



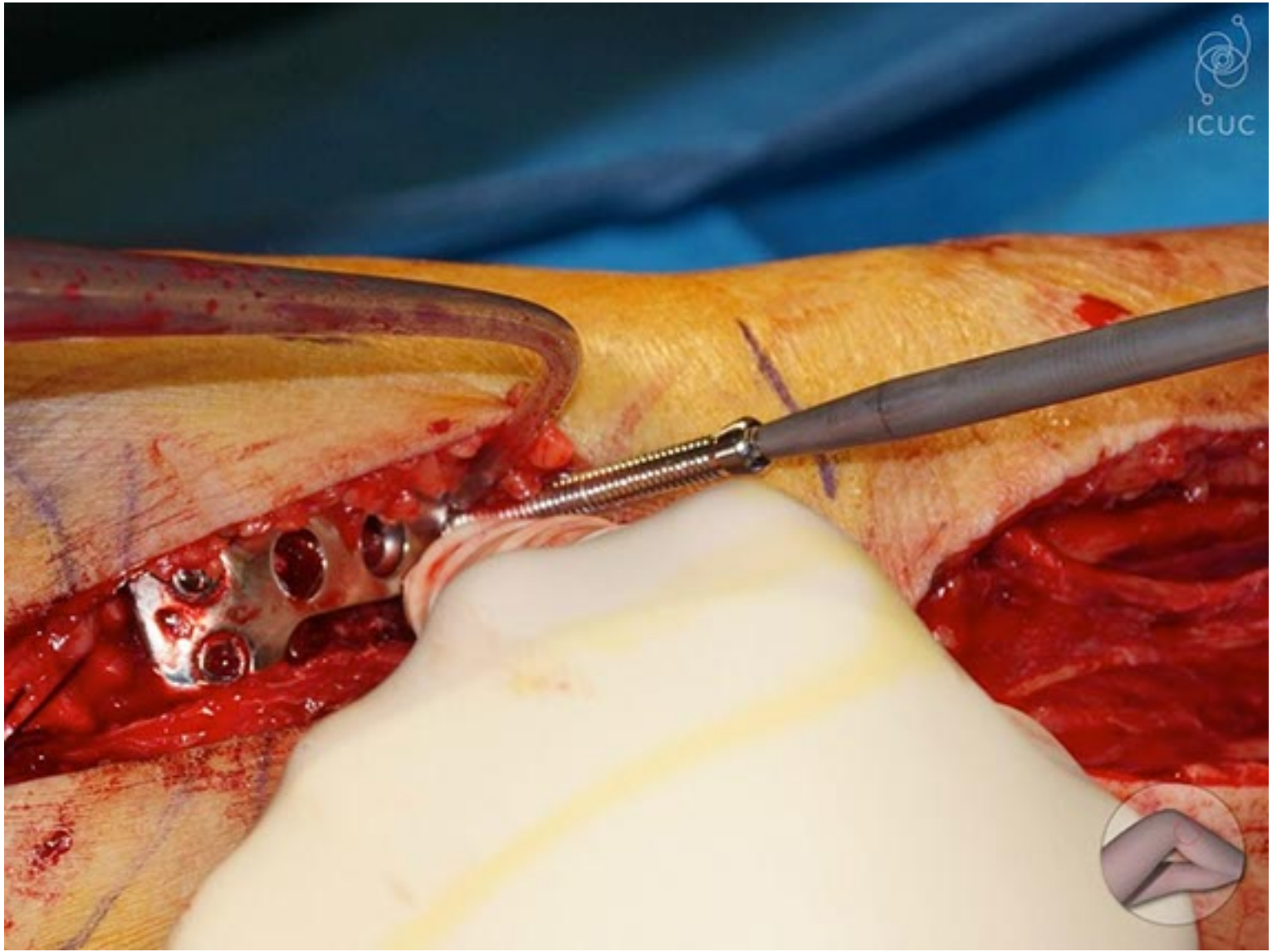


