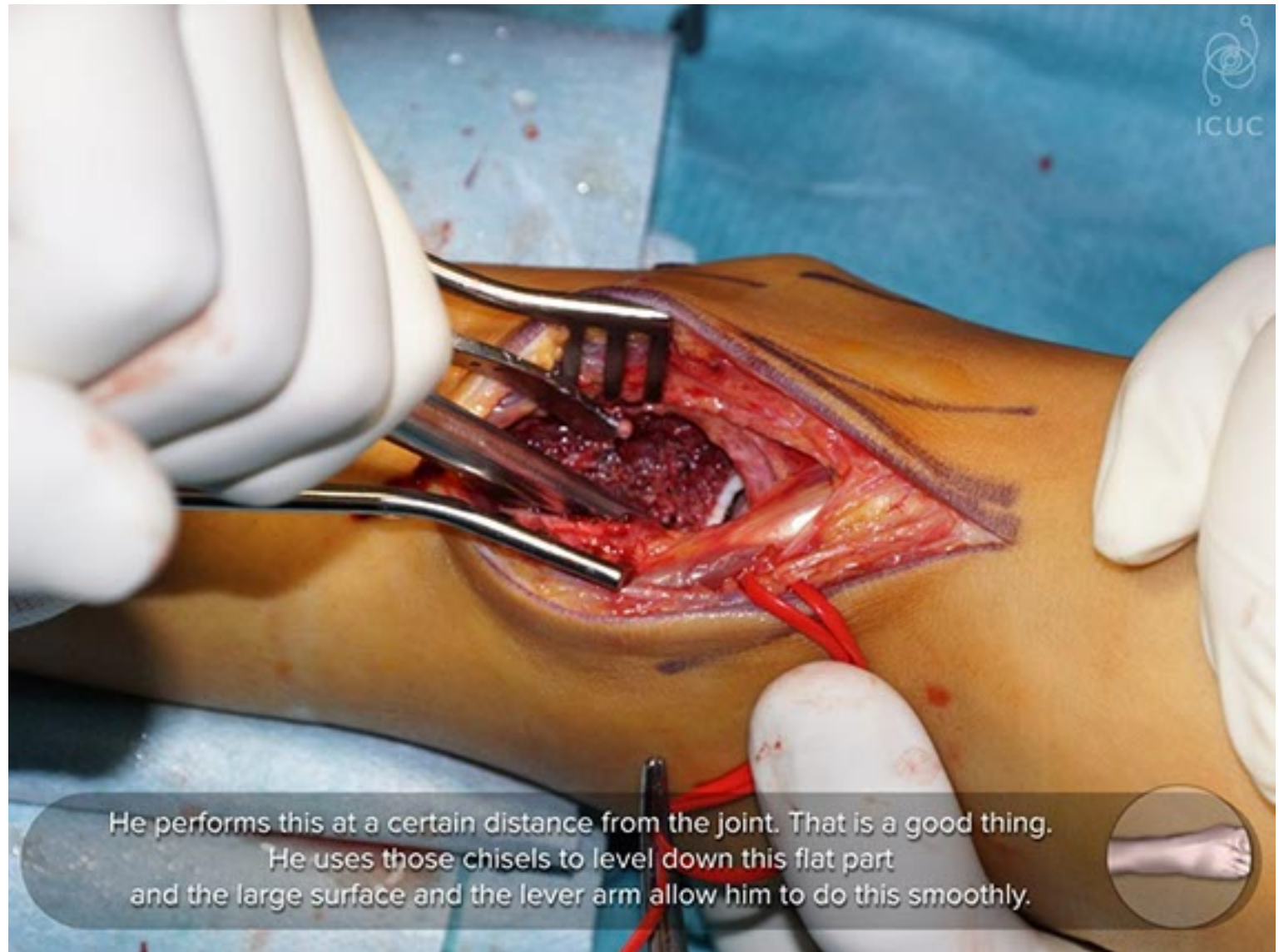




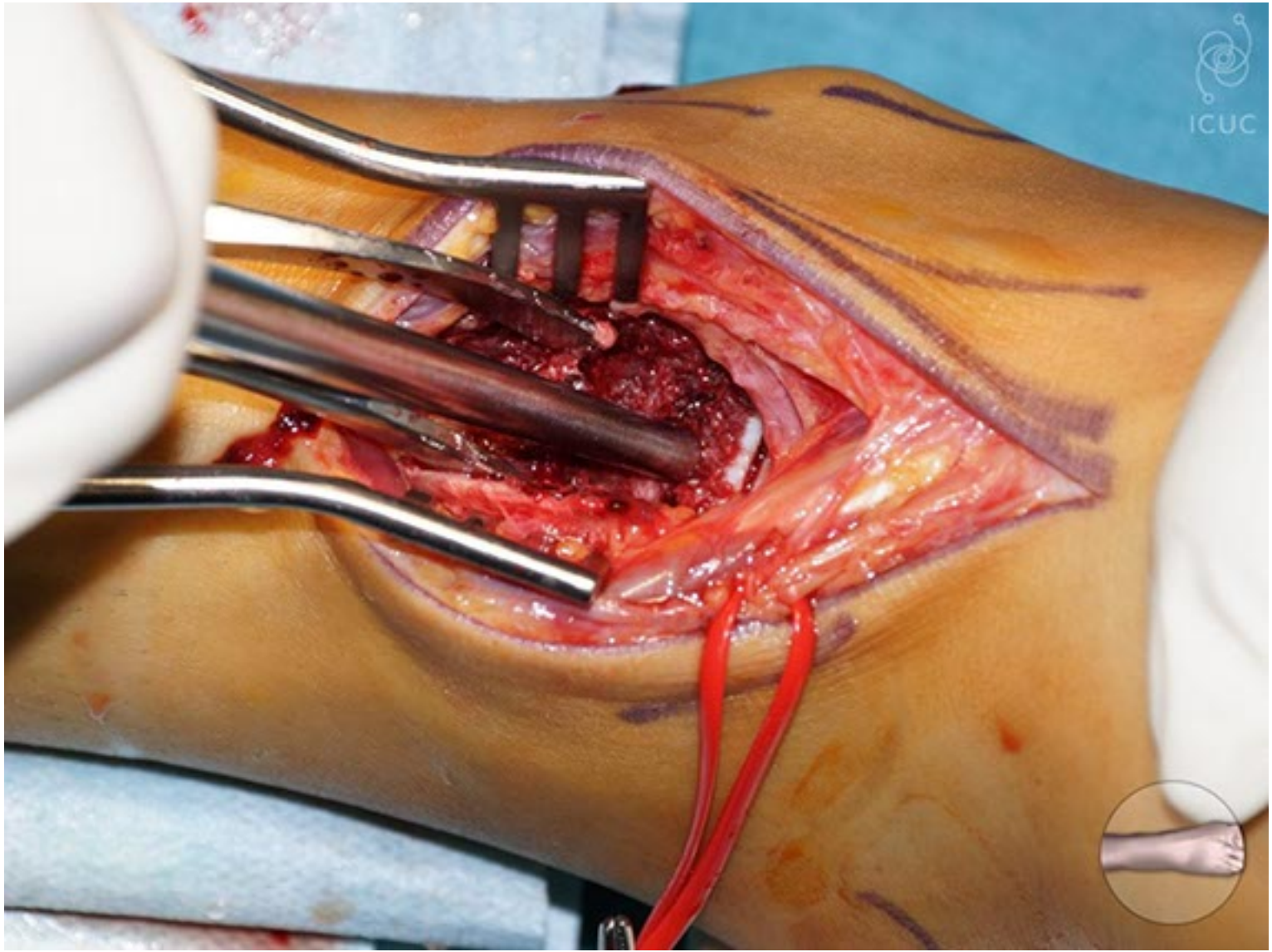


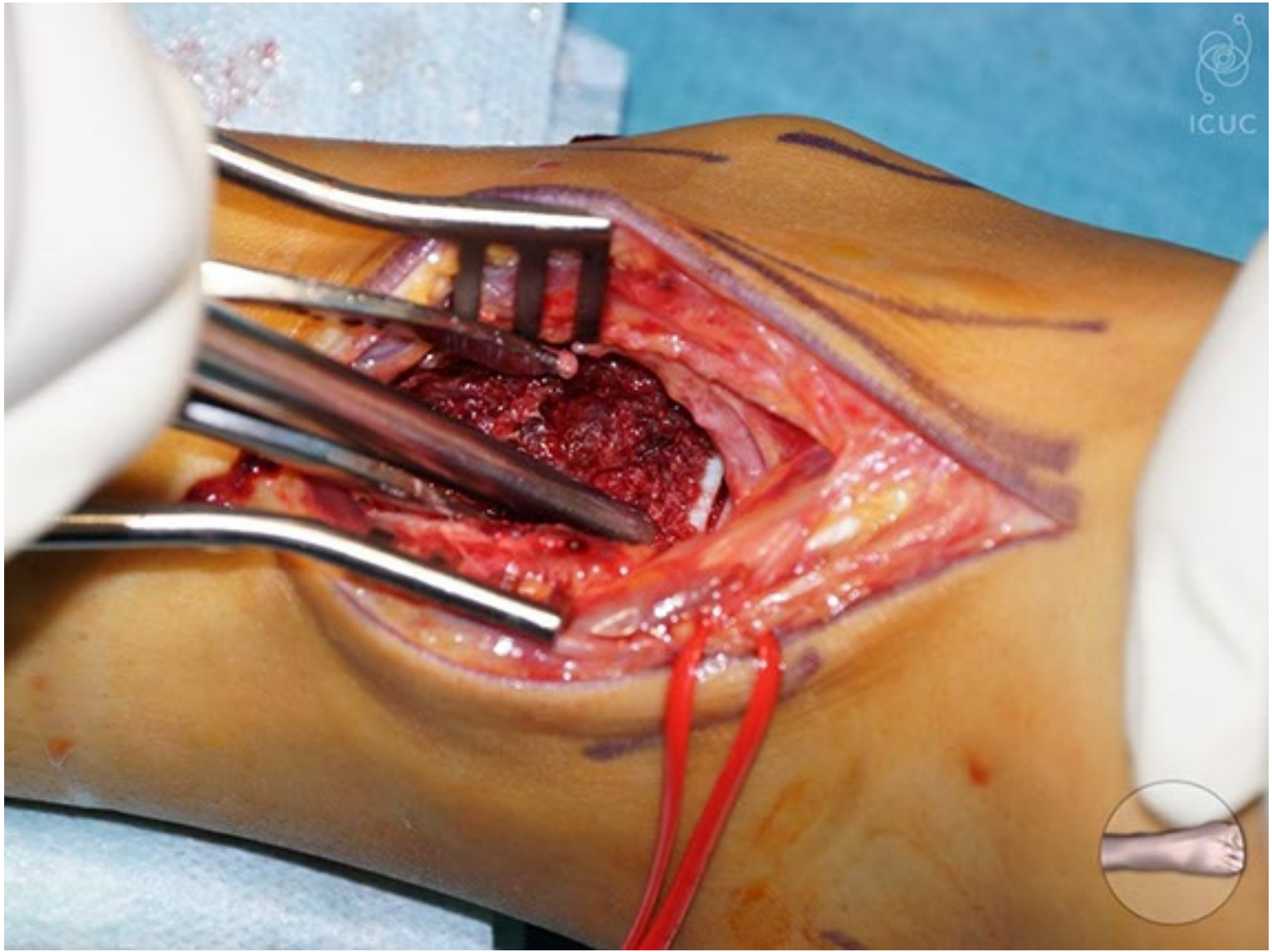
A chisel is used.





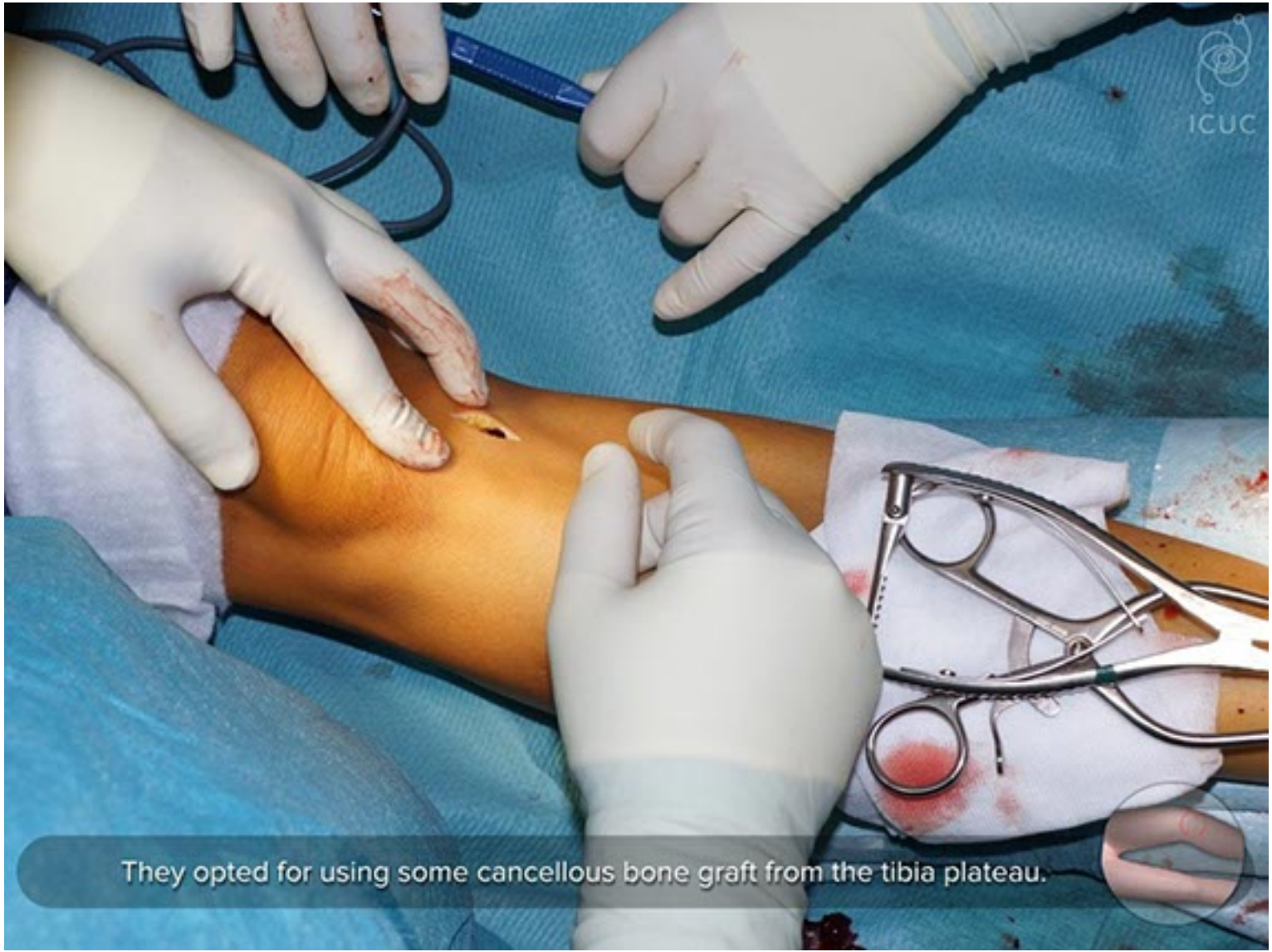
He performs this at a certain distance from the joint. That is a good thing.
He uses those chisels to level down this flat part
and the large surface and the lever arm allow him to do this smoothly.







They opted for using some cancellous bone graft from the tibia plateau.





ICUC





I usually perform this with structural bone support from a bone bank.