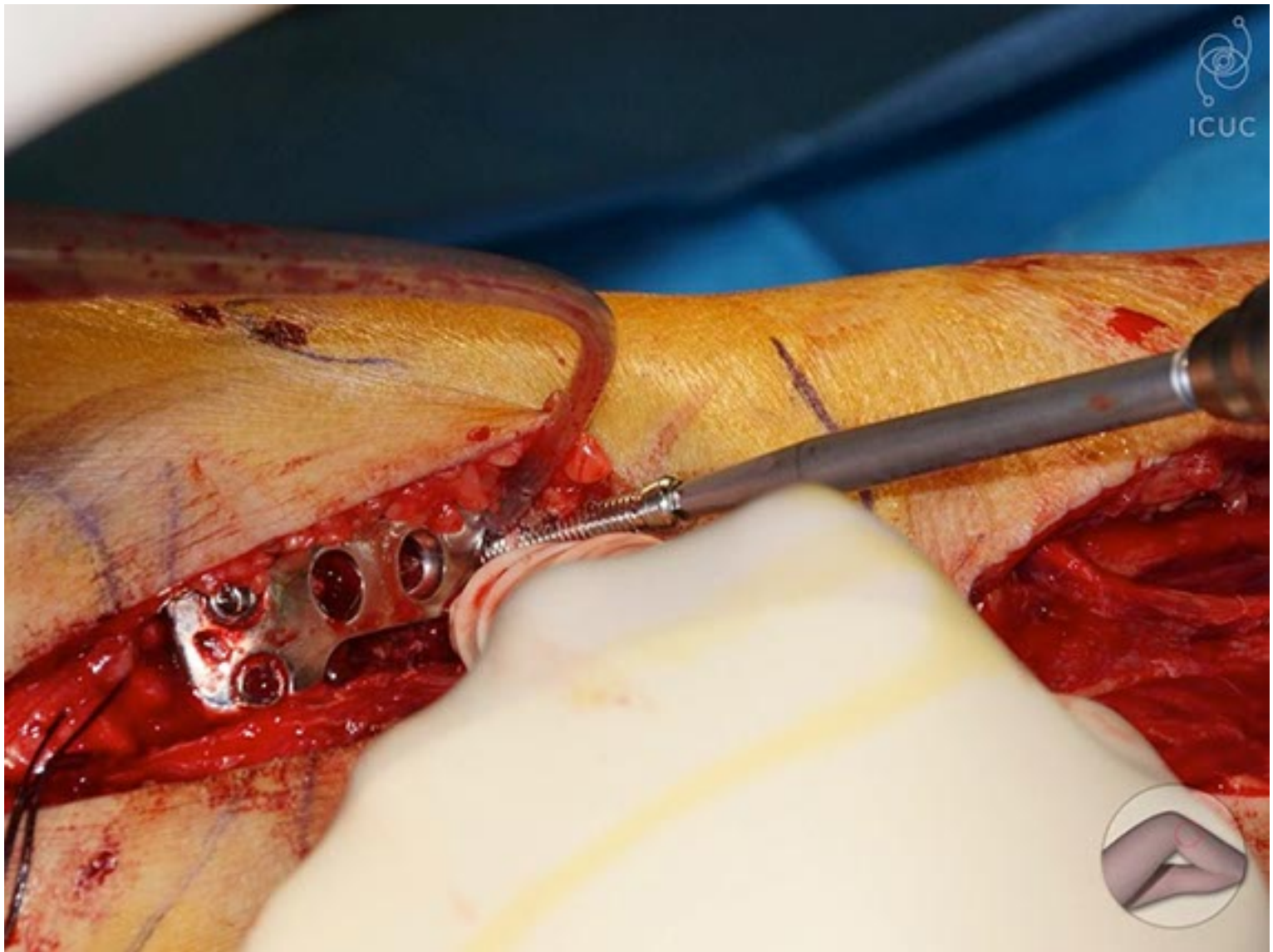