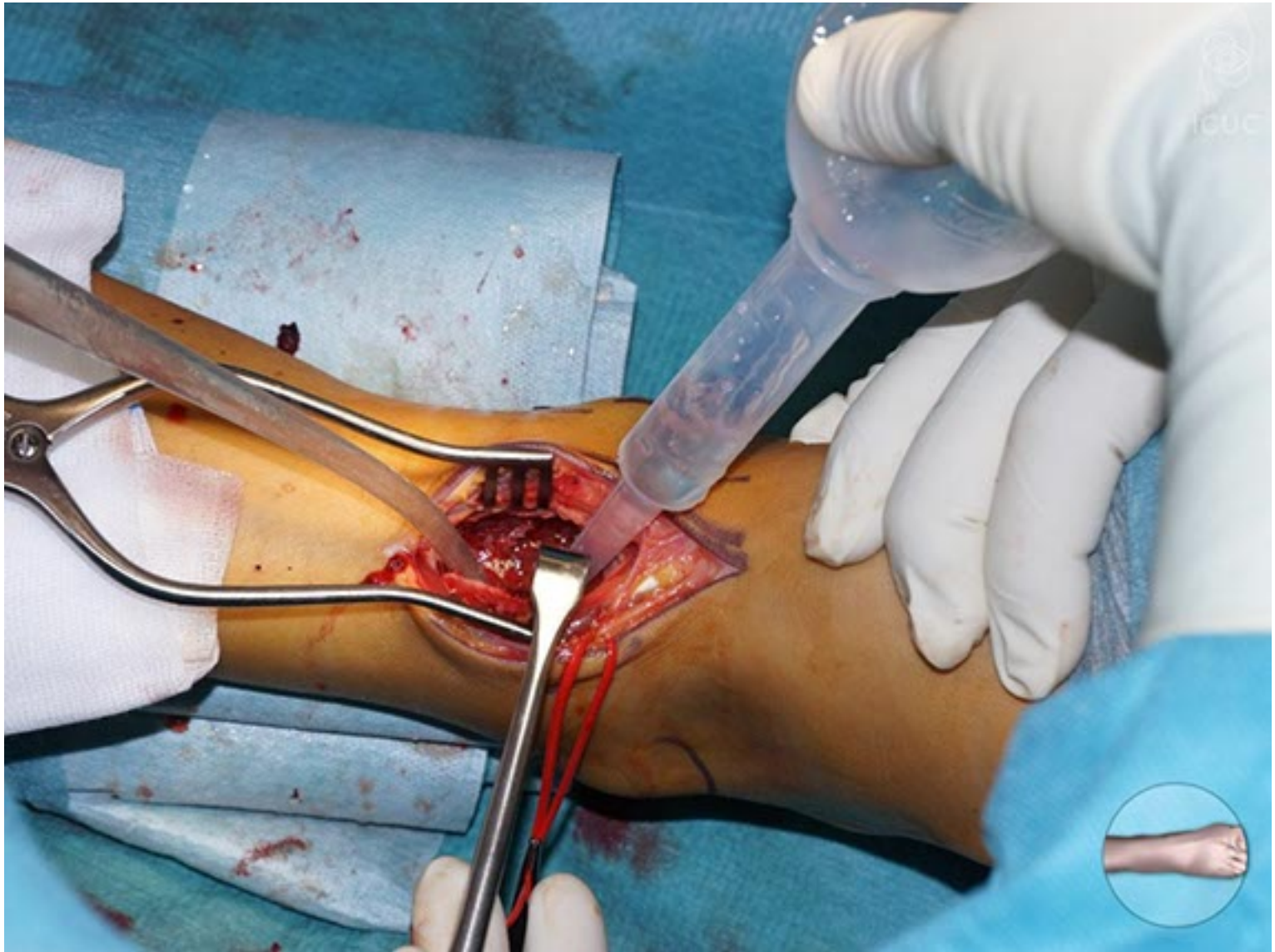




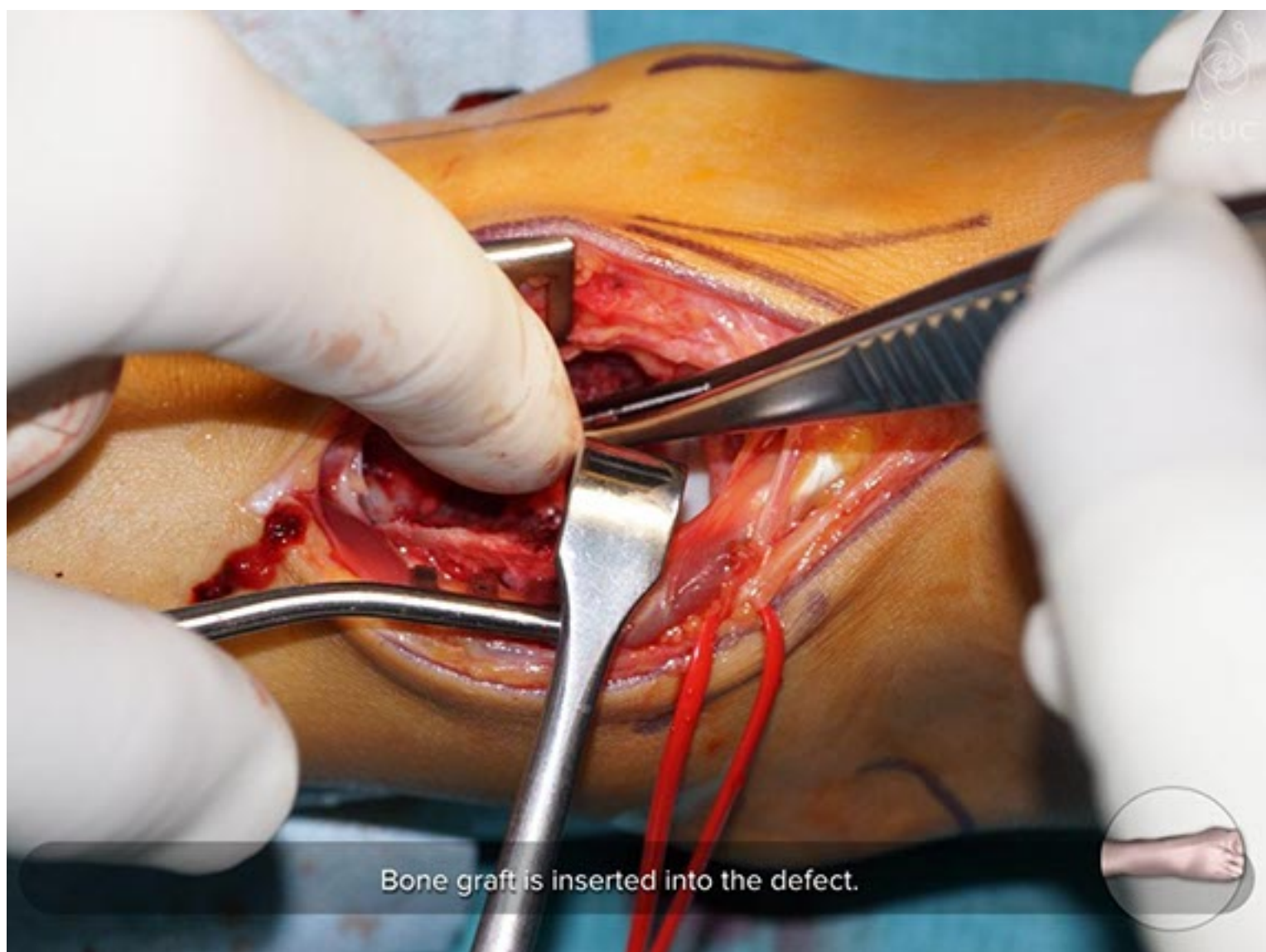




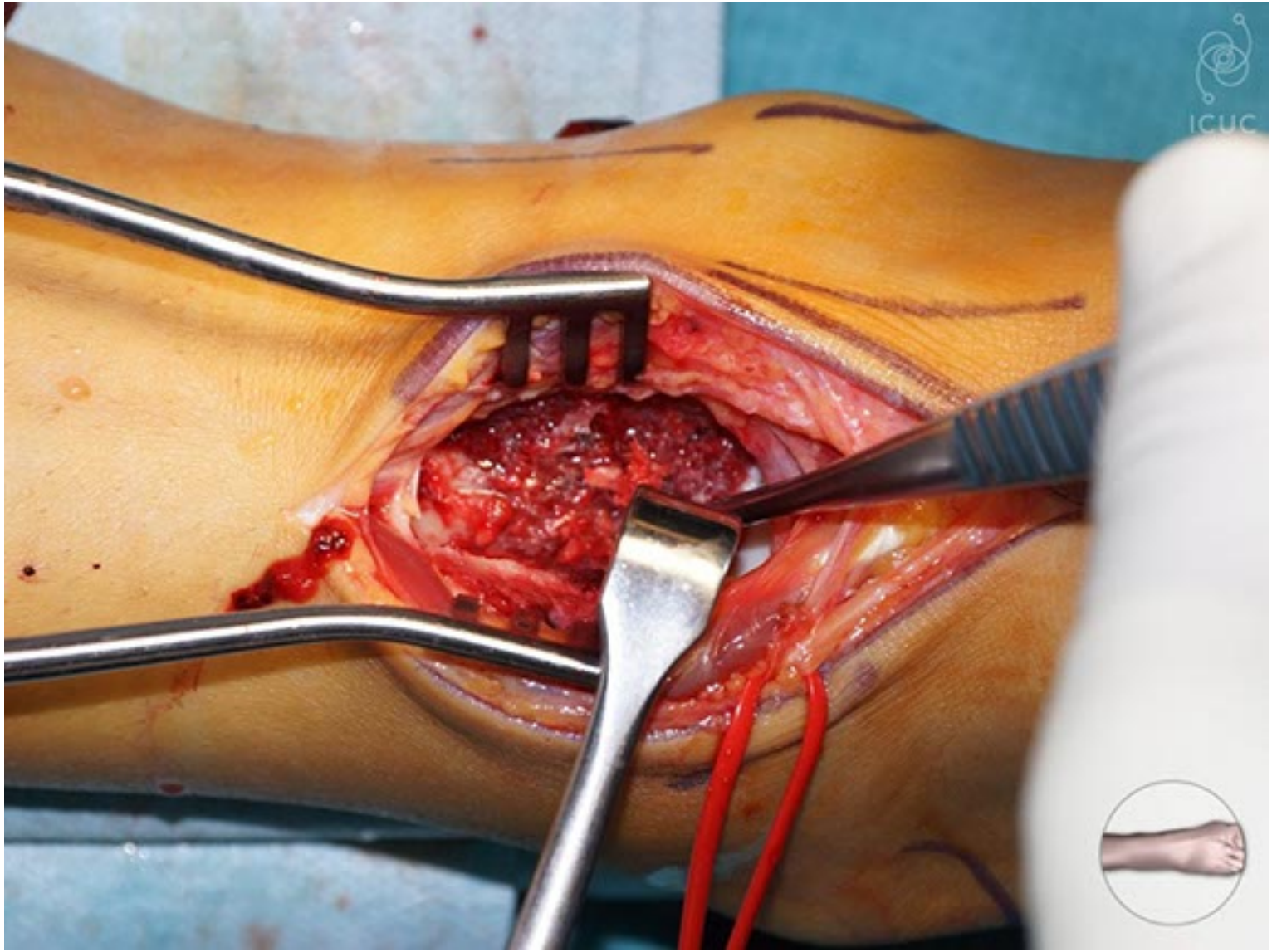


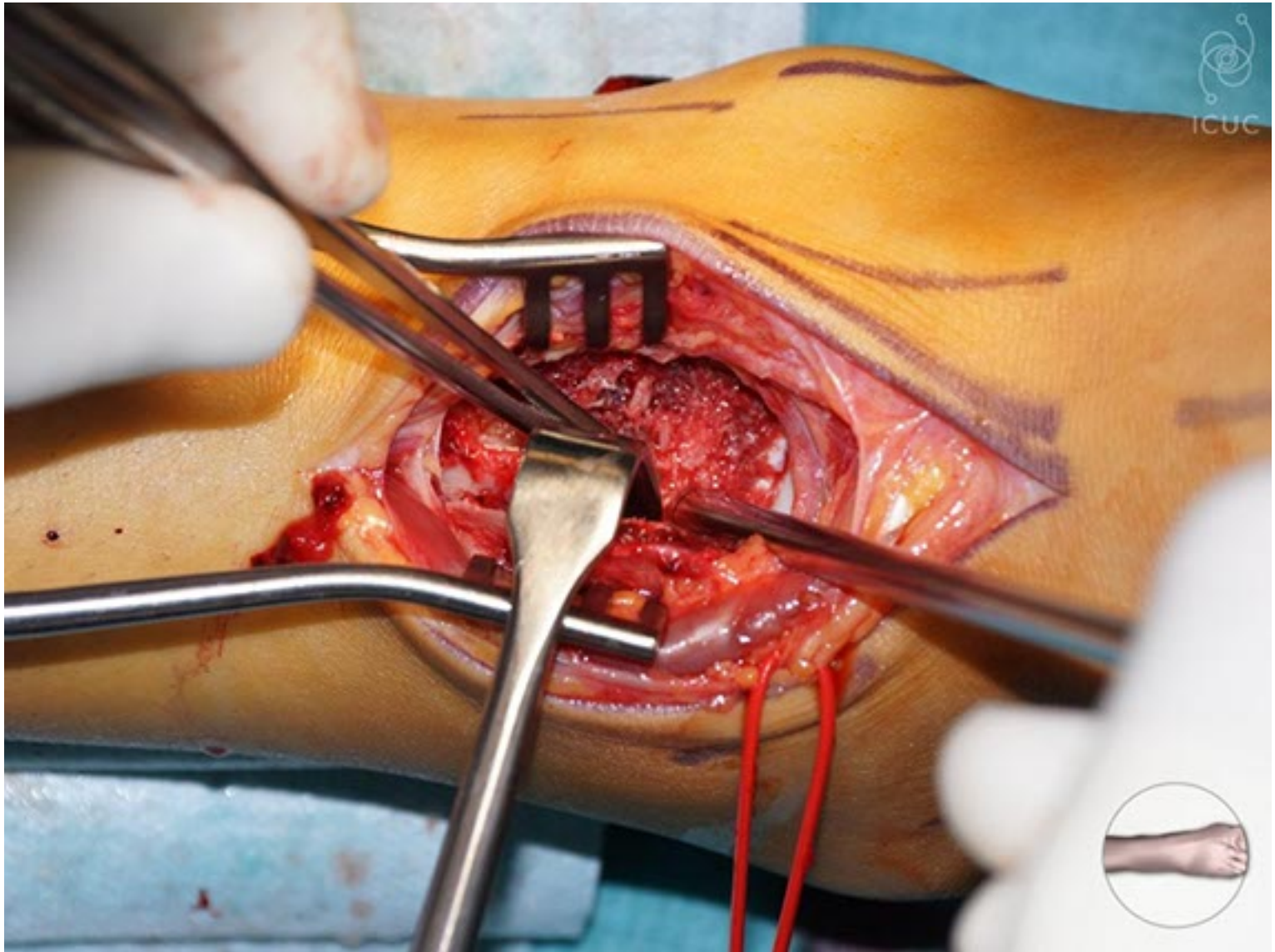


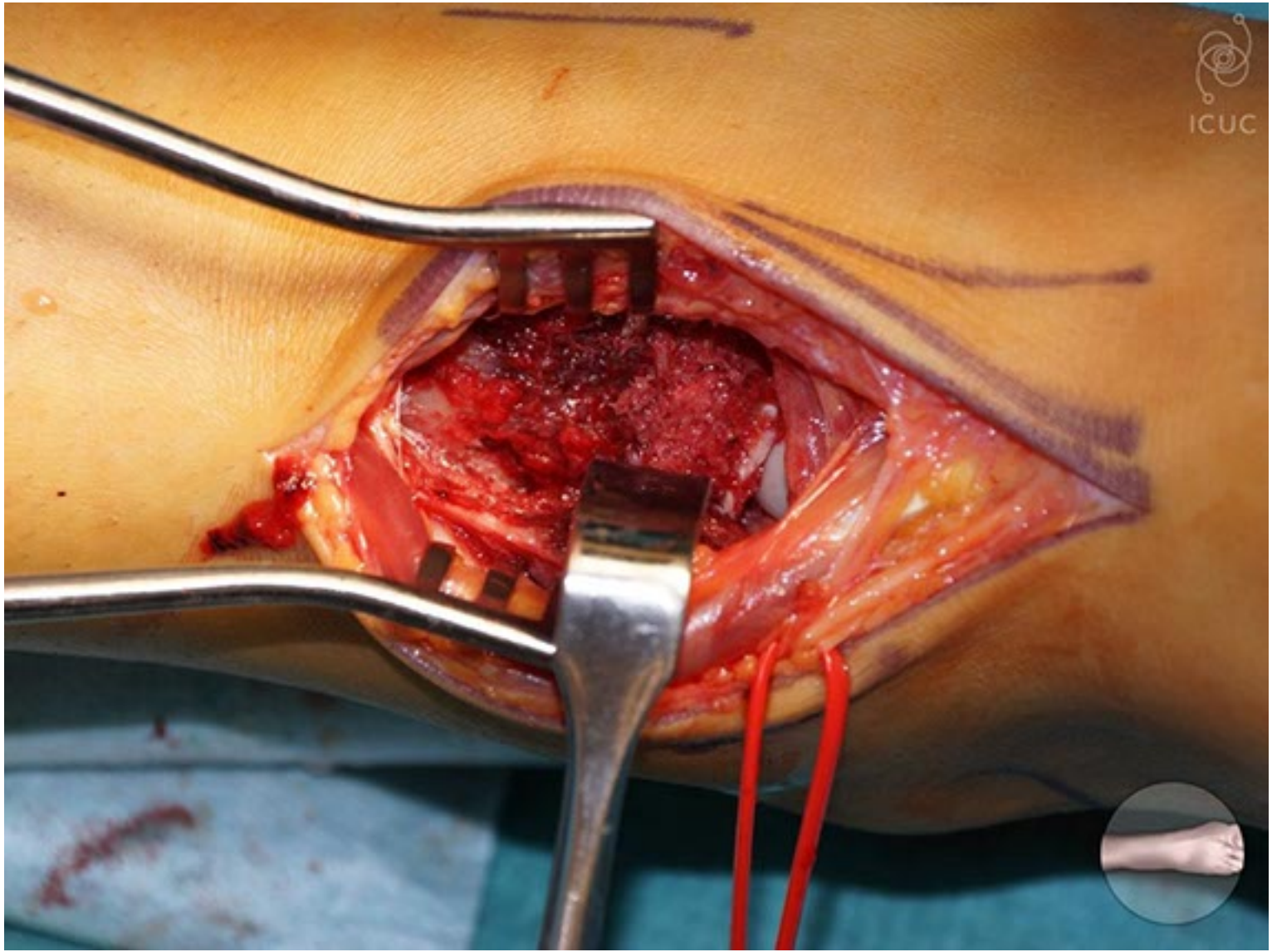




Bone graft is inserted into the defect.