PO









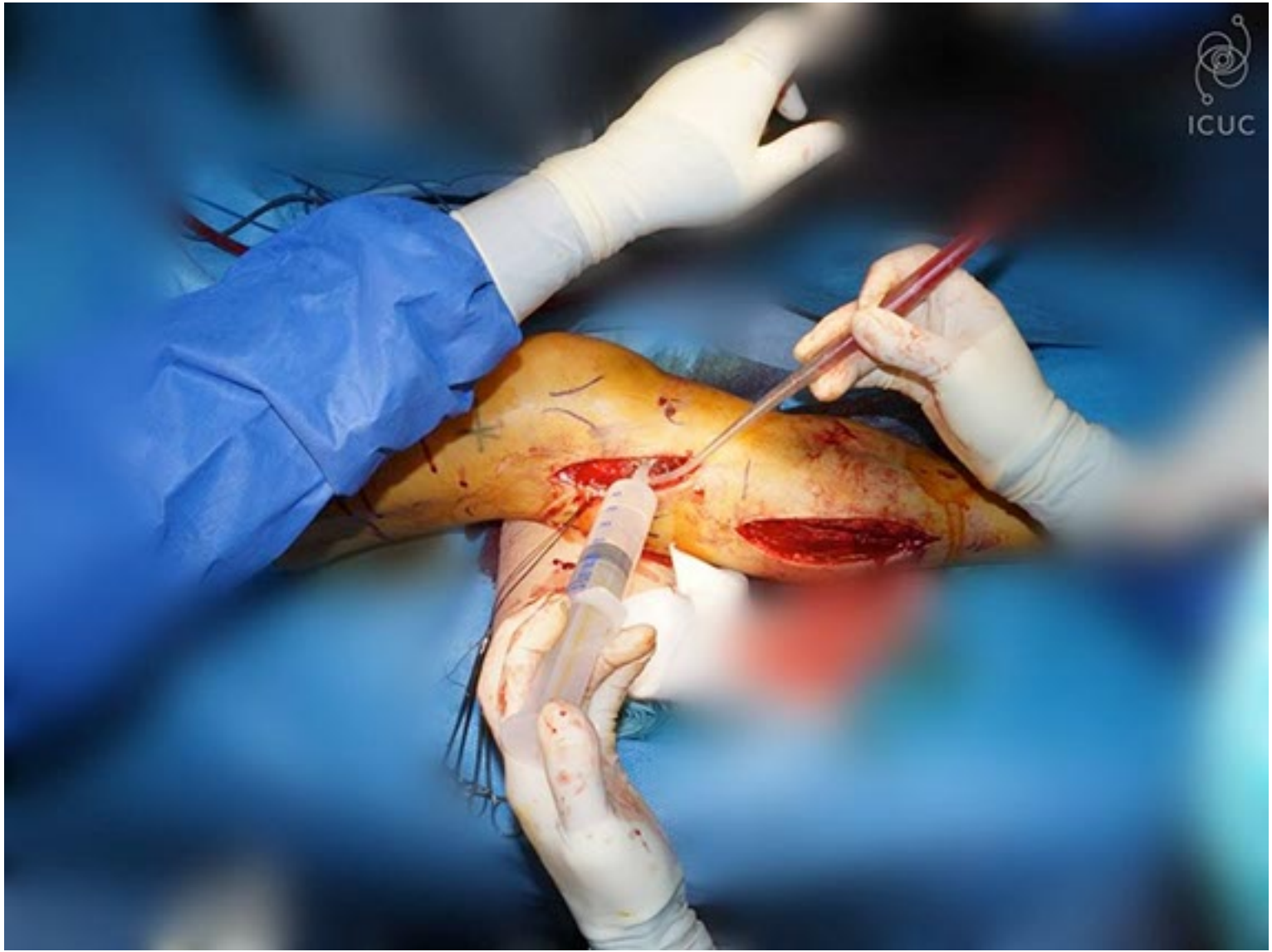


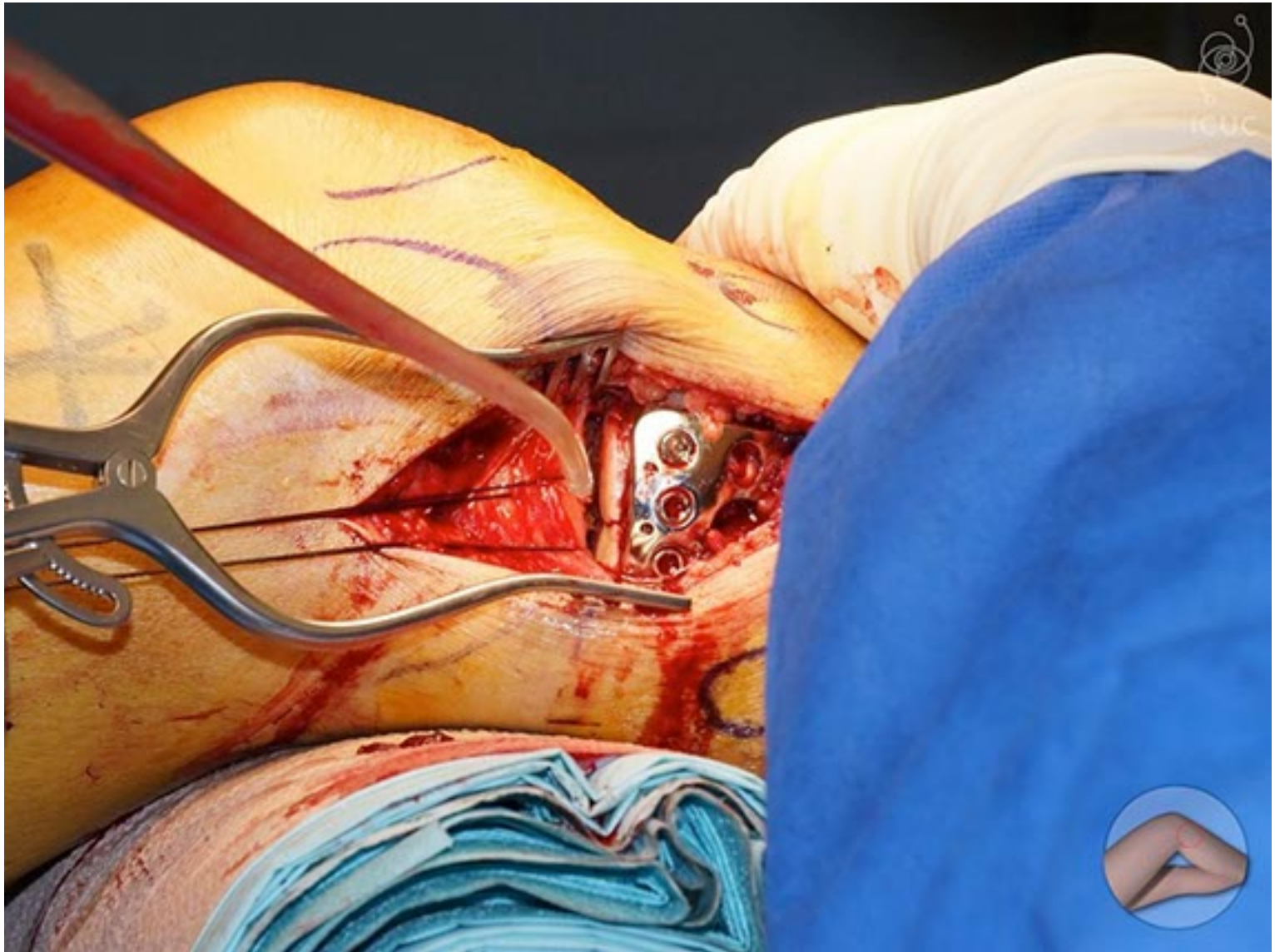