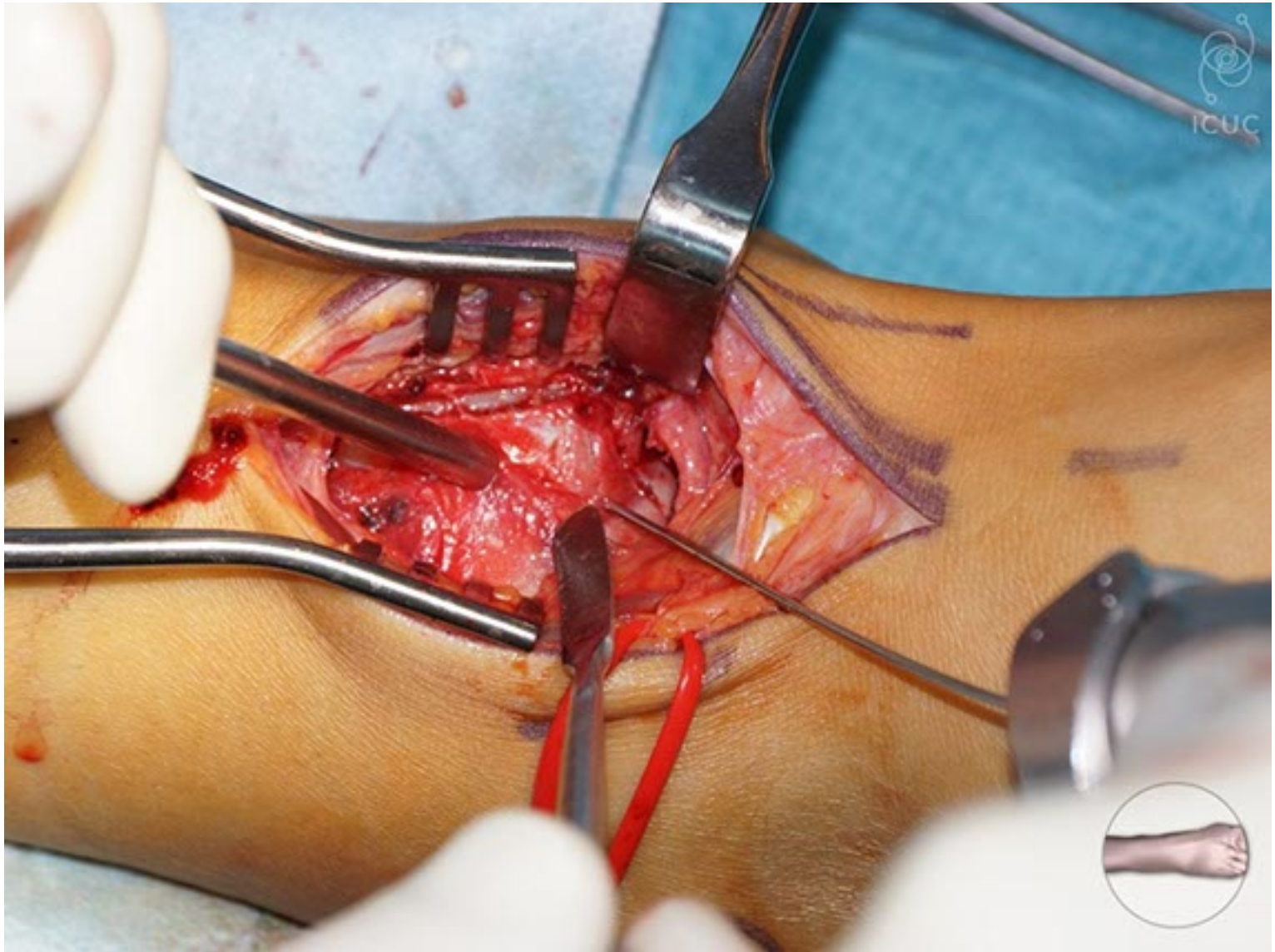


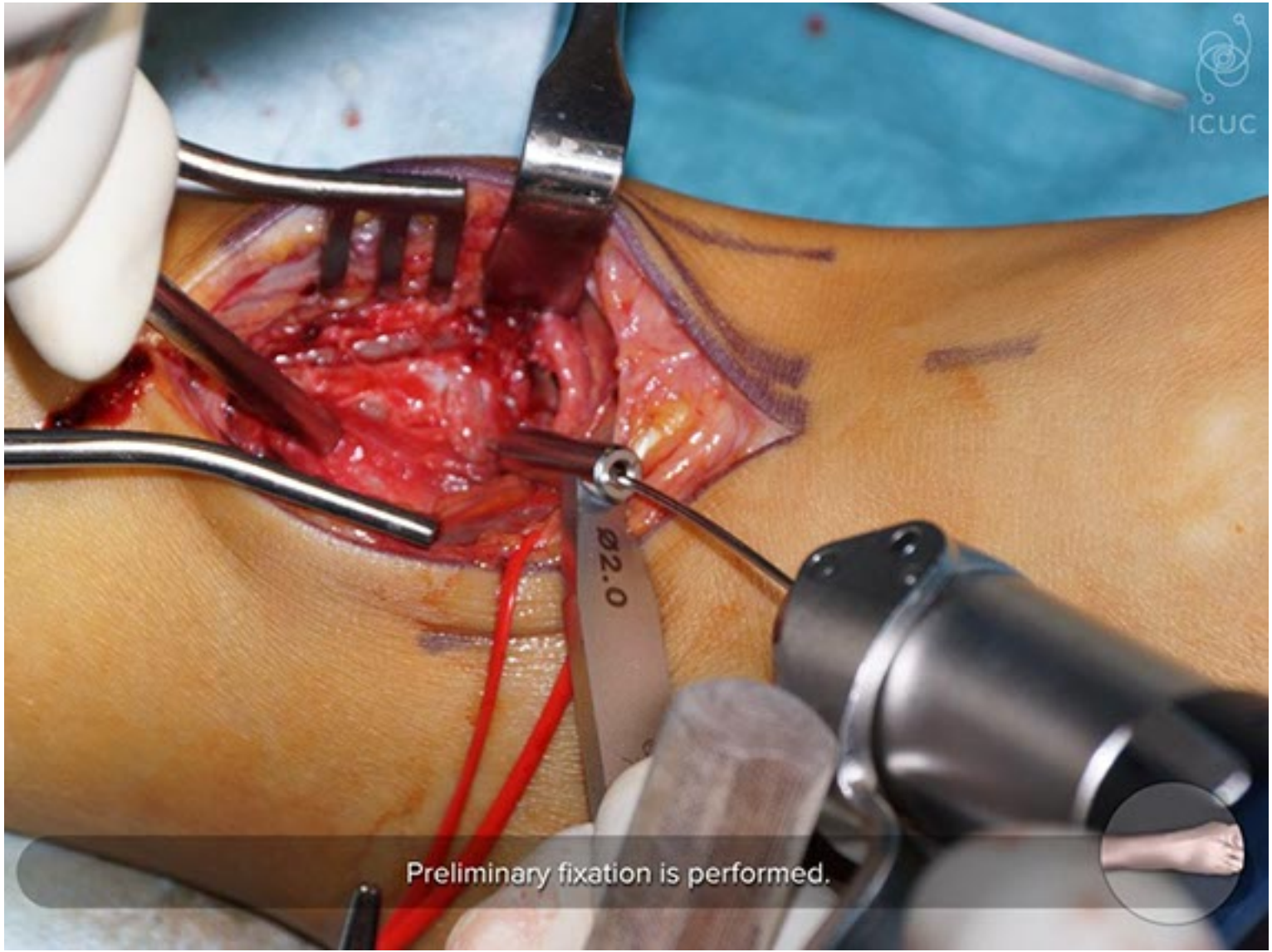






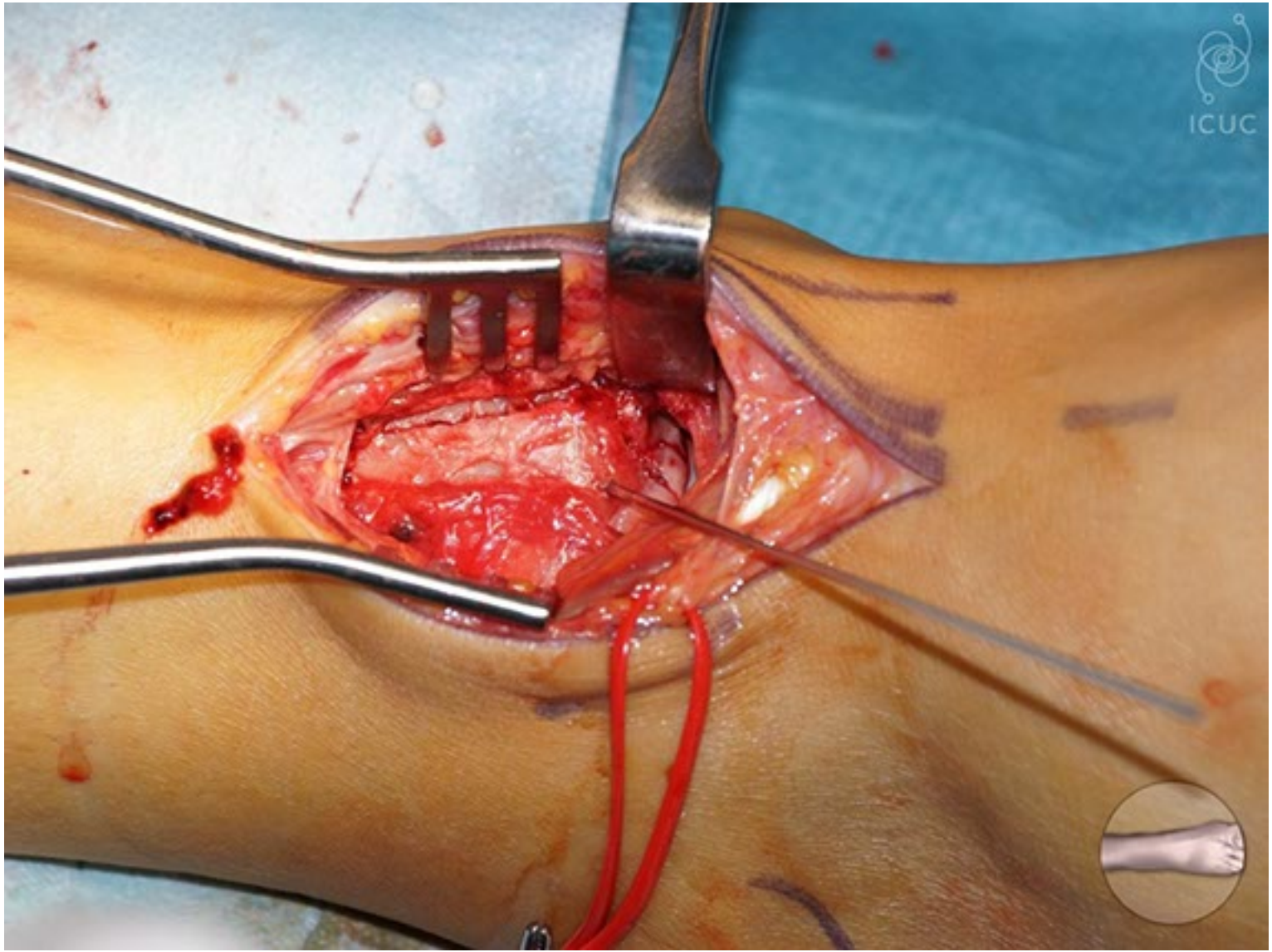
They put the anterior cortex back.





Preliminary fixation is performed.





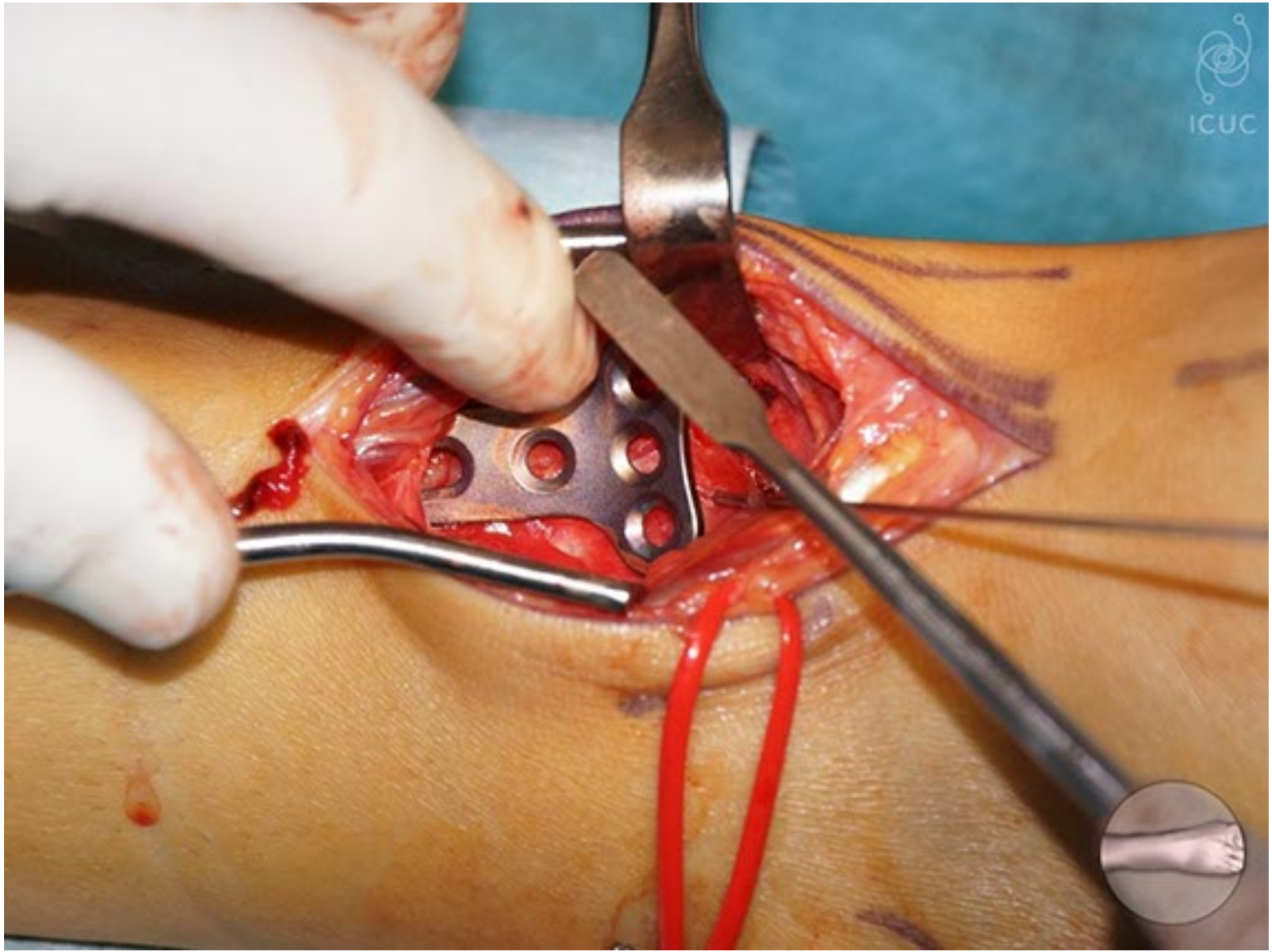


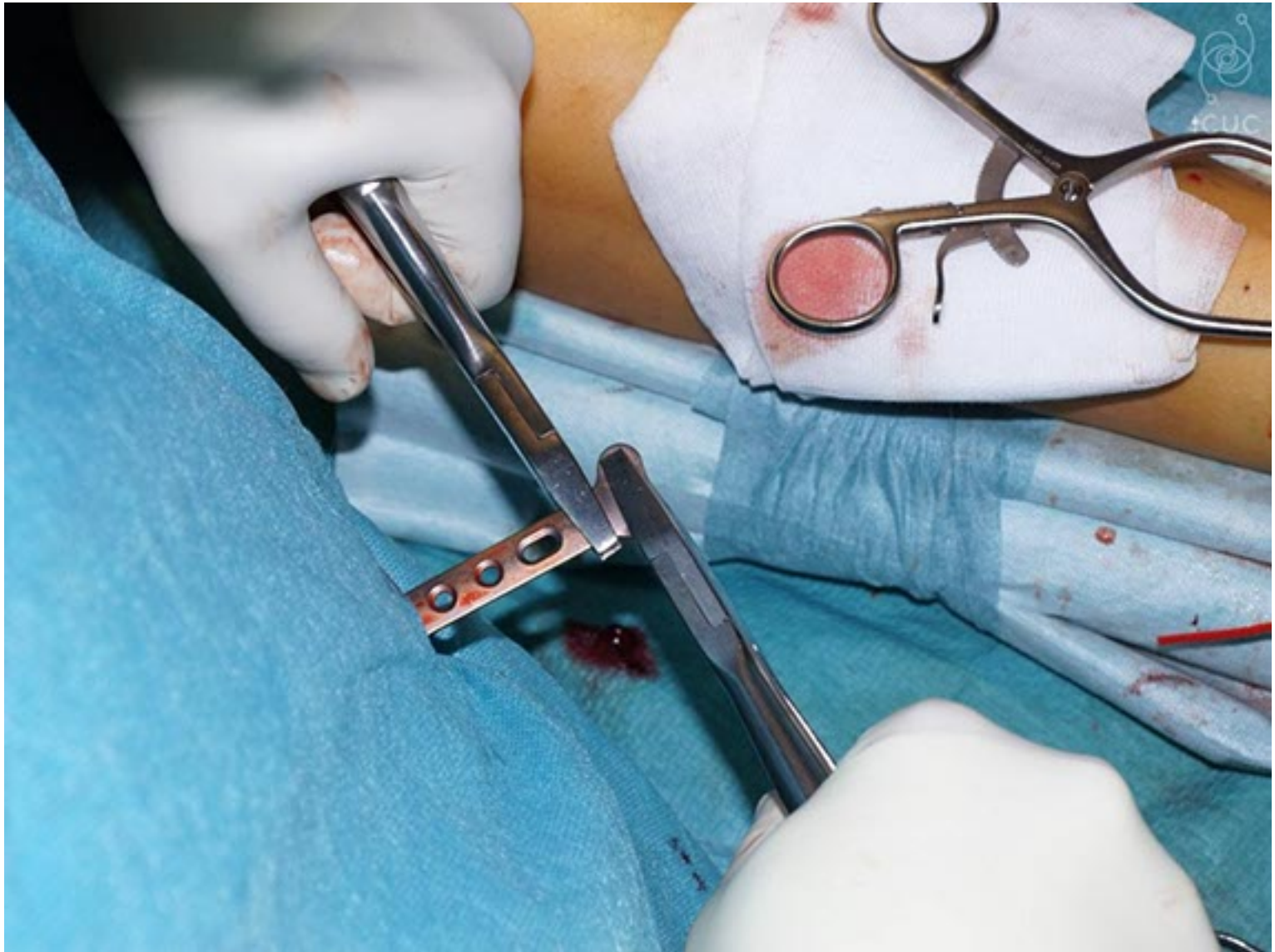
A radial T-plate is used. That is more or less the same thing I would do.

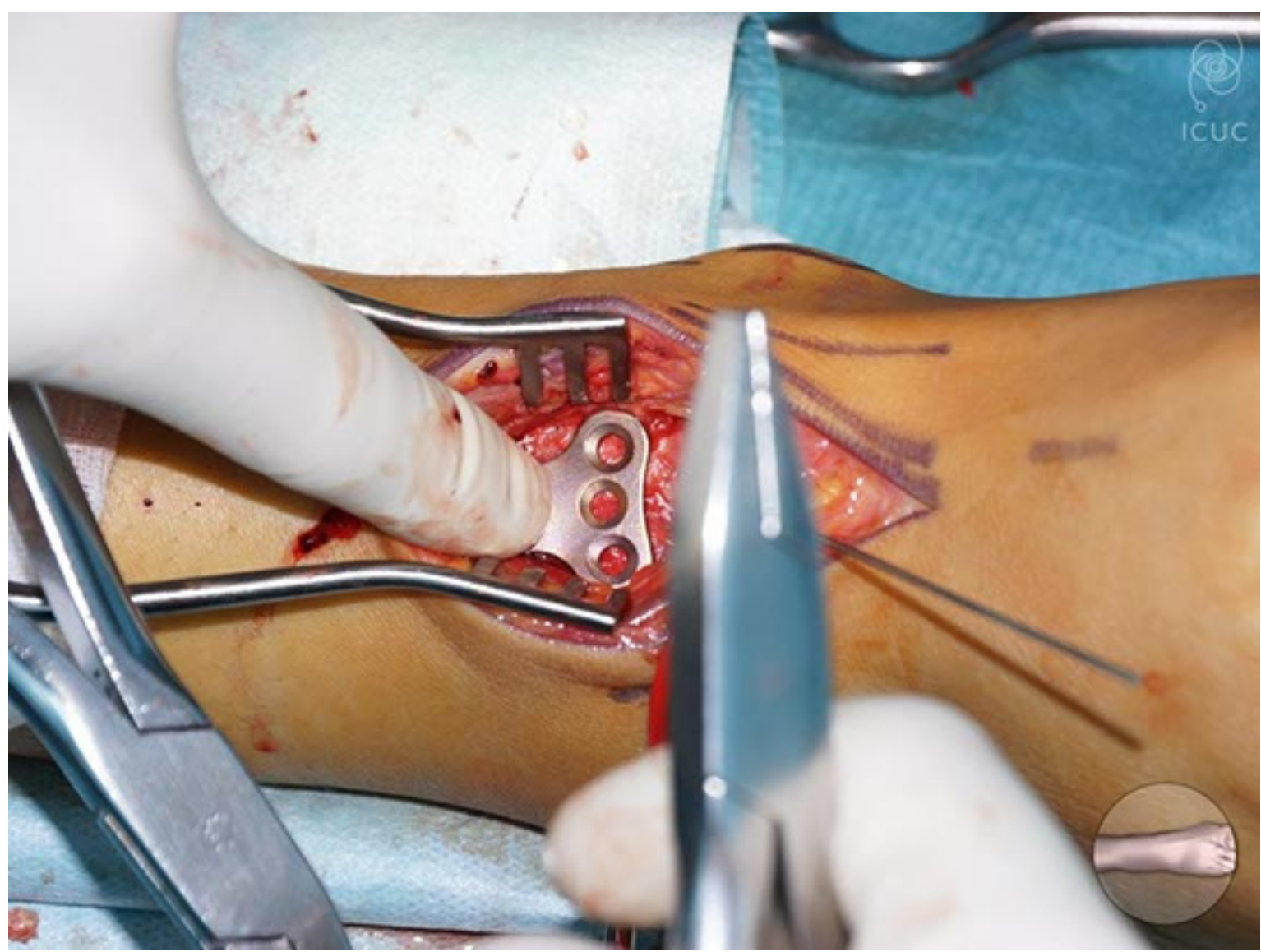


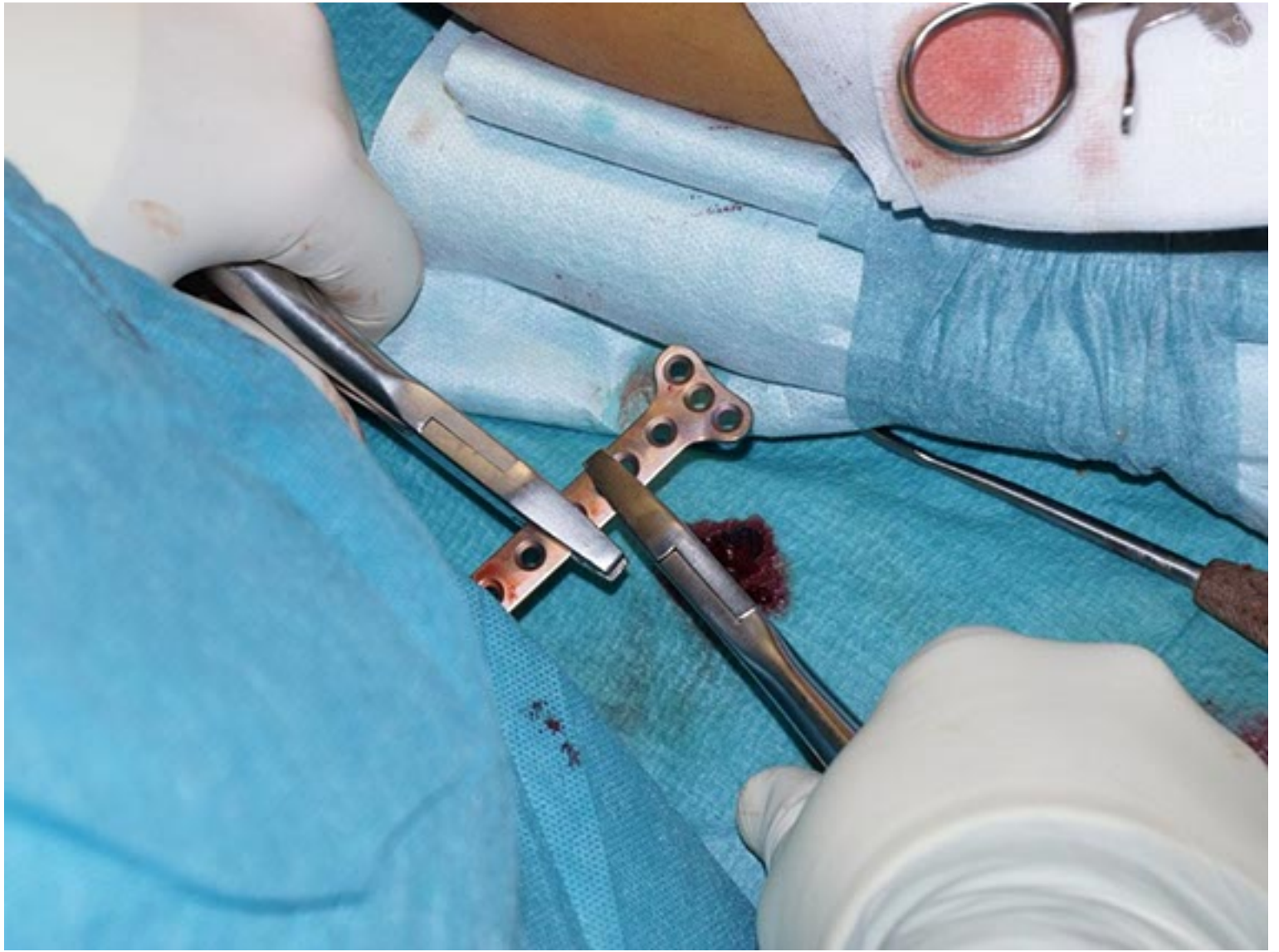


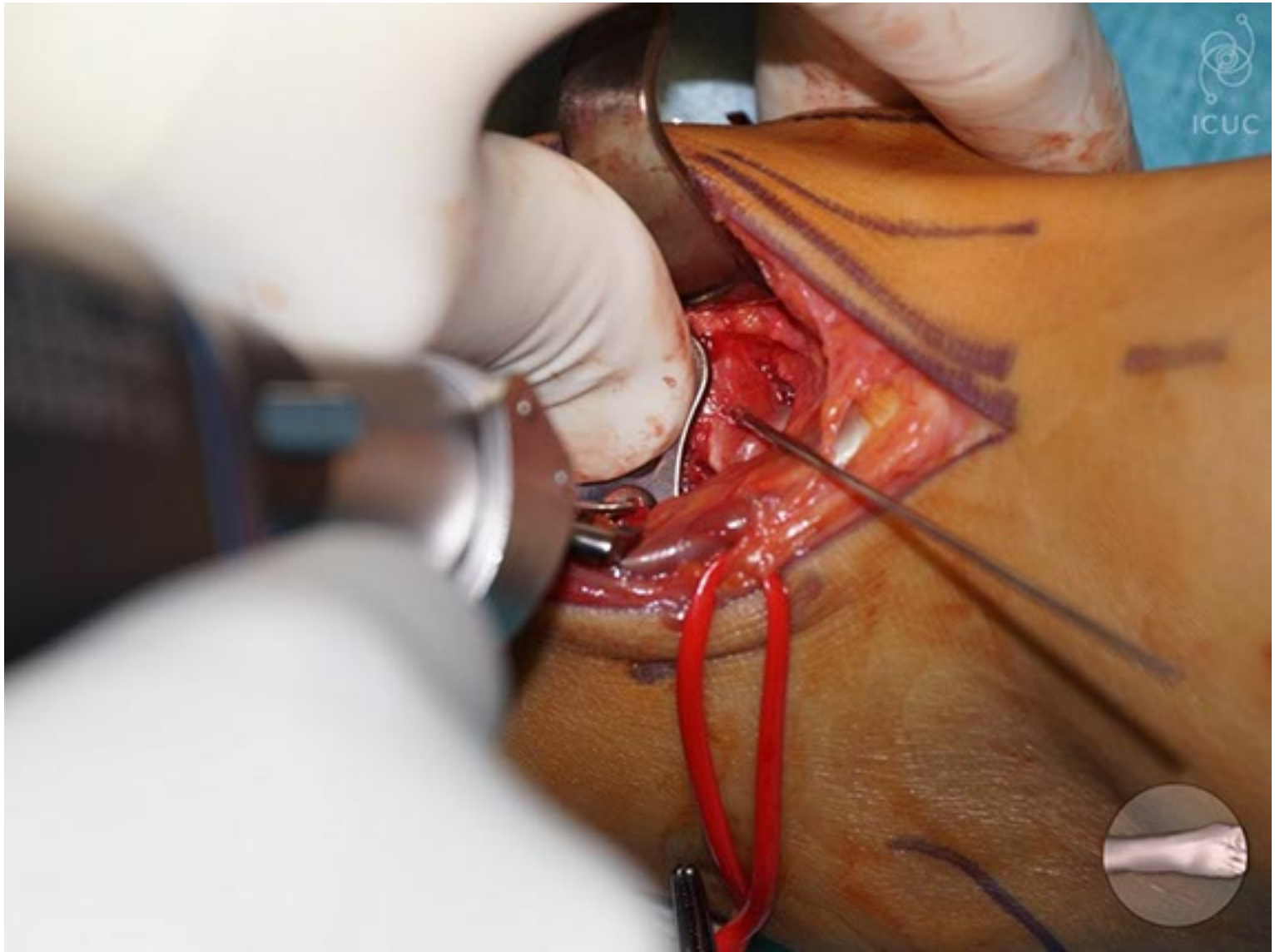
You always have to shape it to improve the fit.

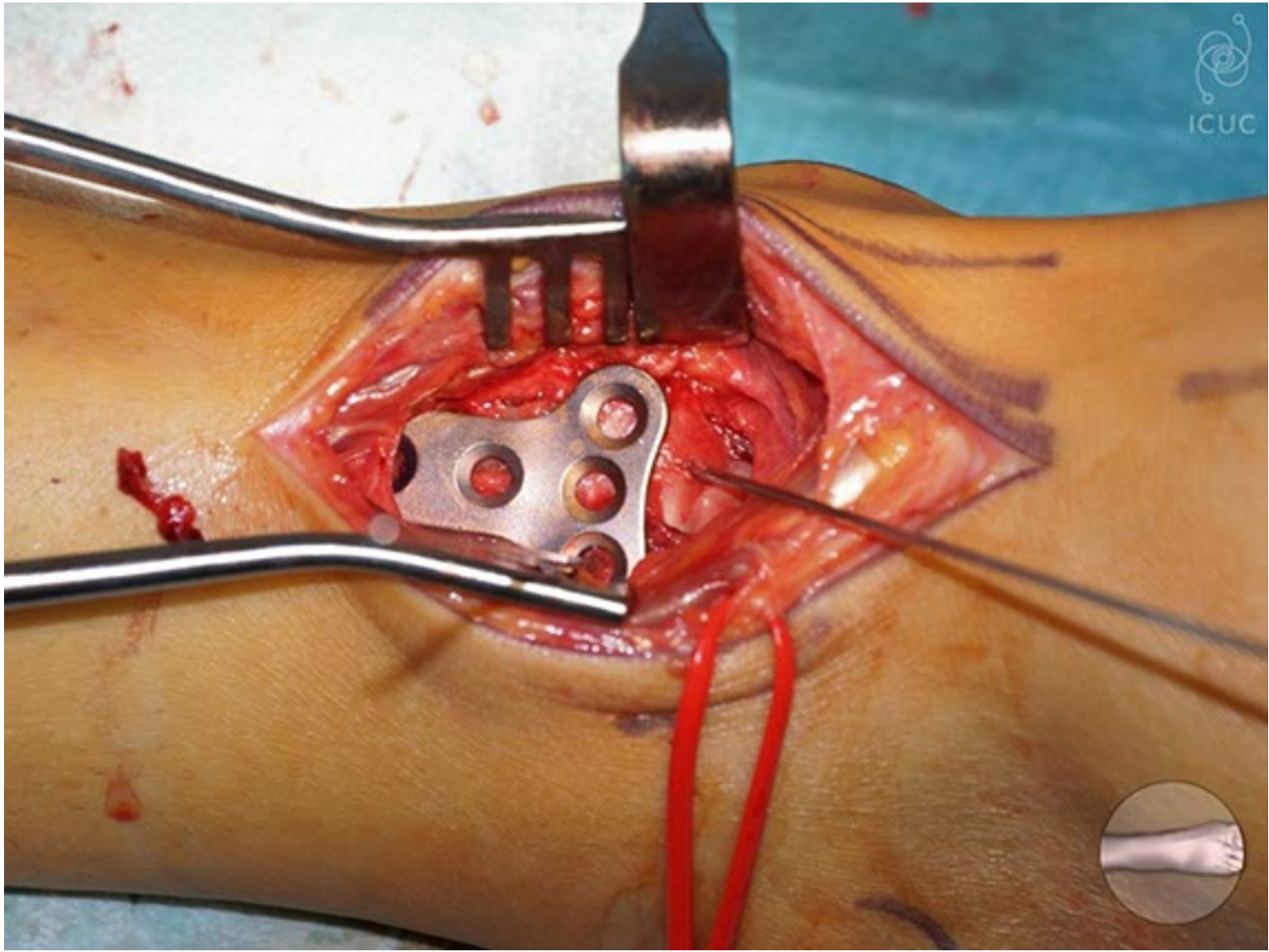




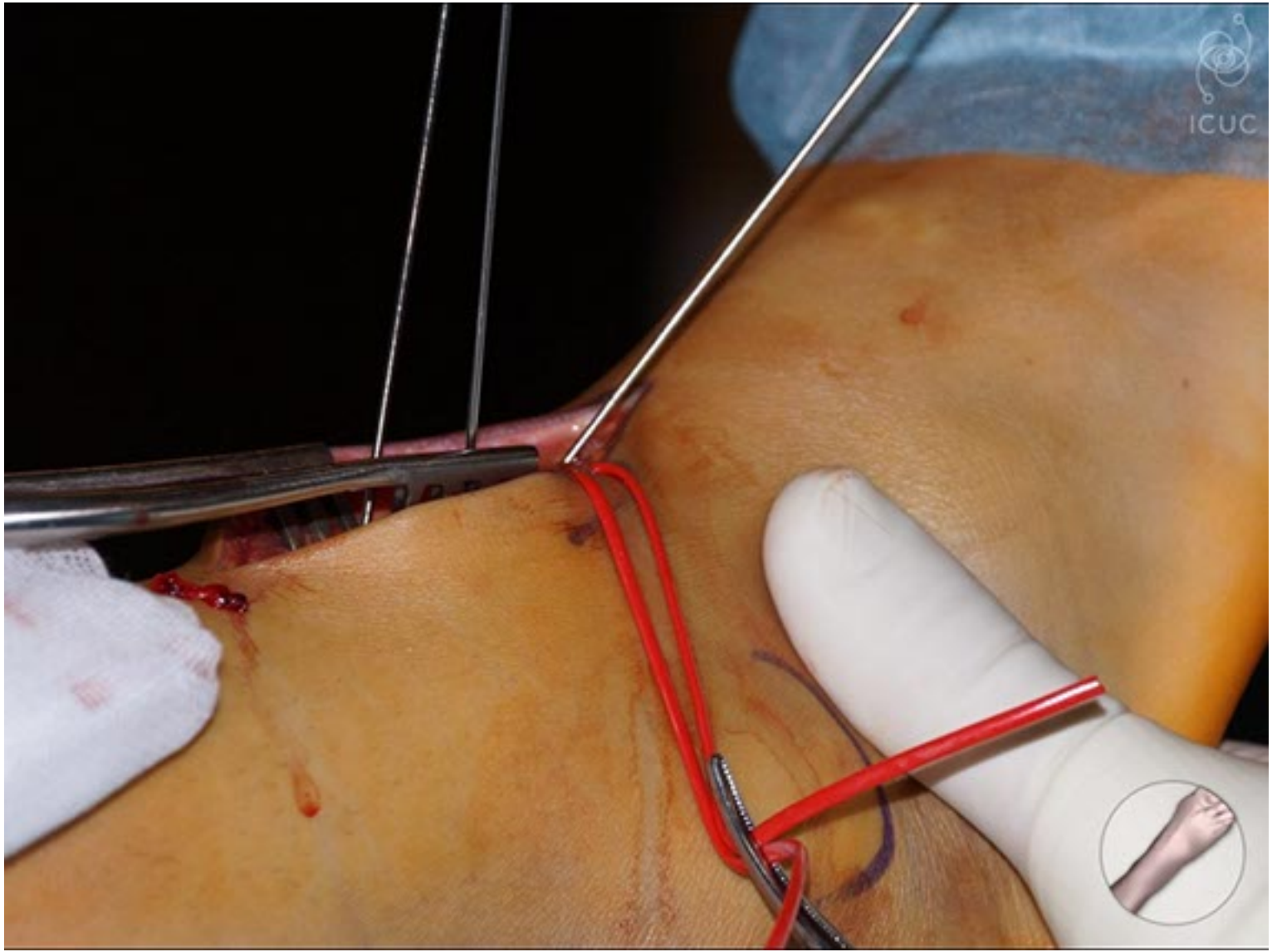




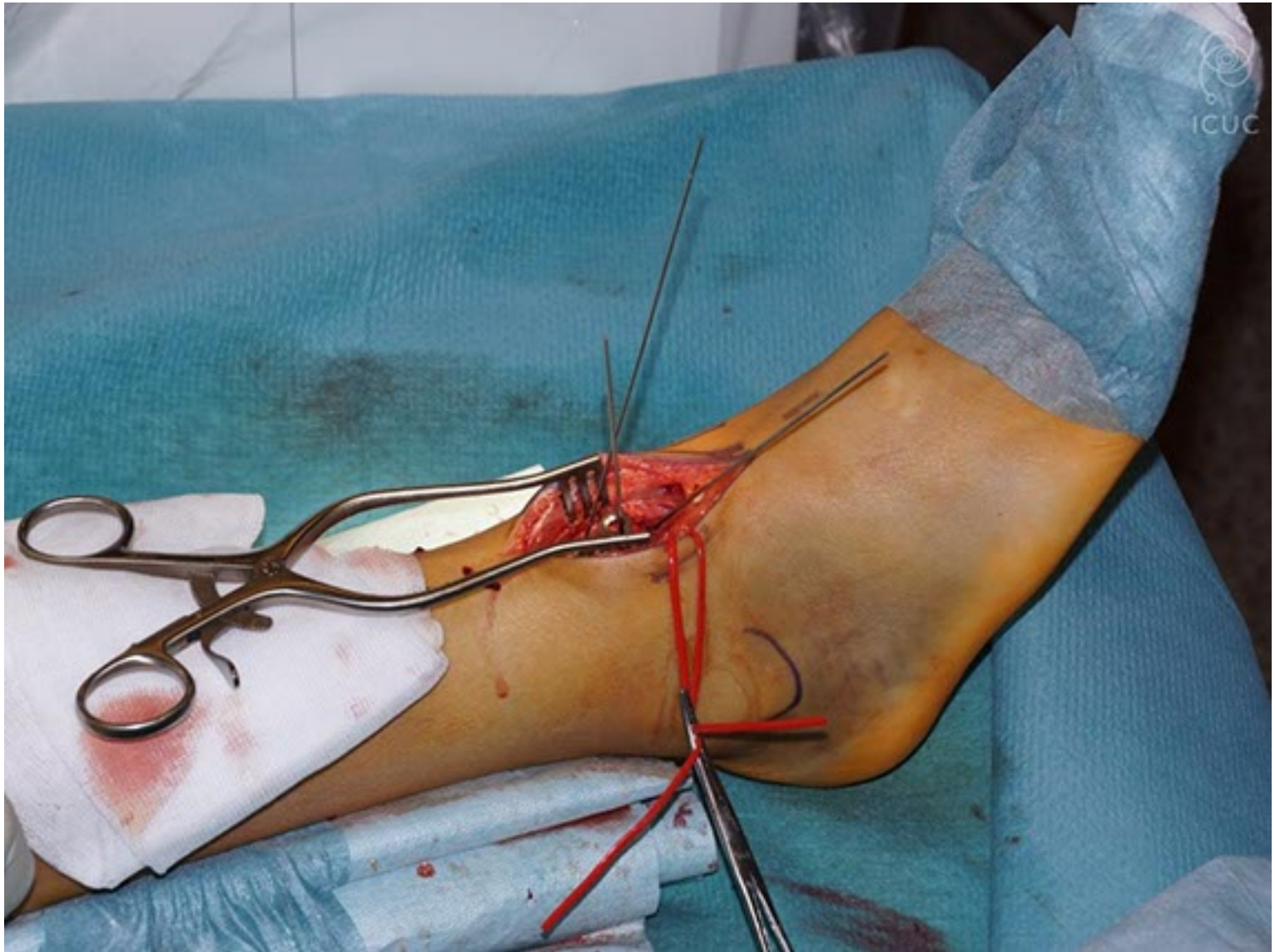






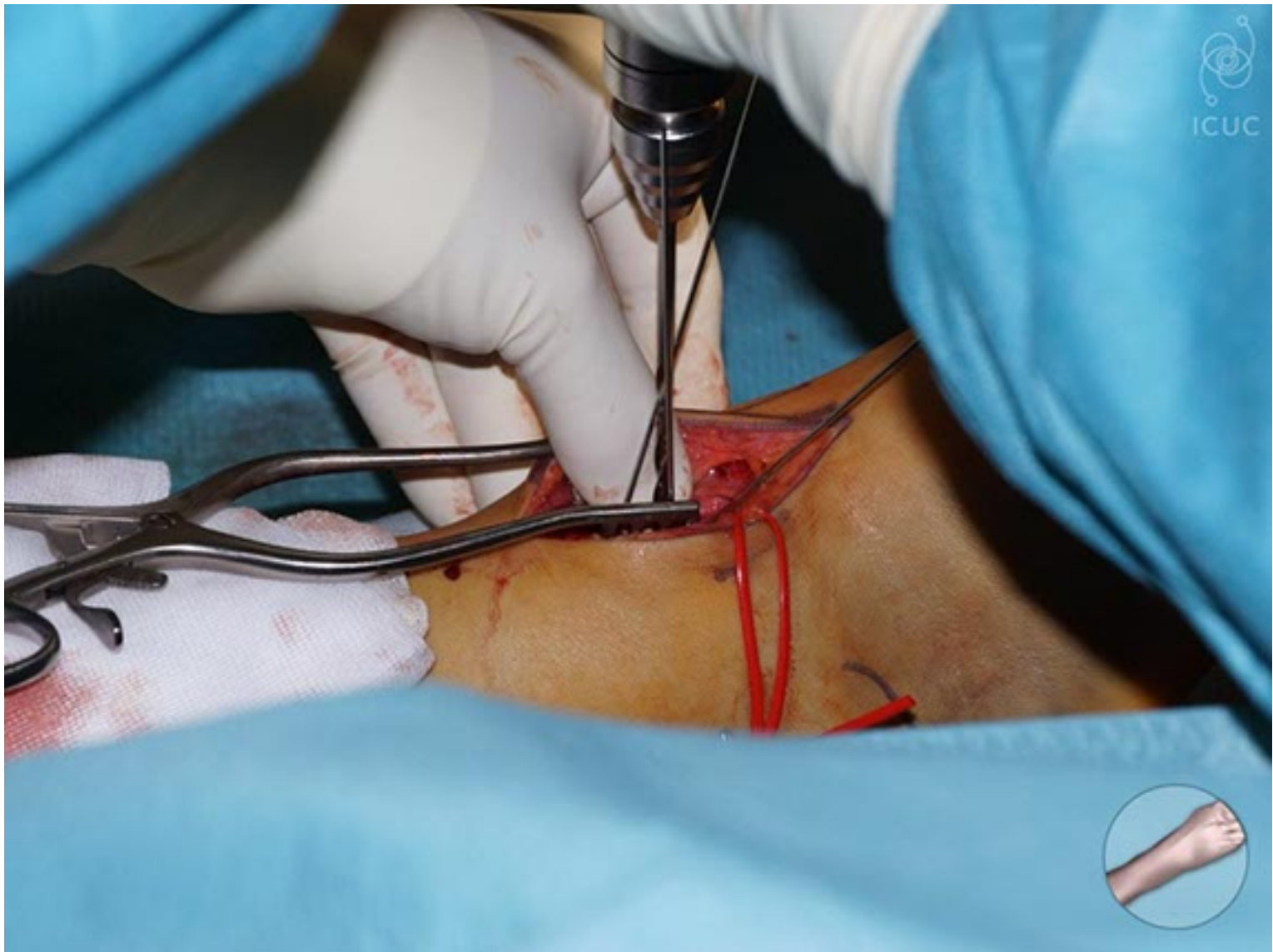


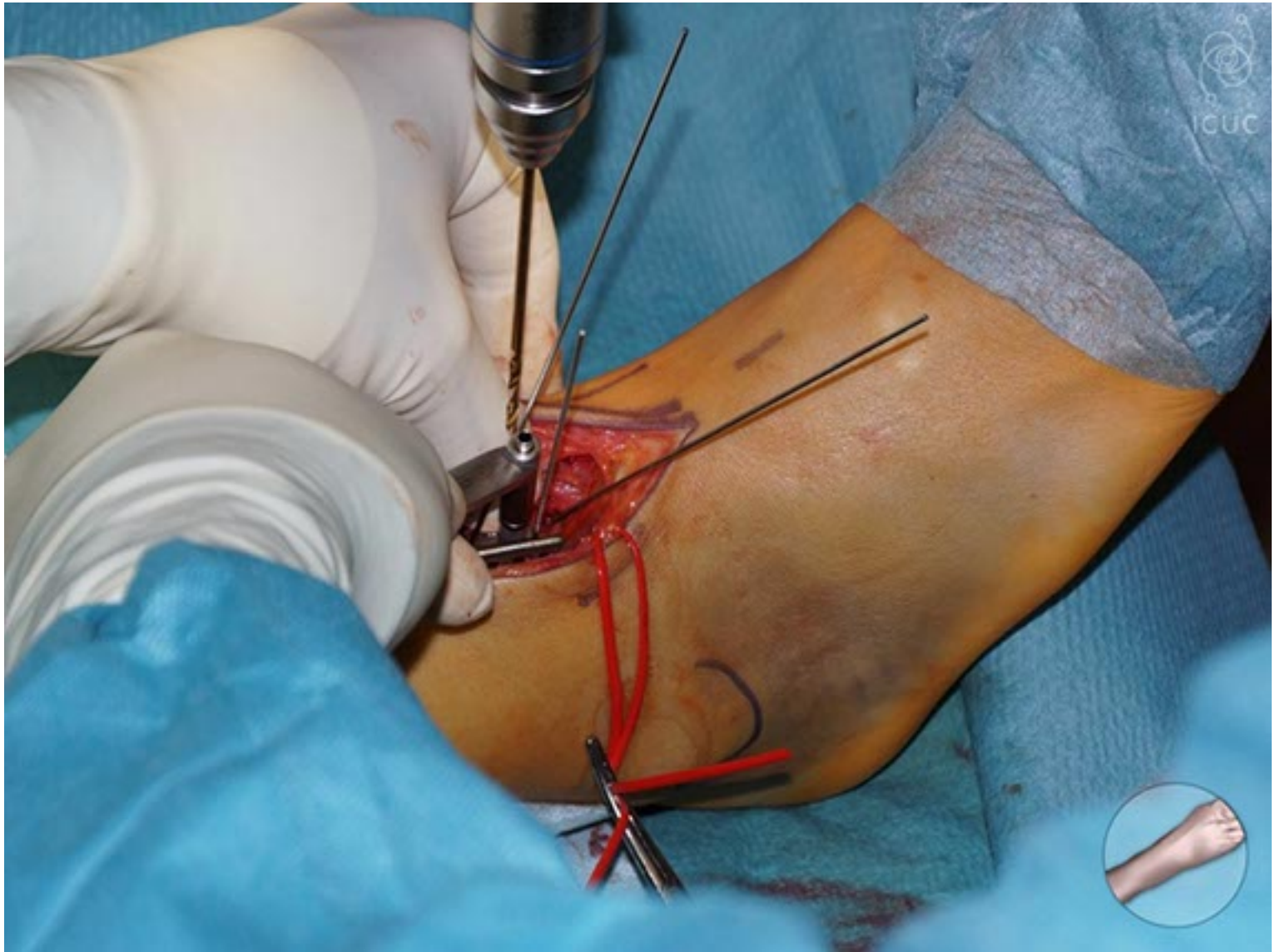


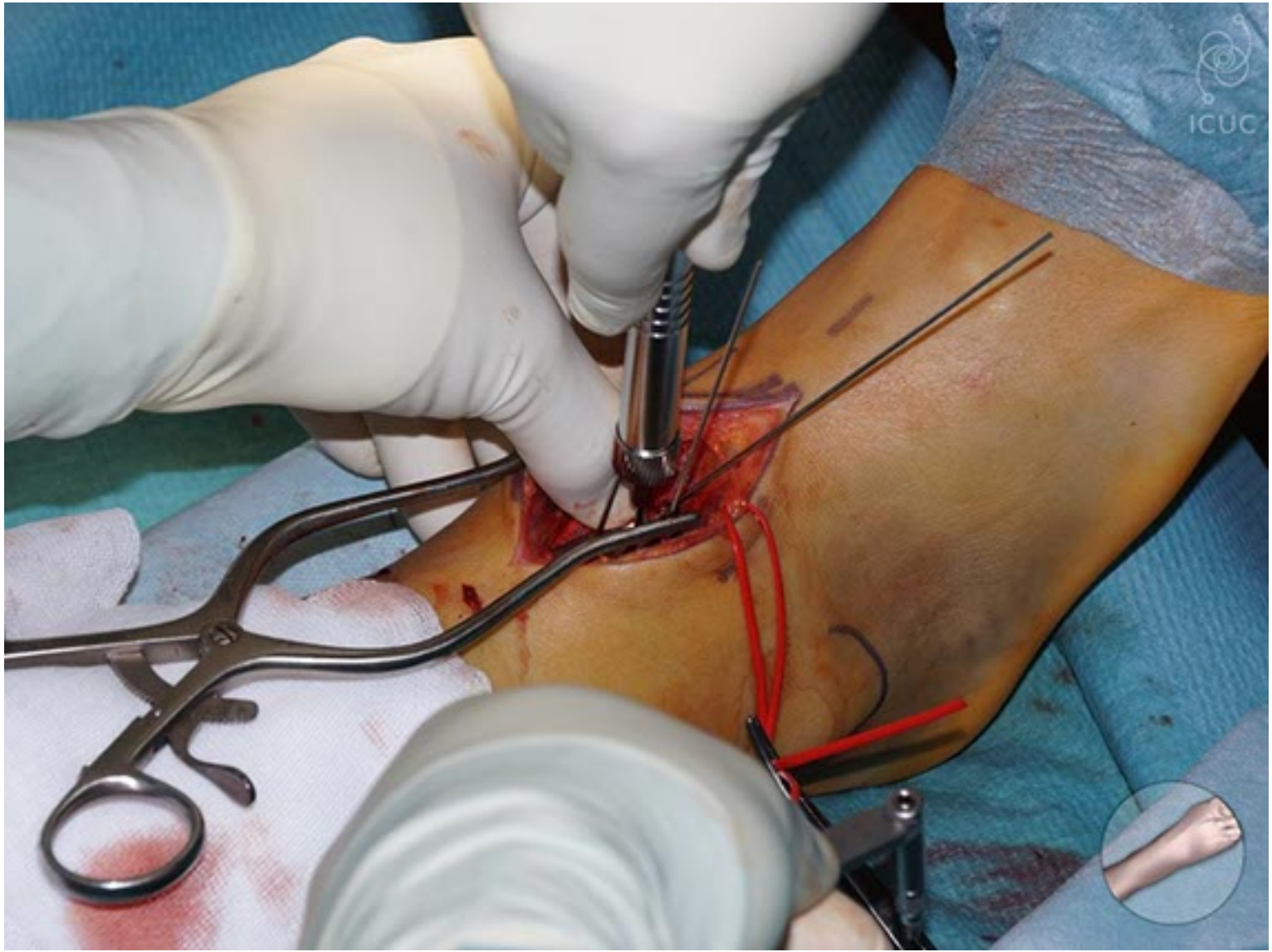


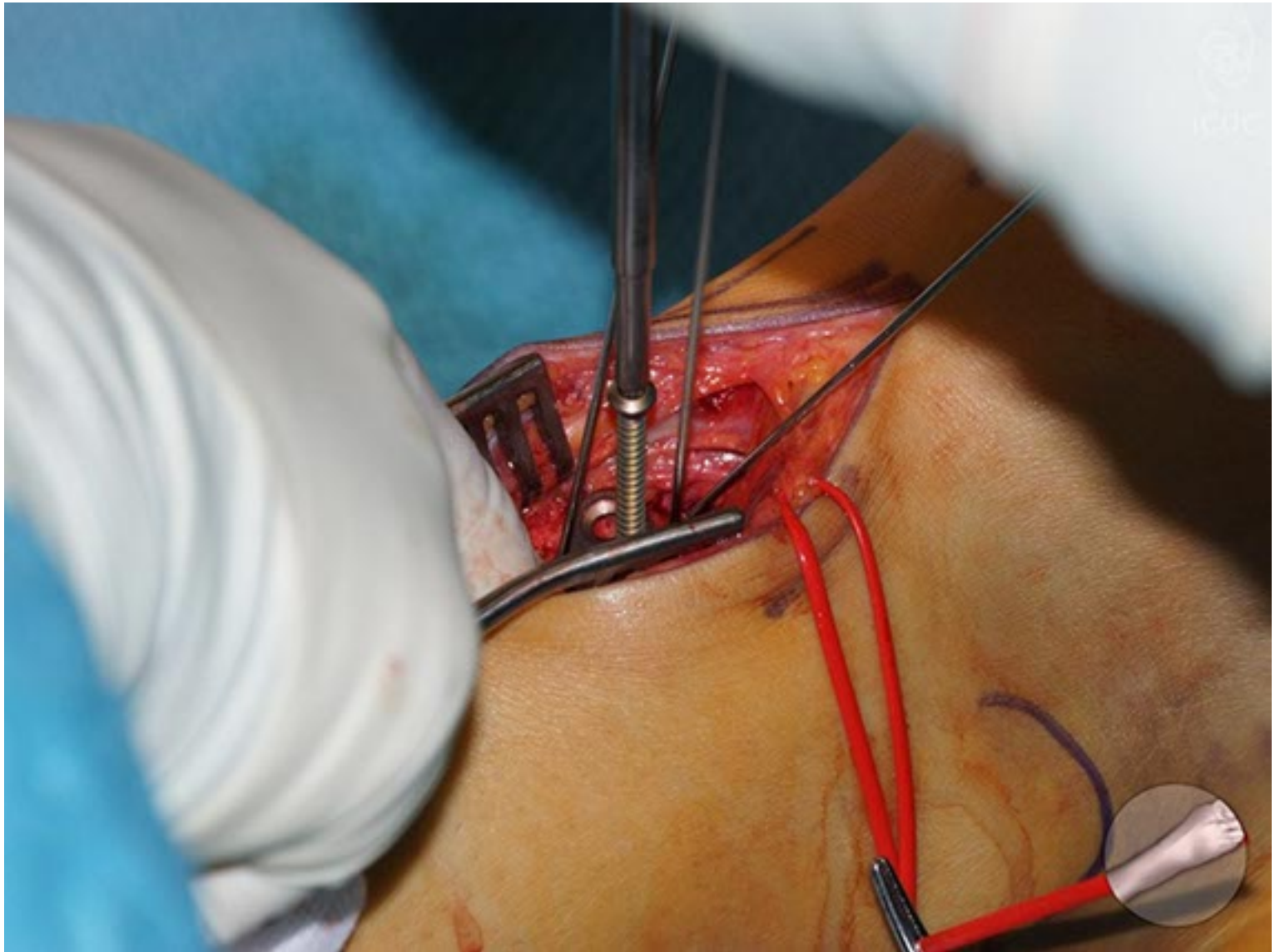