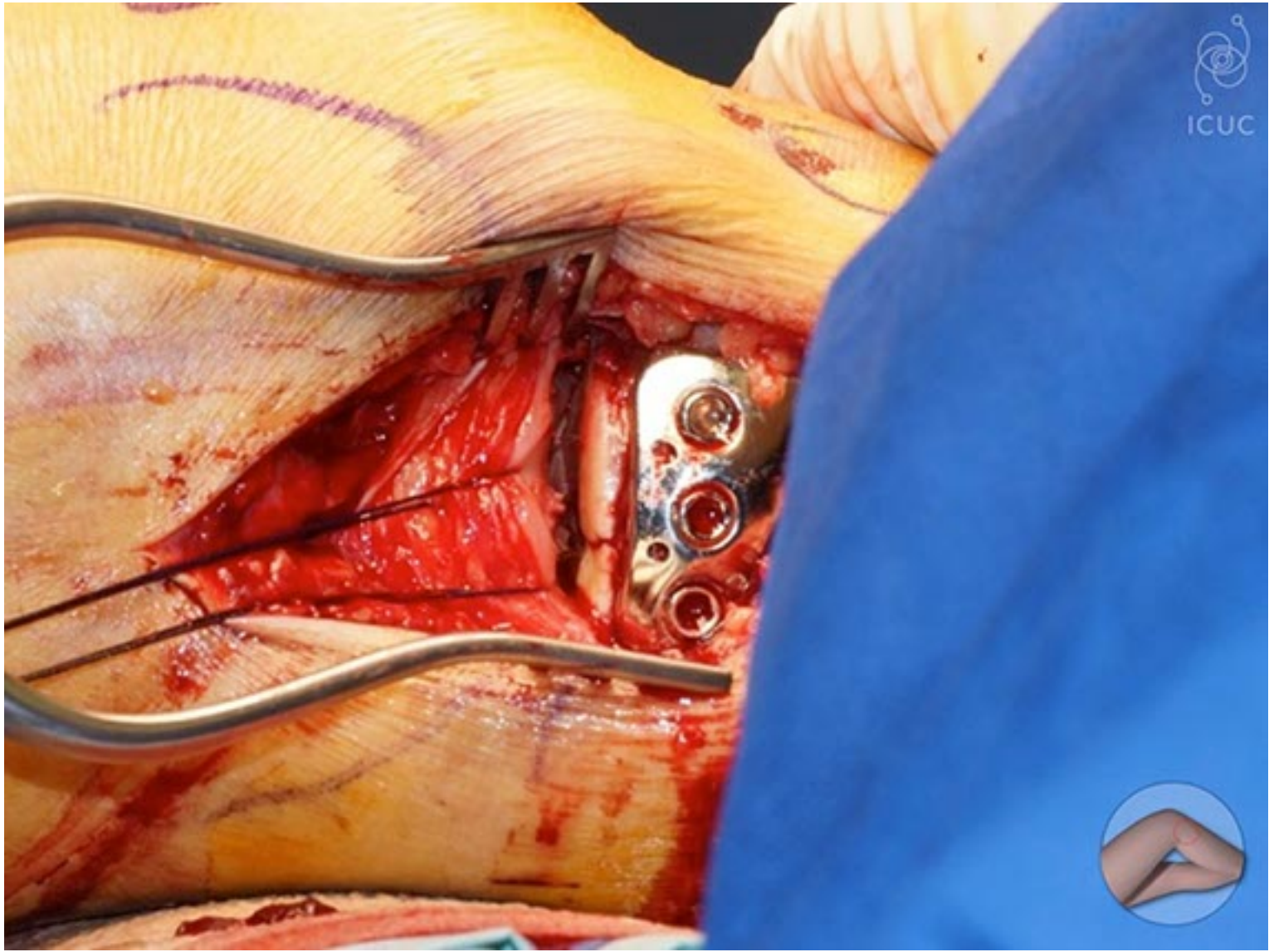