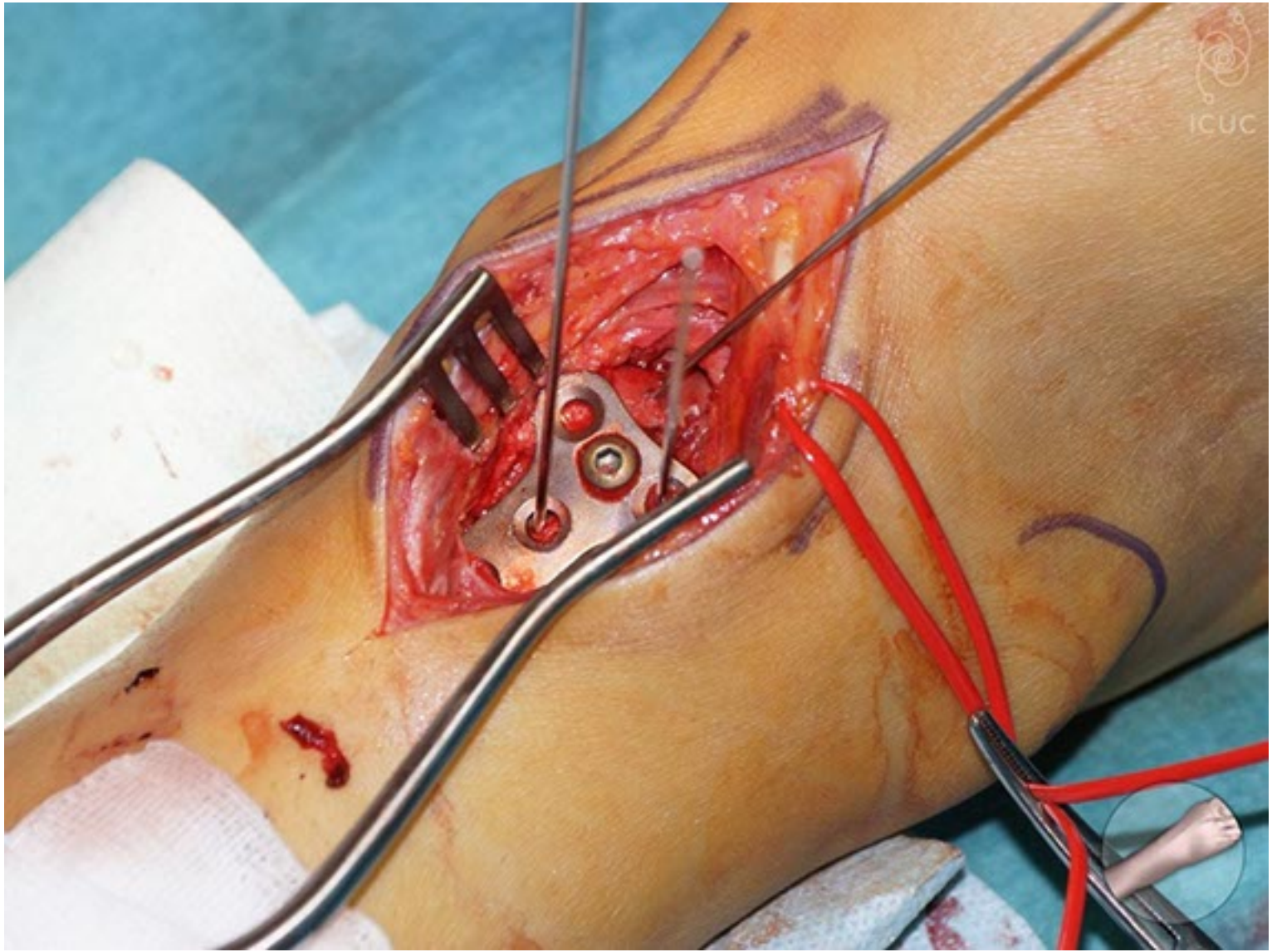








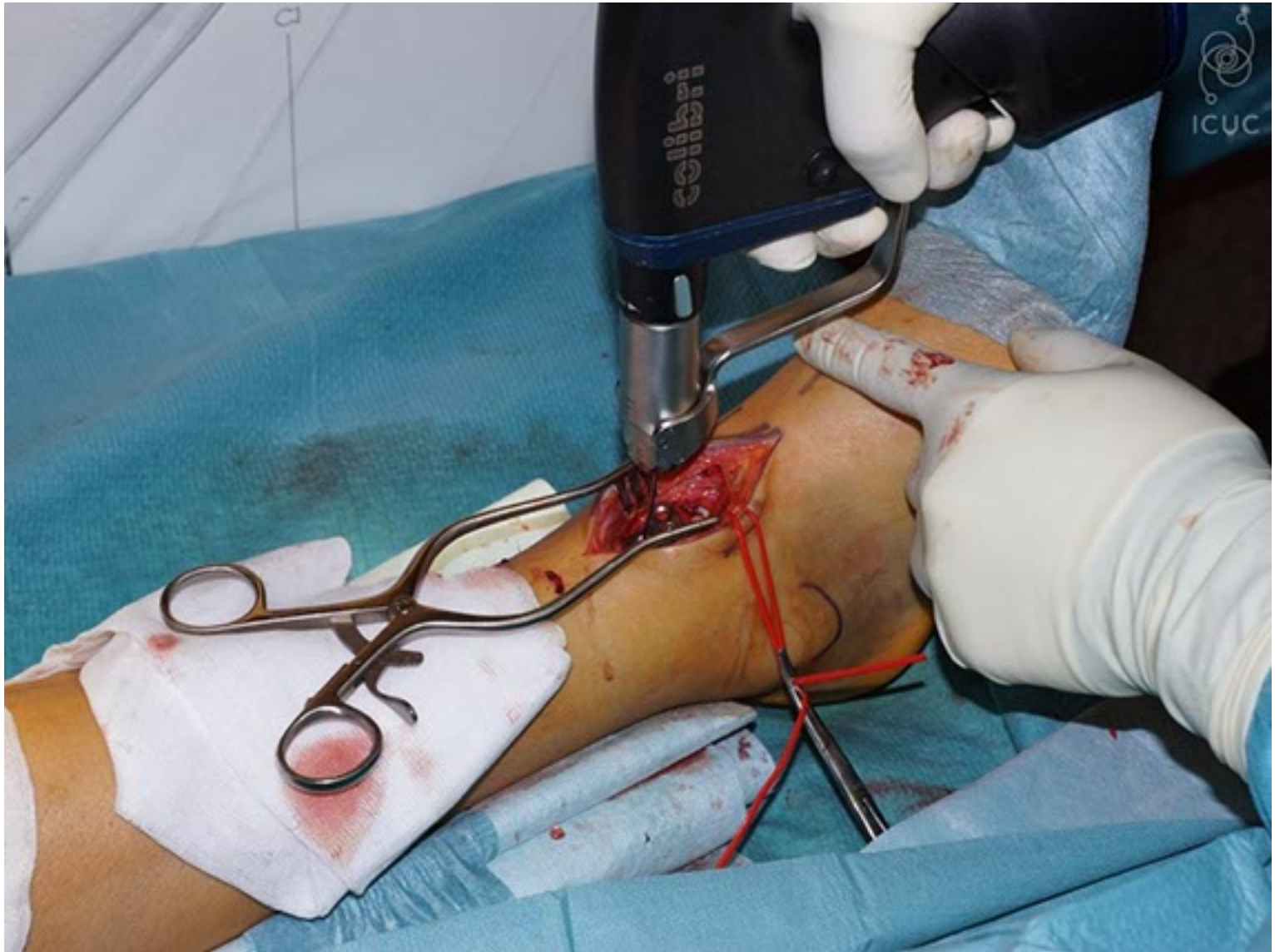


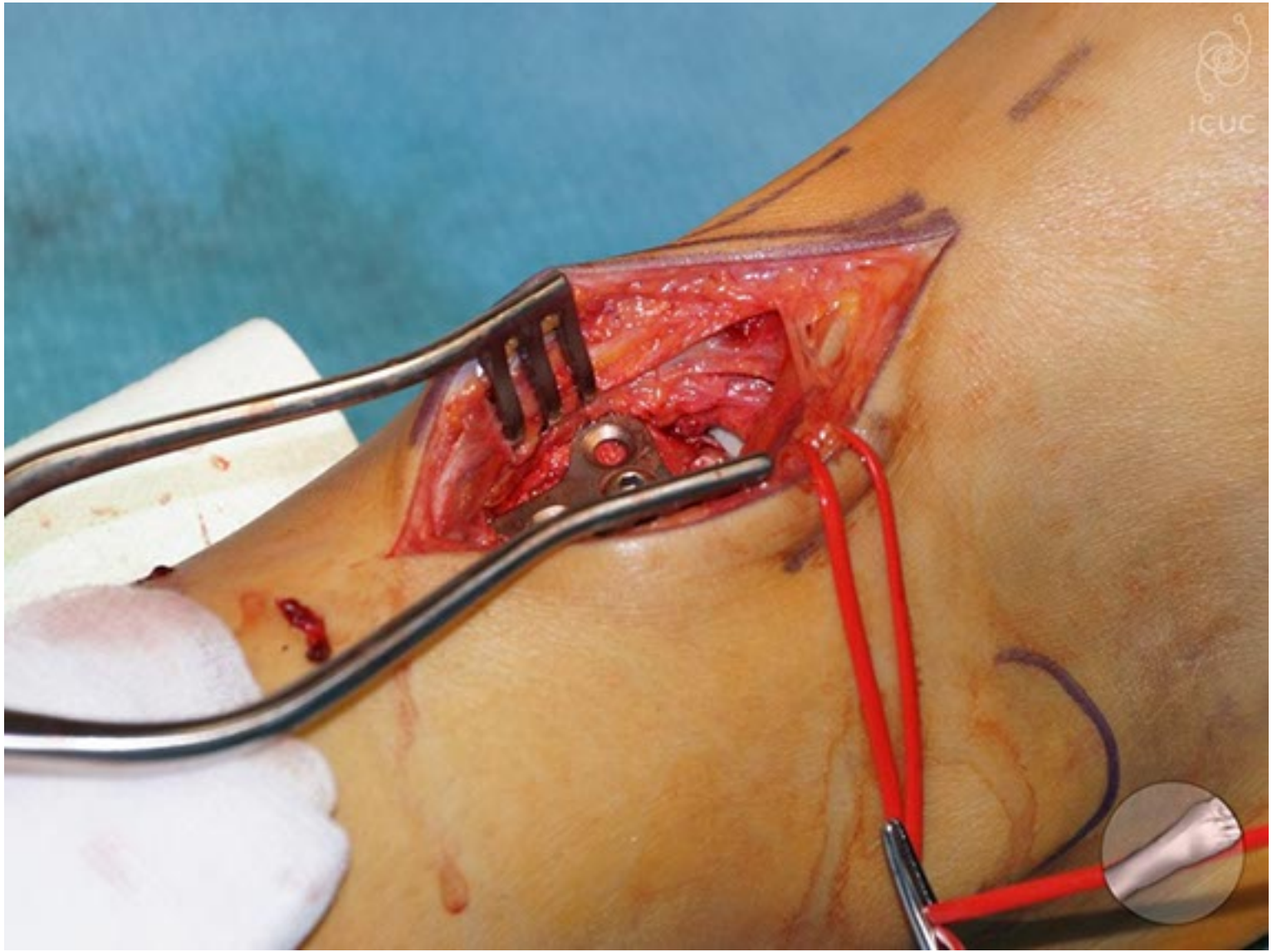


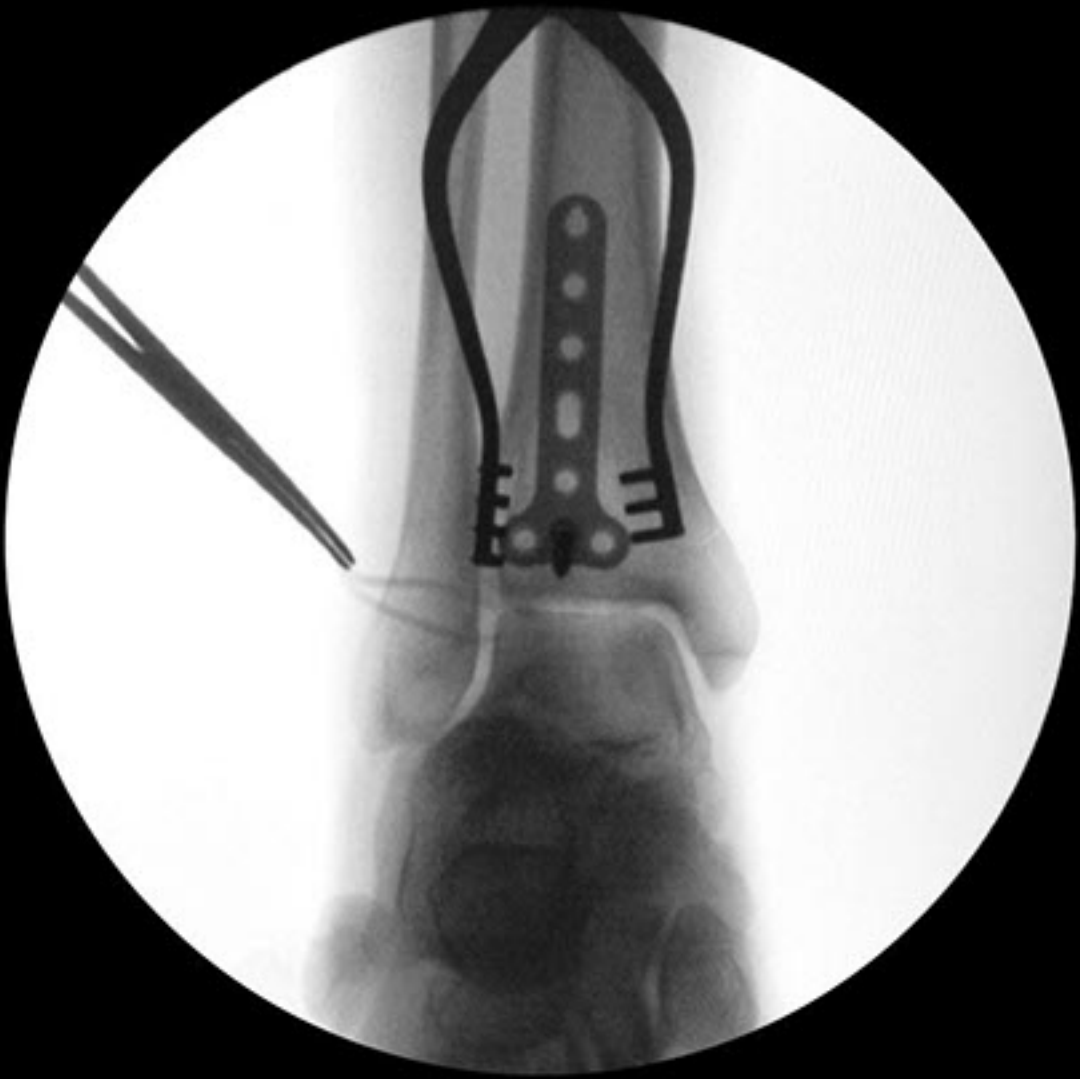


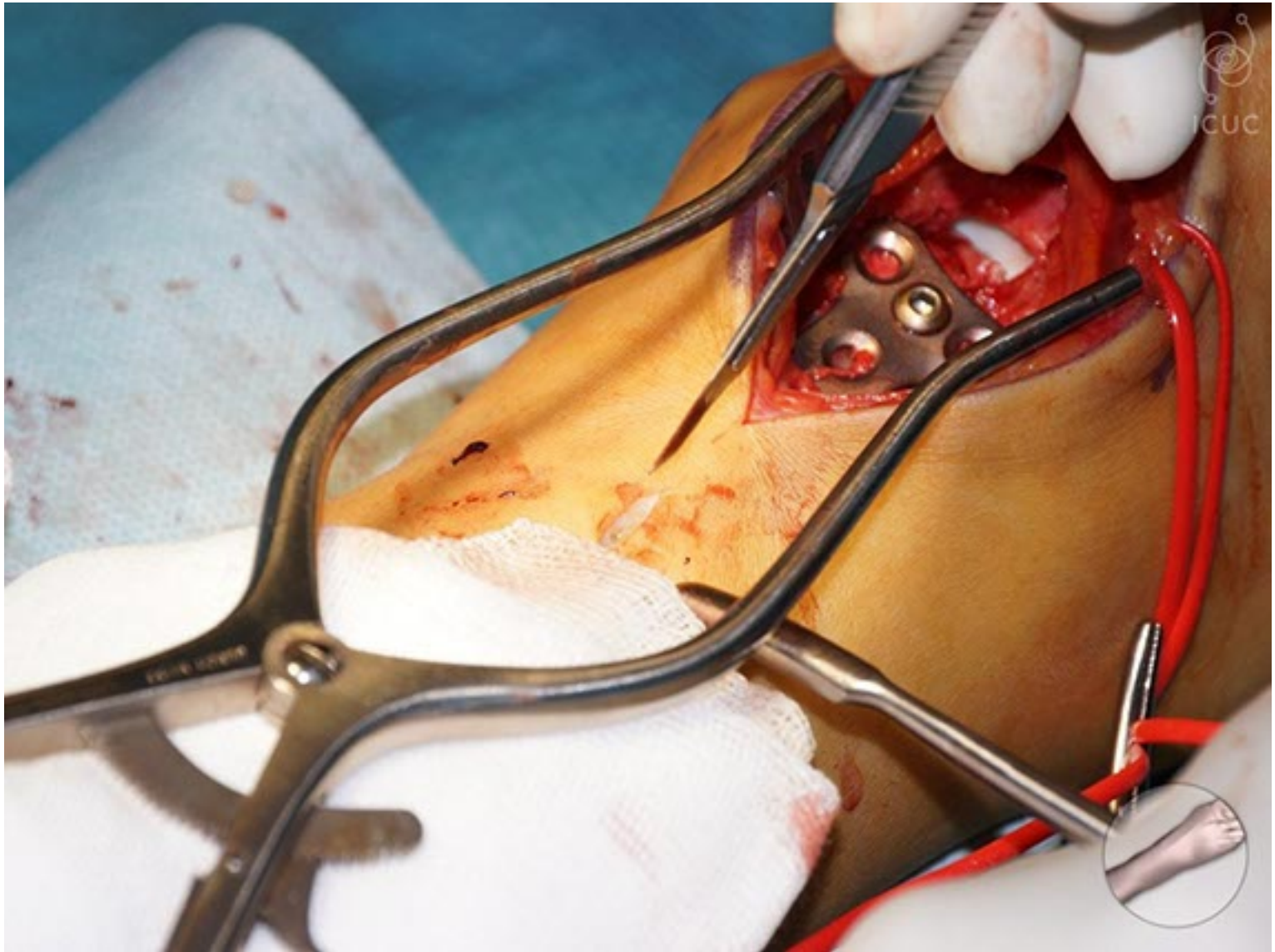


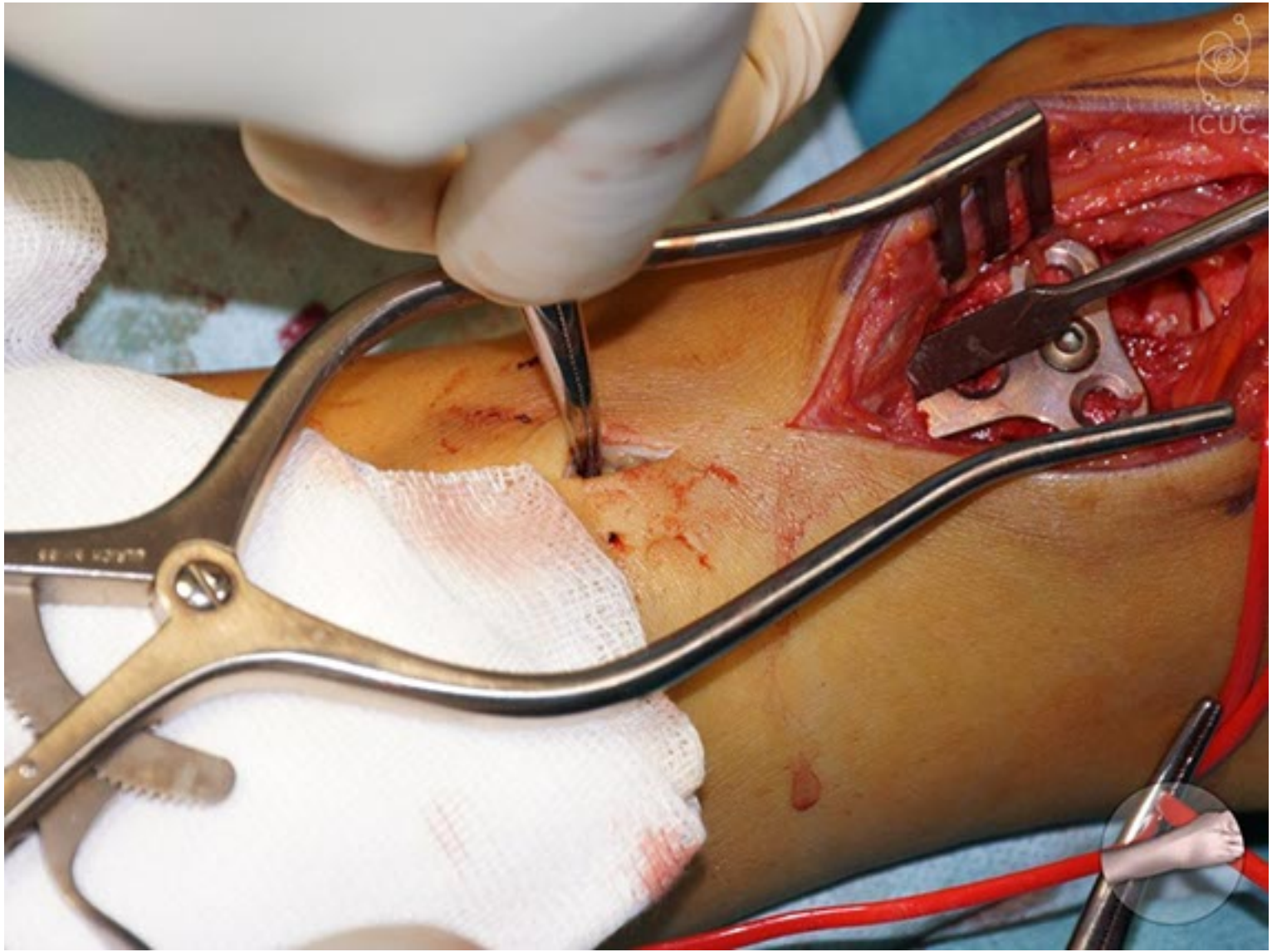
Fixation with a buttress plate is performed.

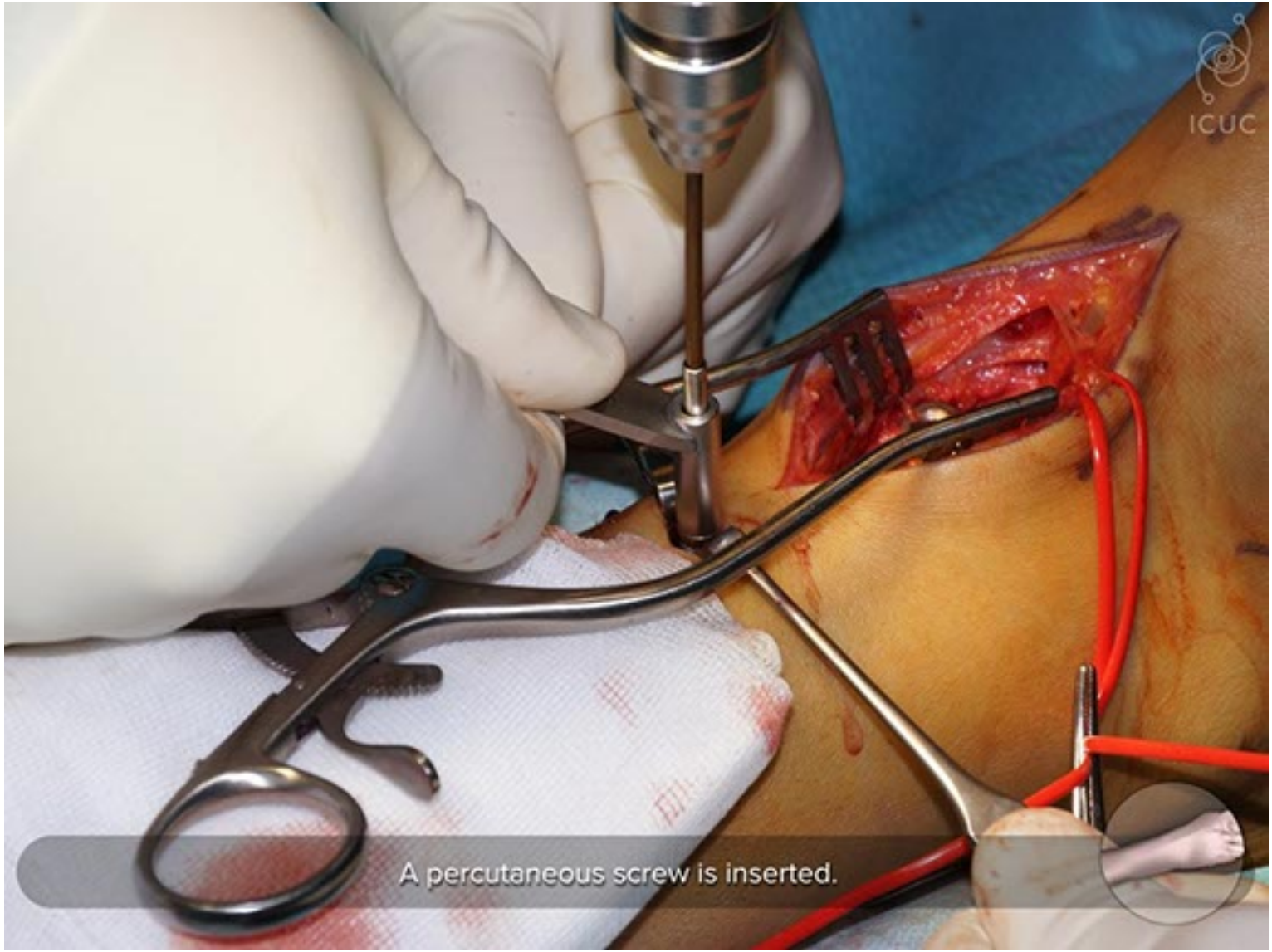






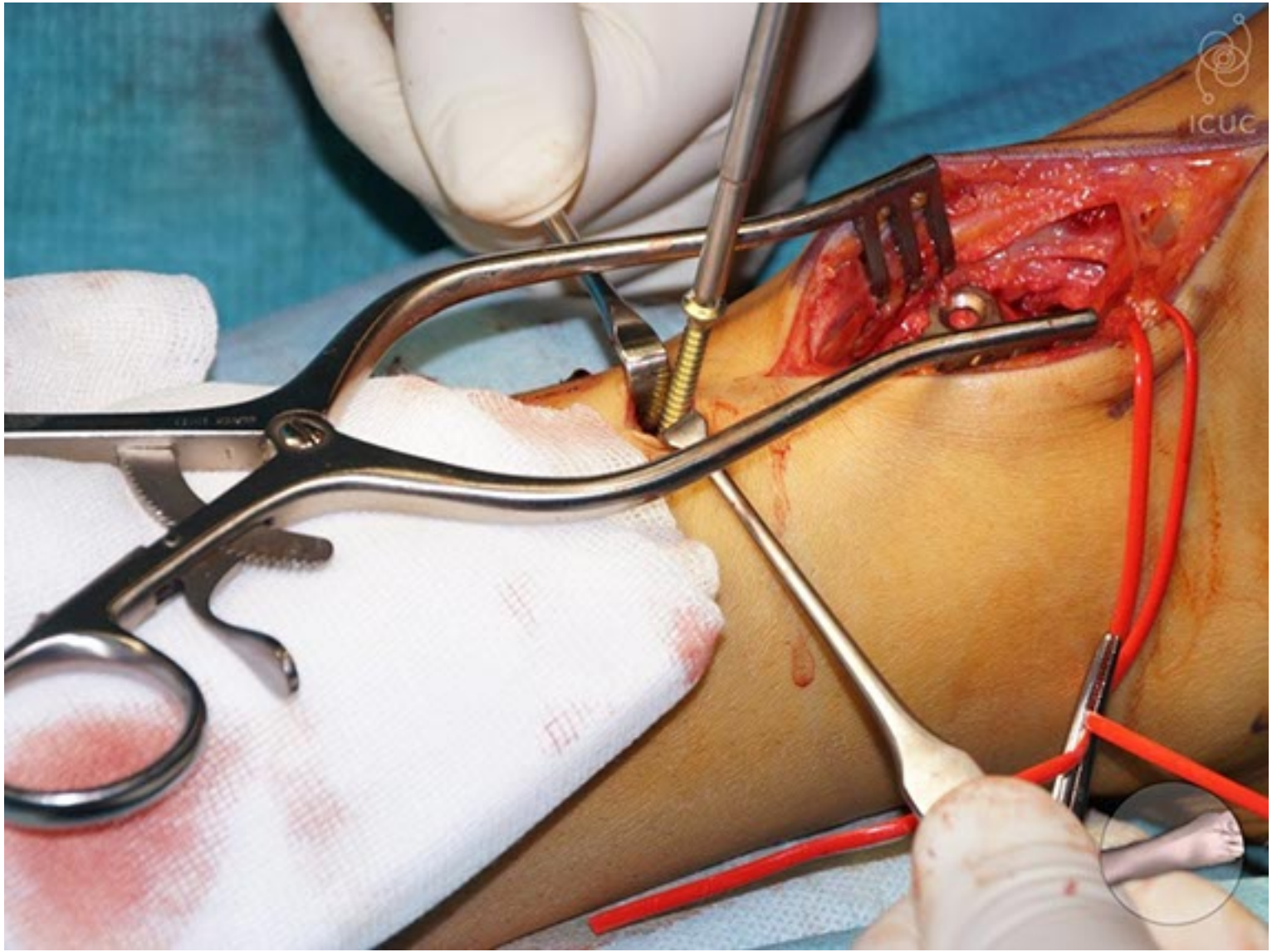


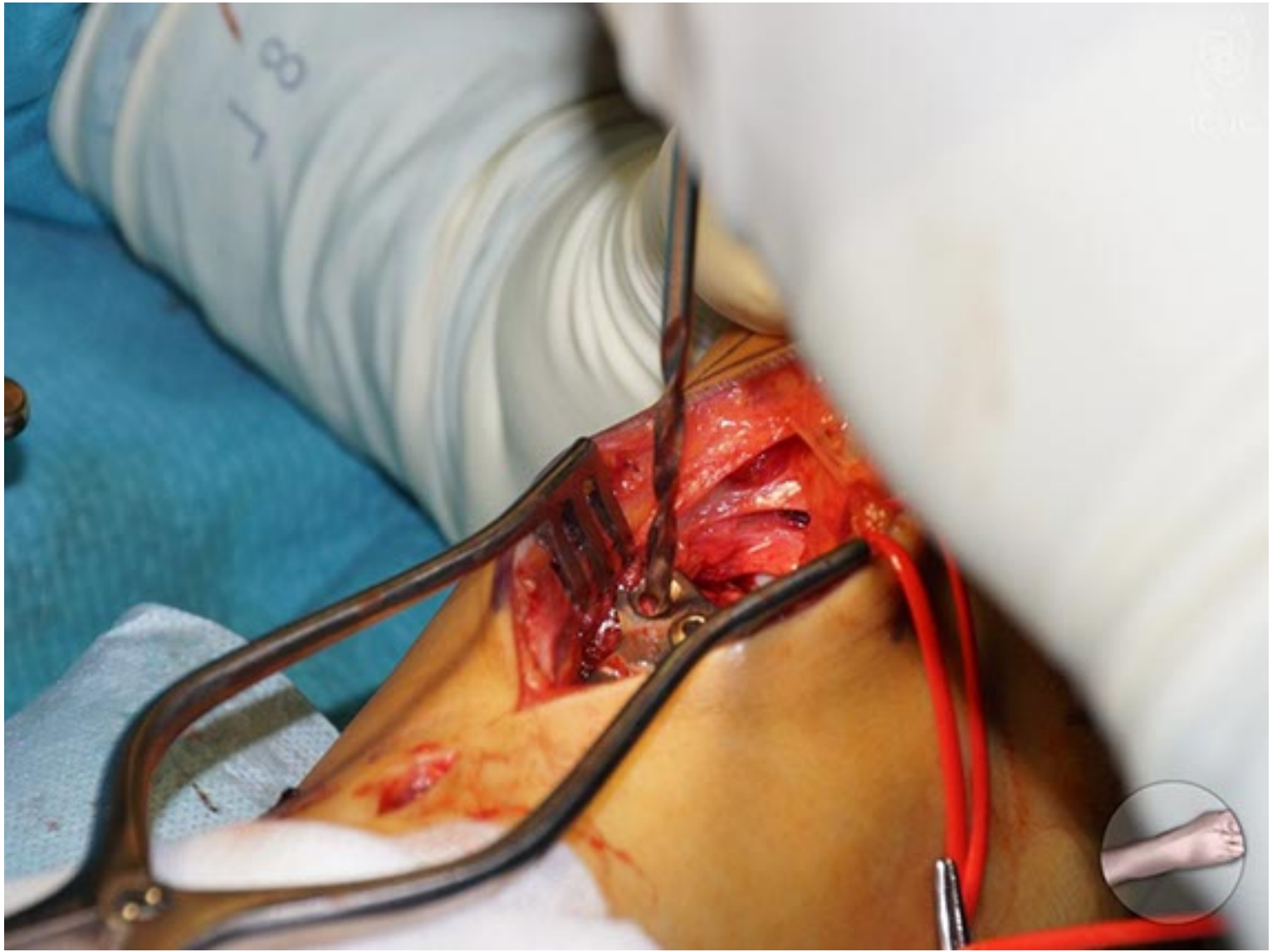


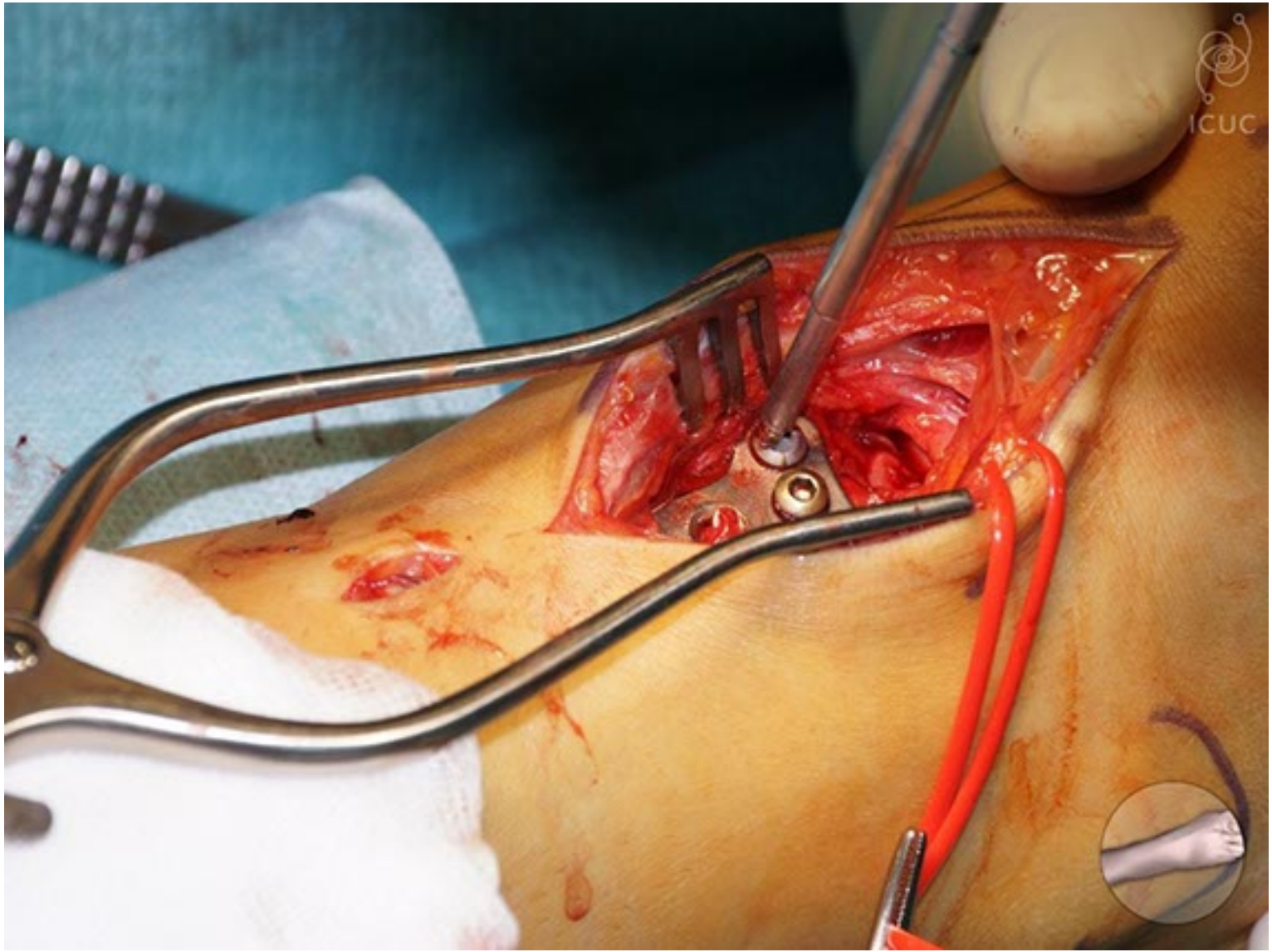


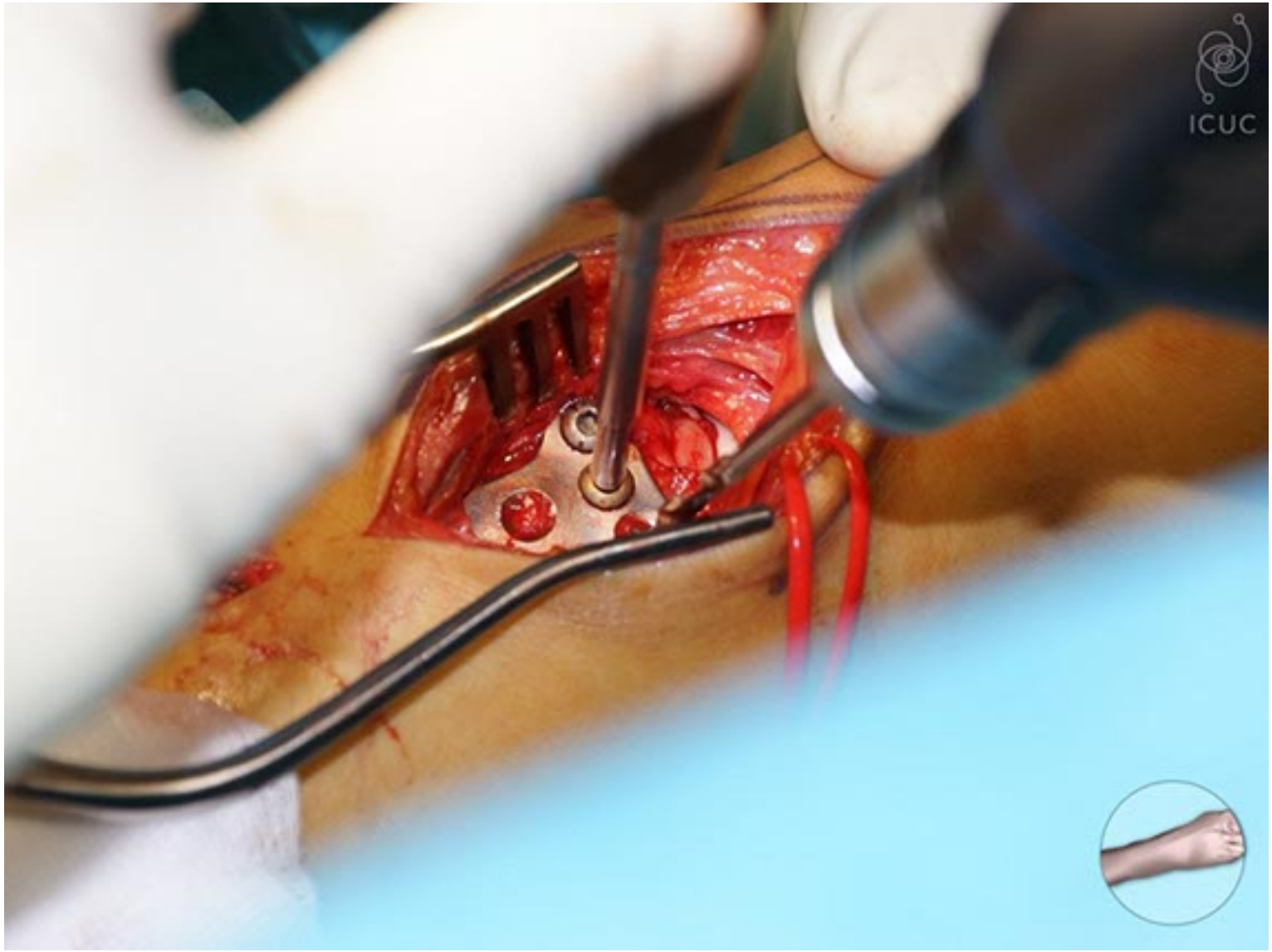
A percutaneous screw is inserted.