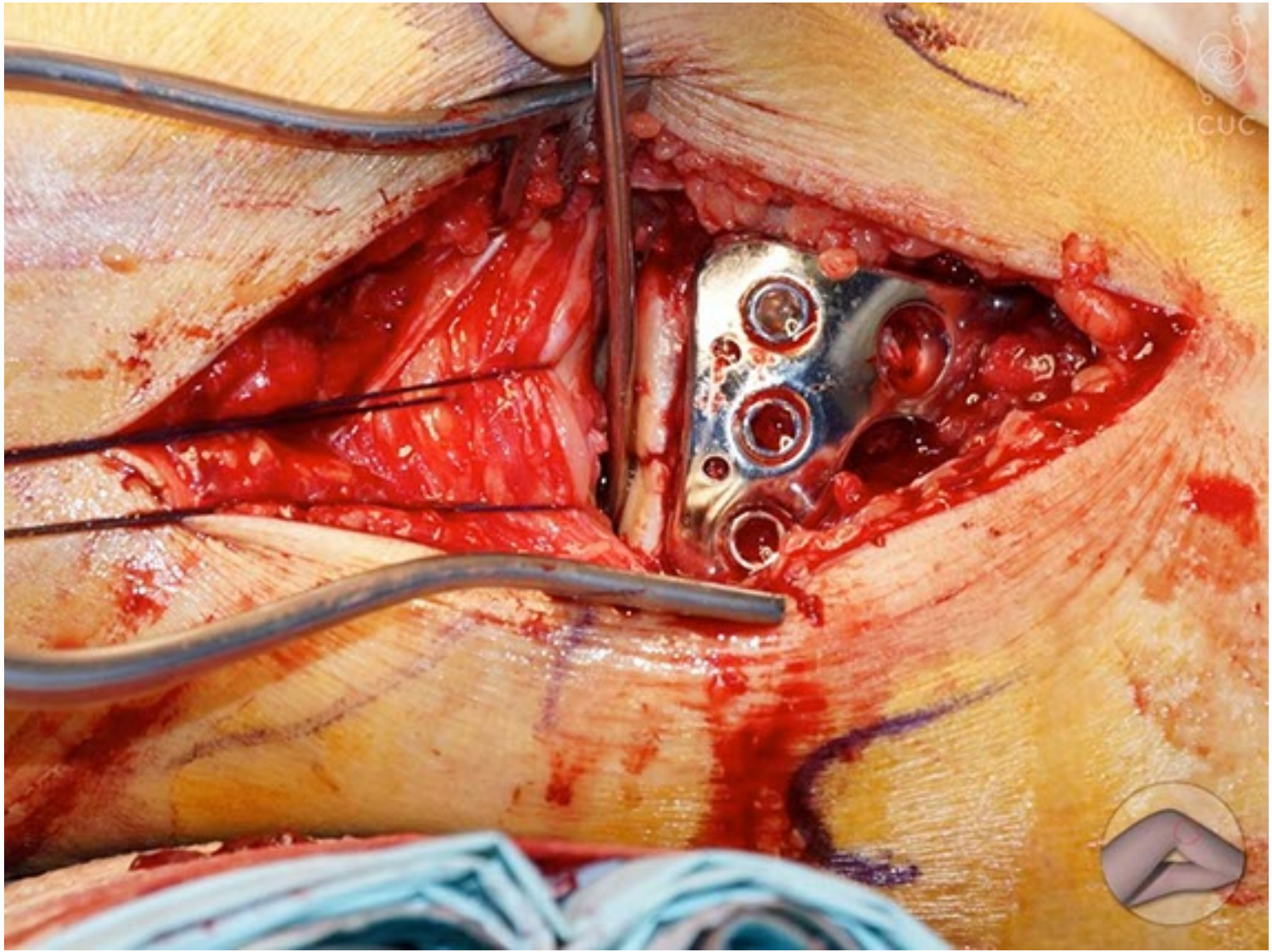