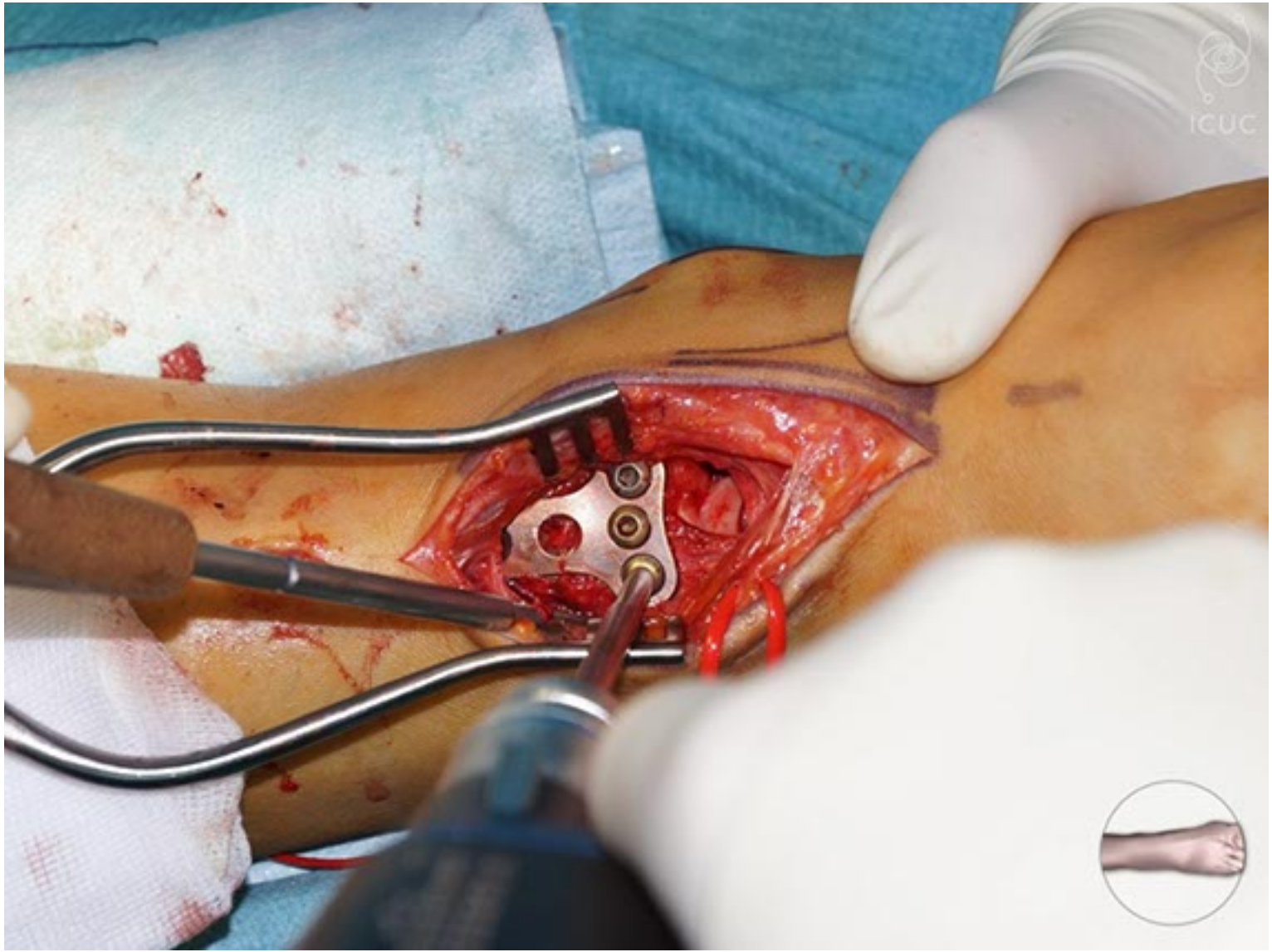


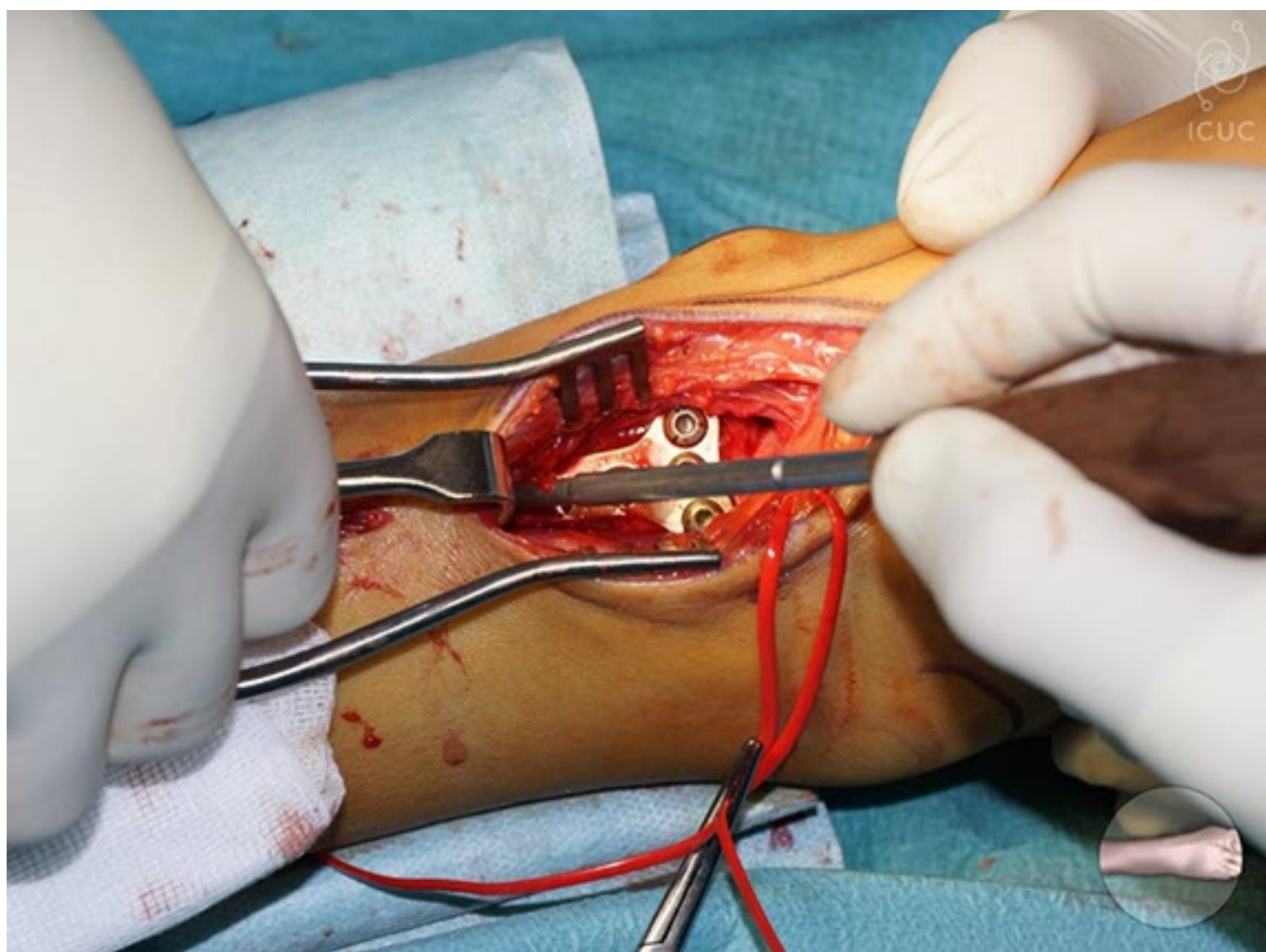


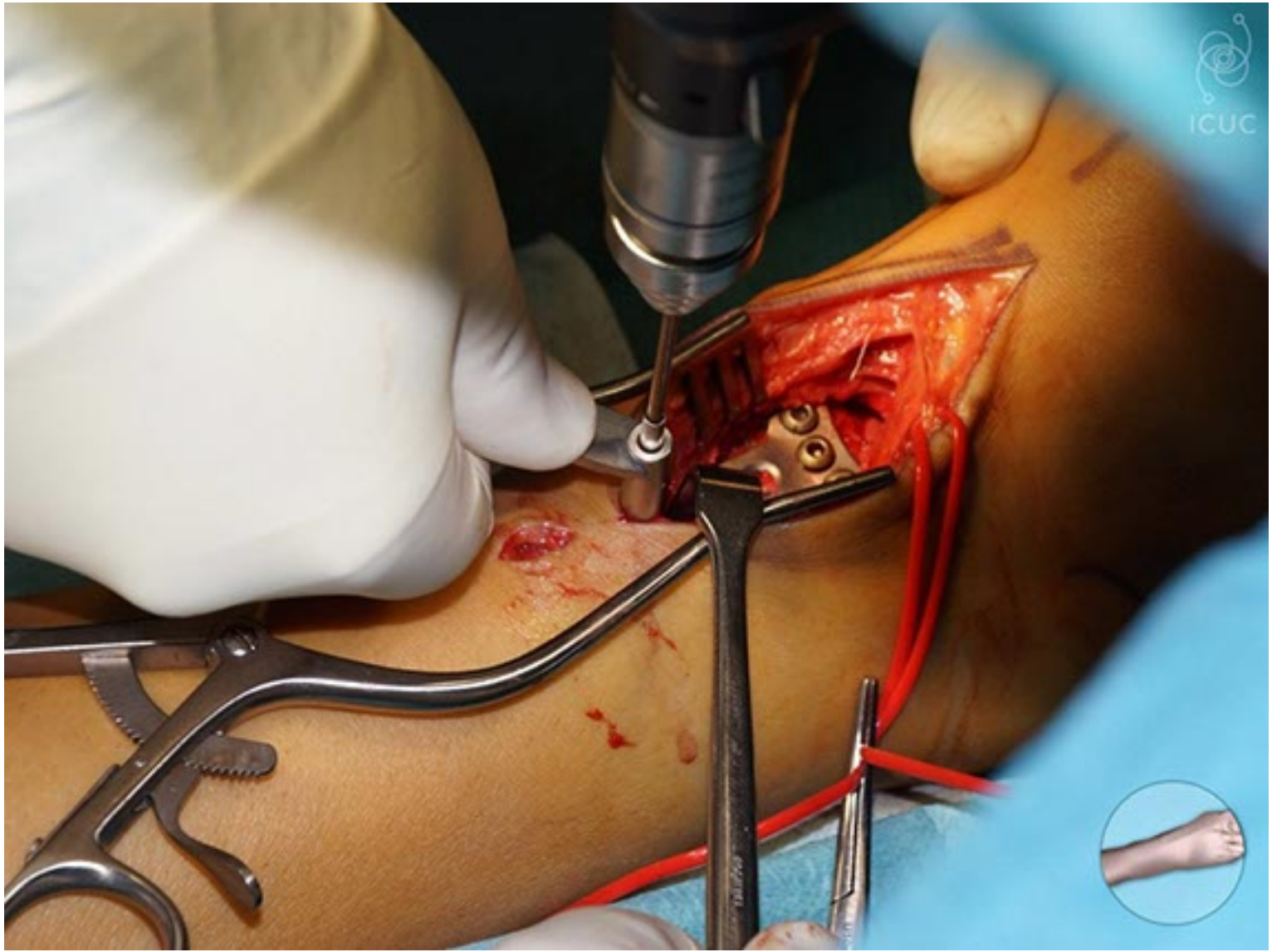




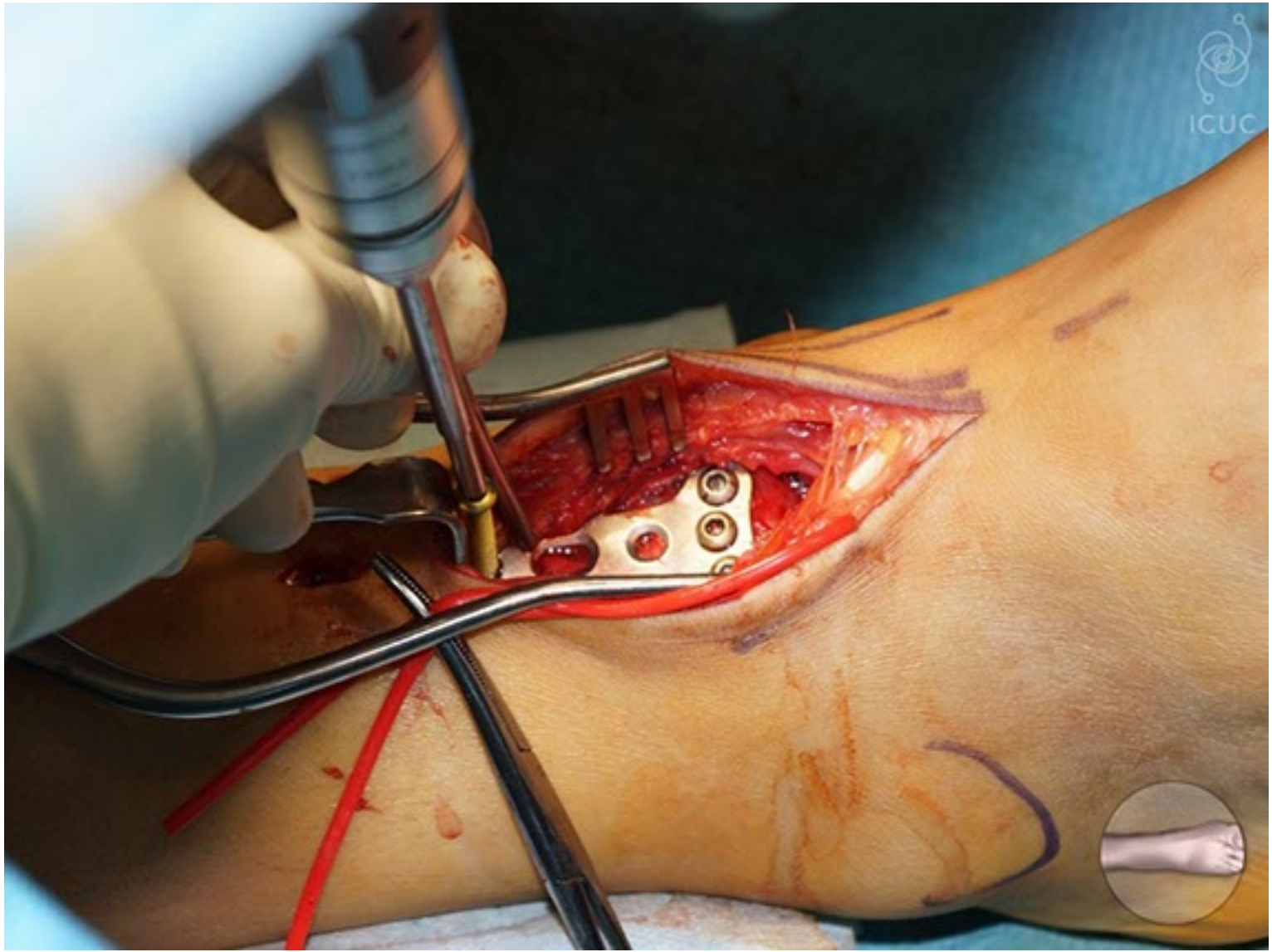


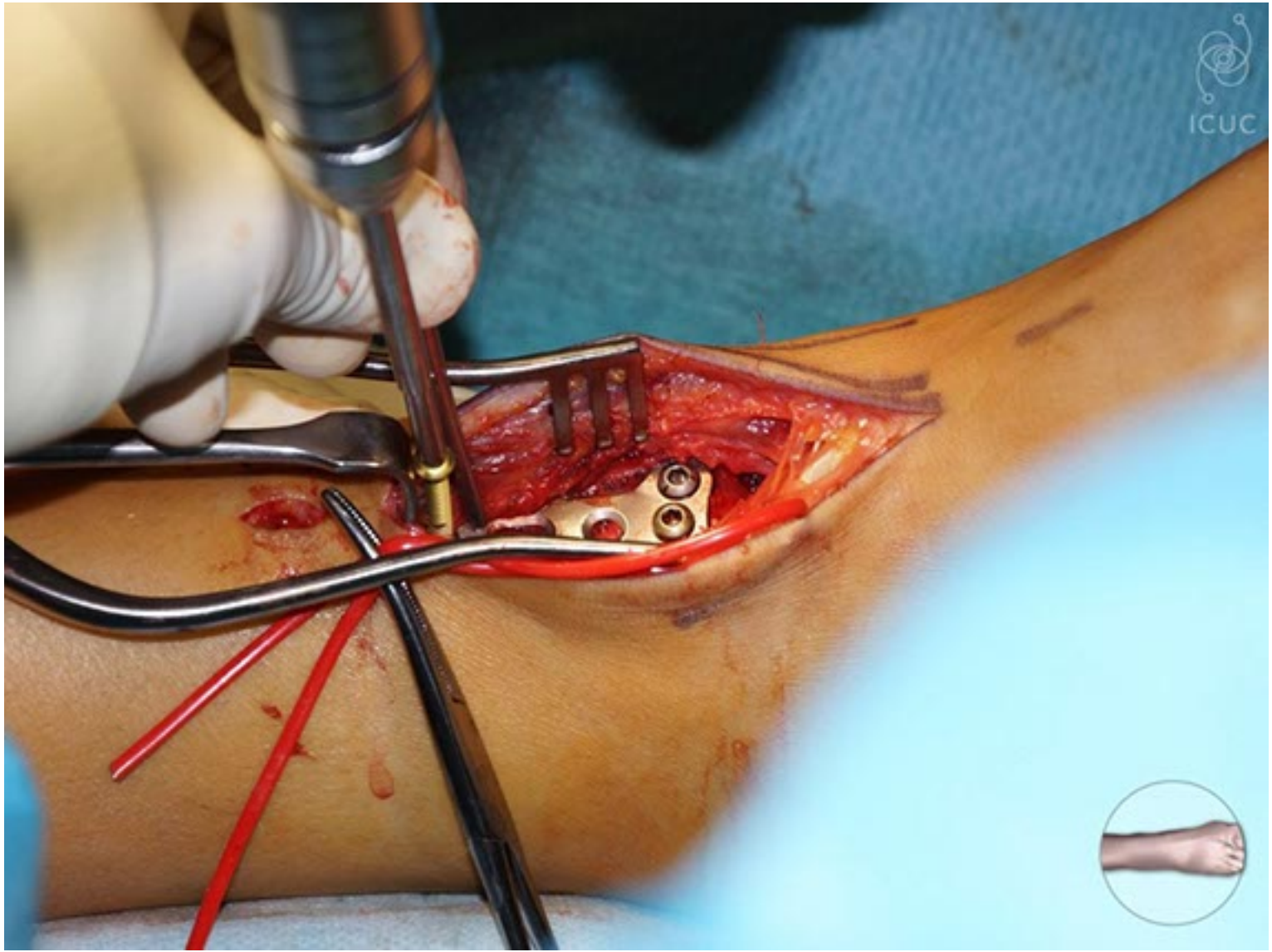


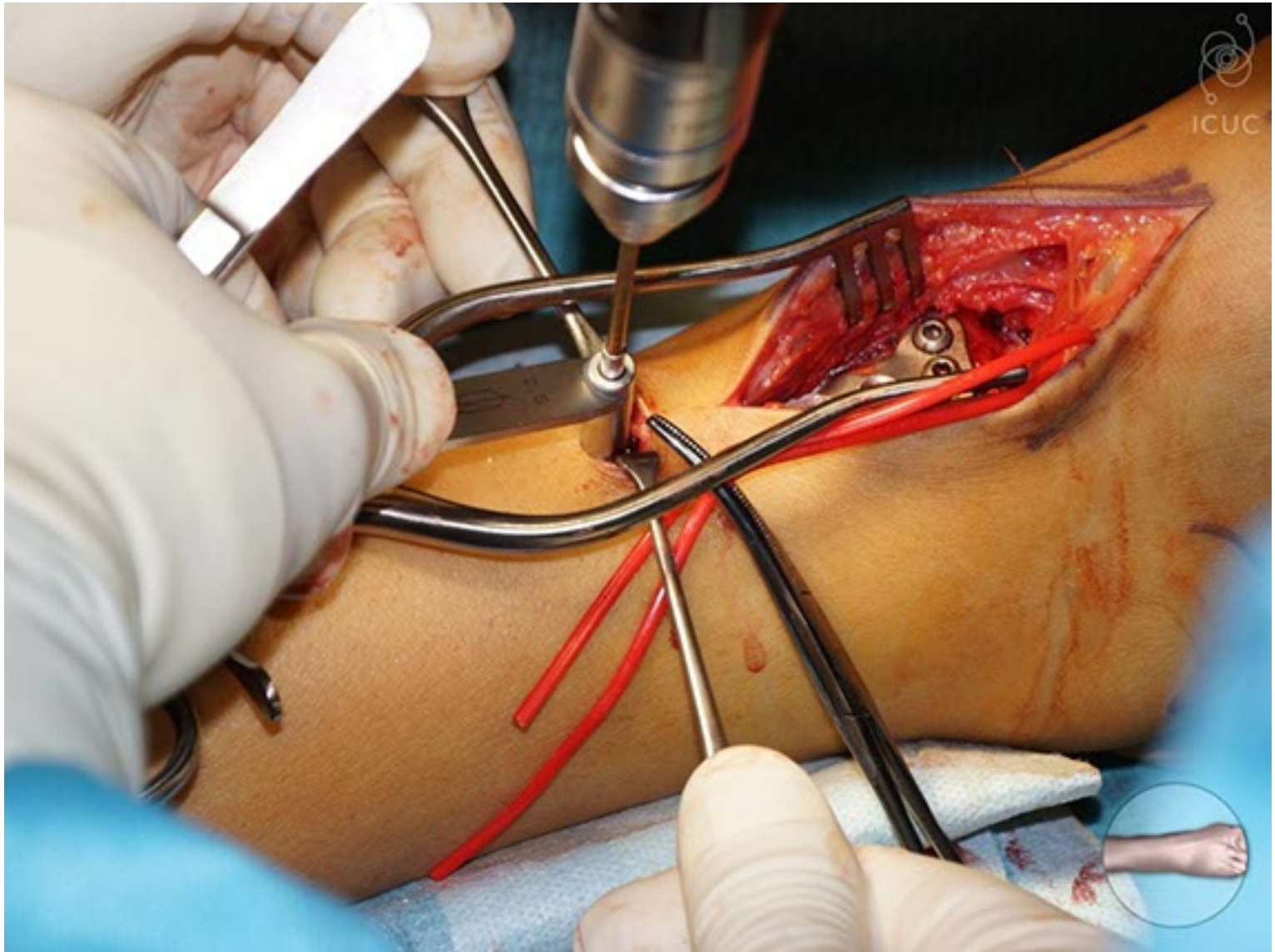


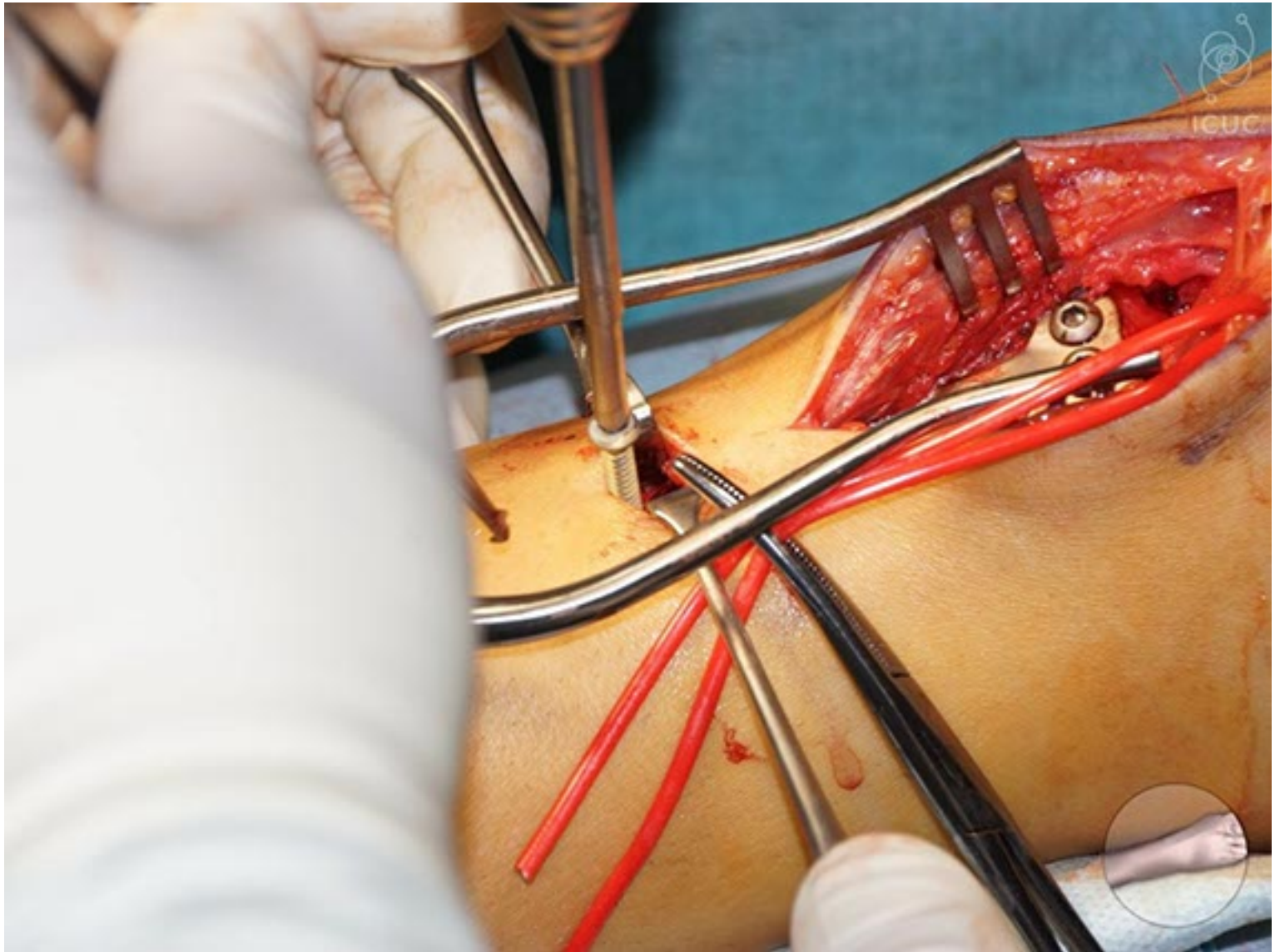










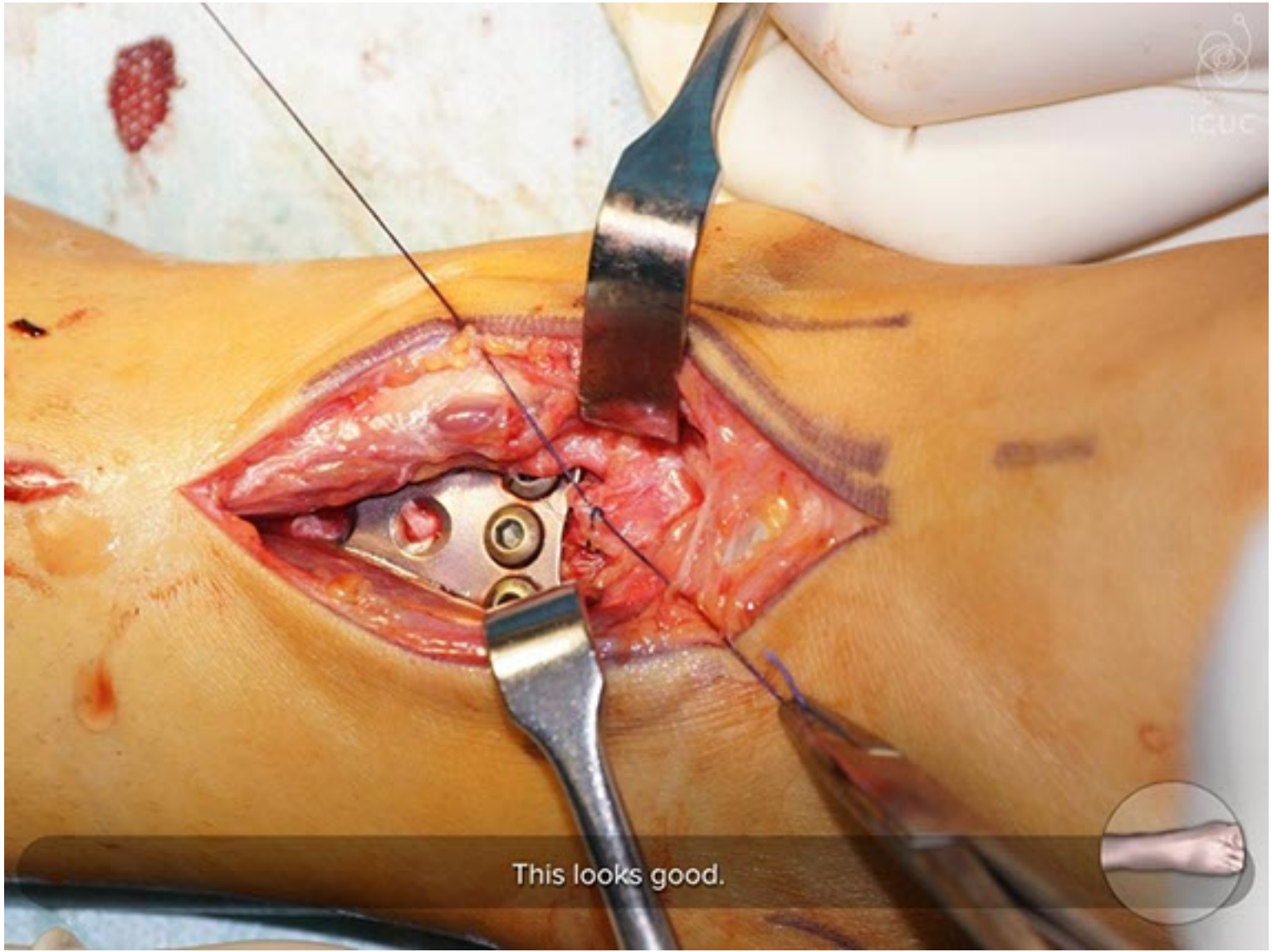