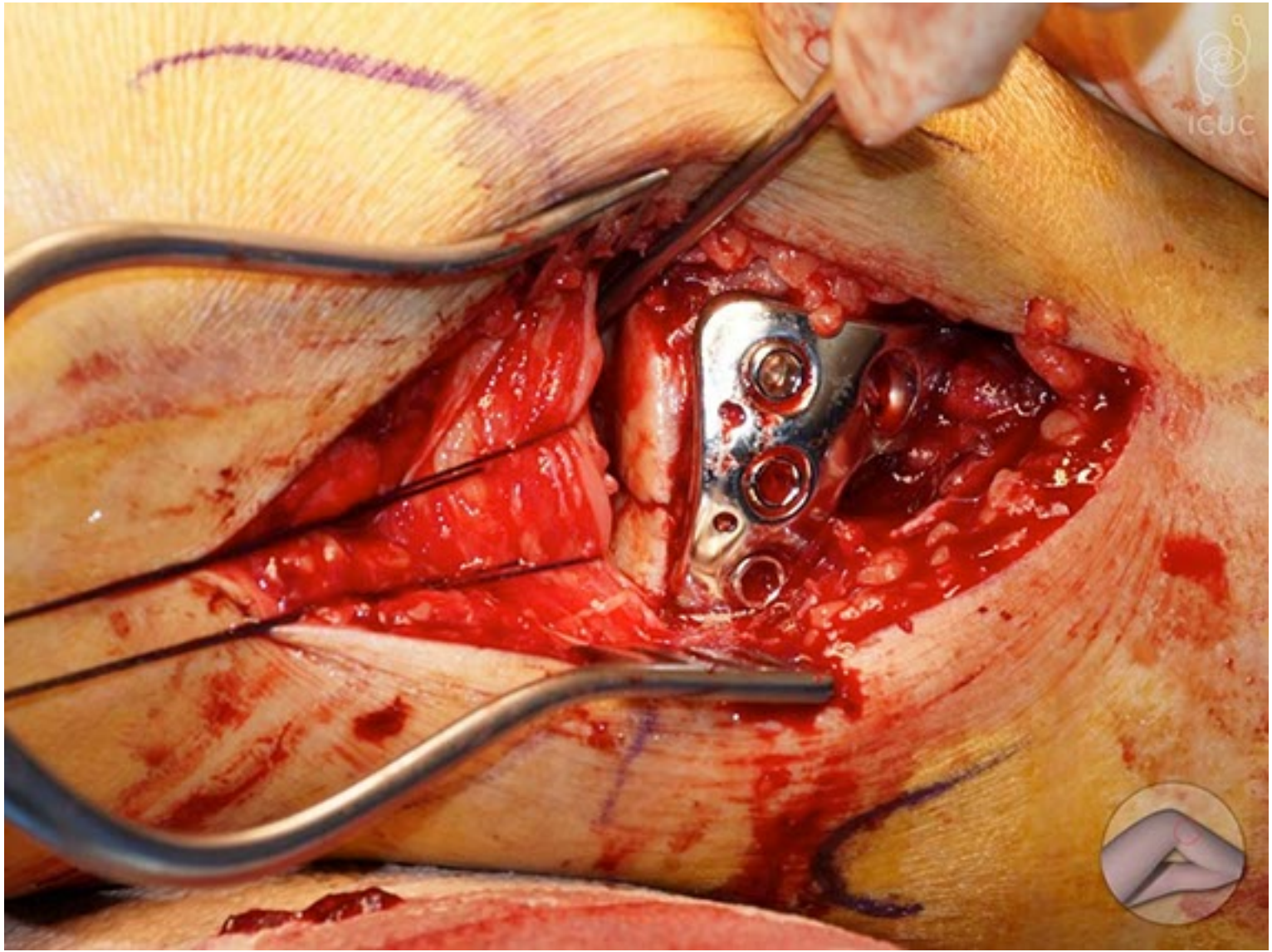