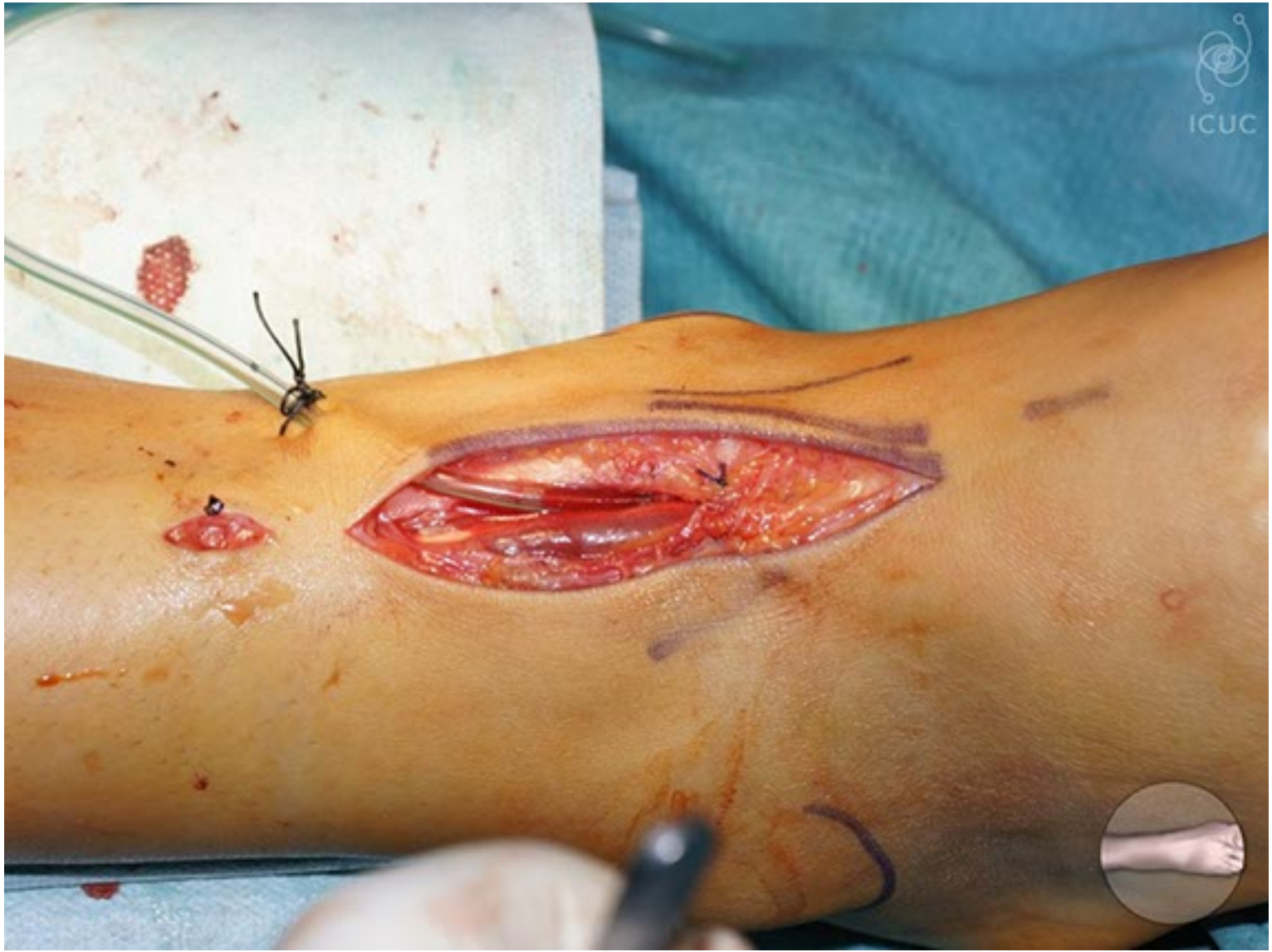
Then we have to assess the plafond, if possible.







This looks good.



















A plaster is applied.

0w



Excellent case.

6w



13w



25w



38w



86w



IMPLANT REMOVAL

92 WEEKS AFTER 1ST SURGERY



0w after Implant Removal | 92w after 1st surgery