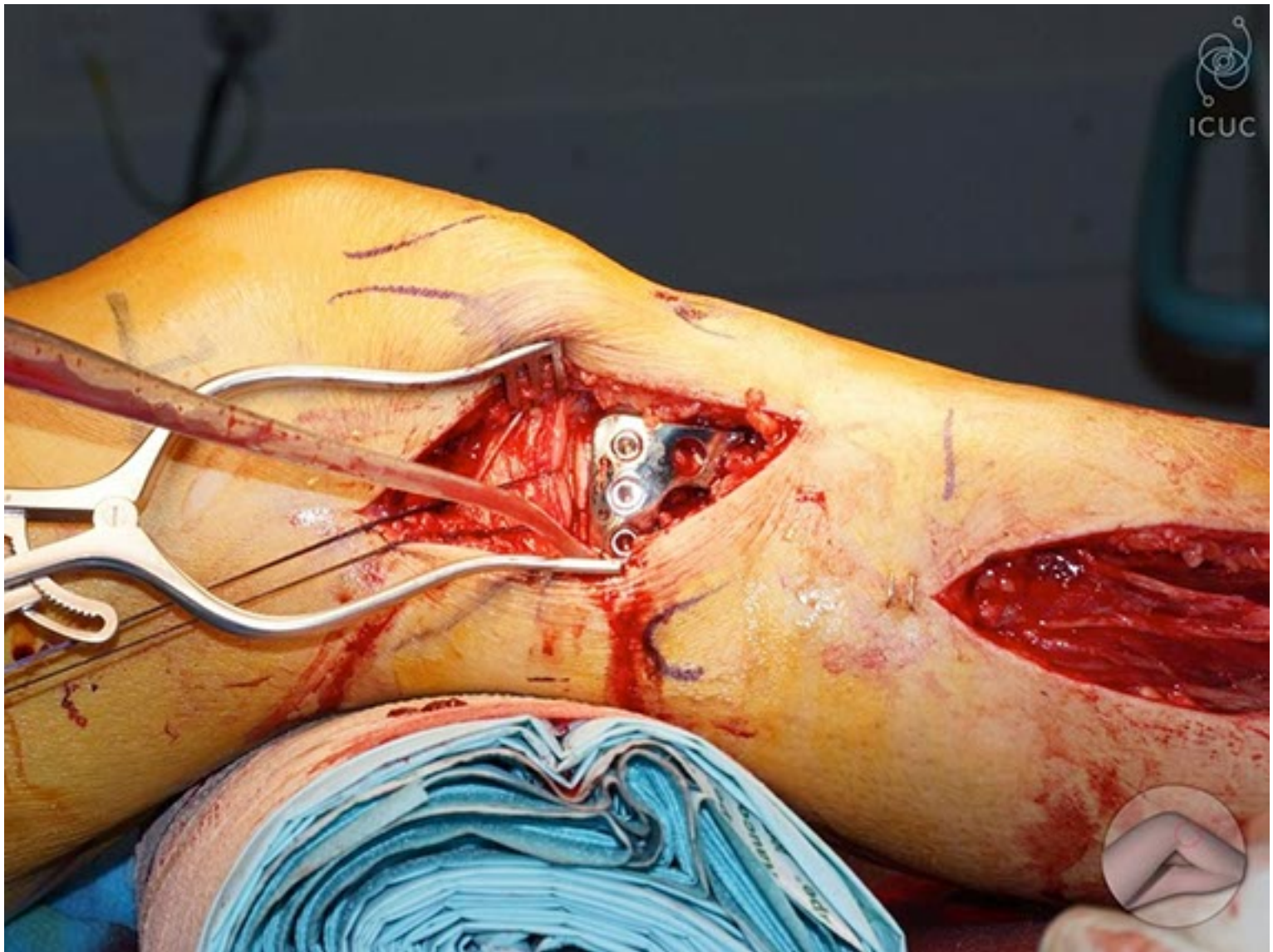


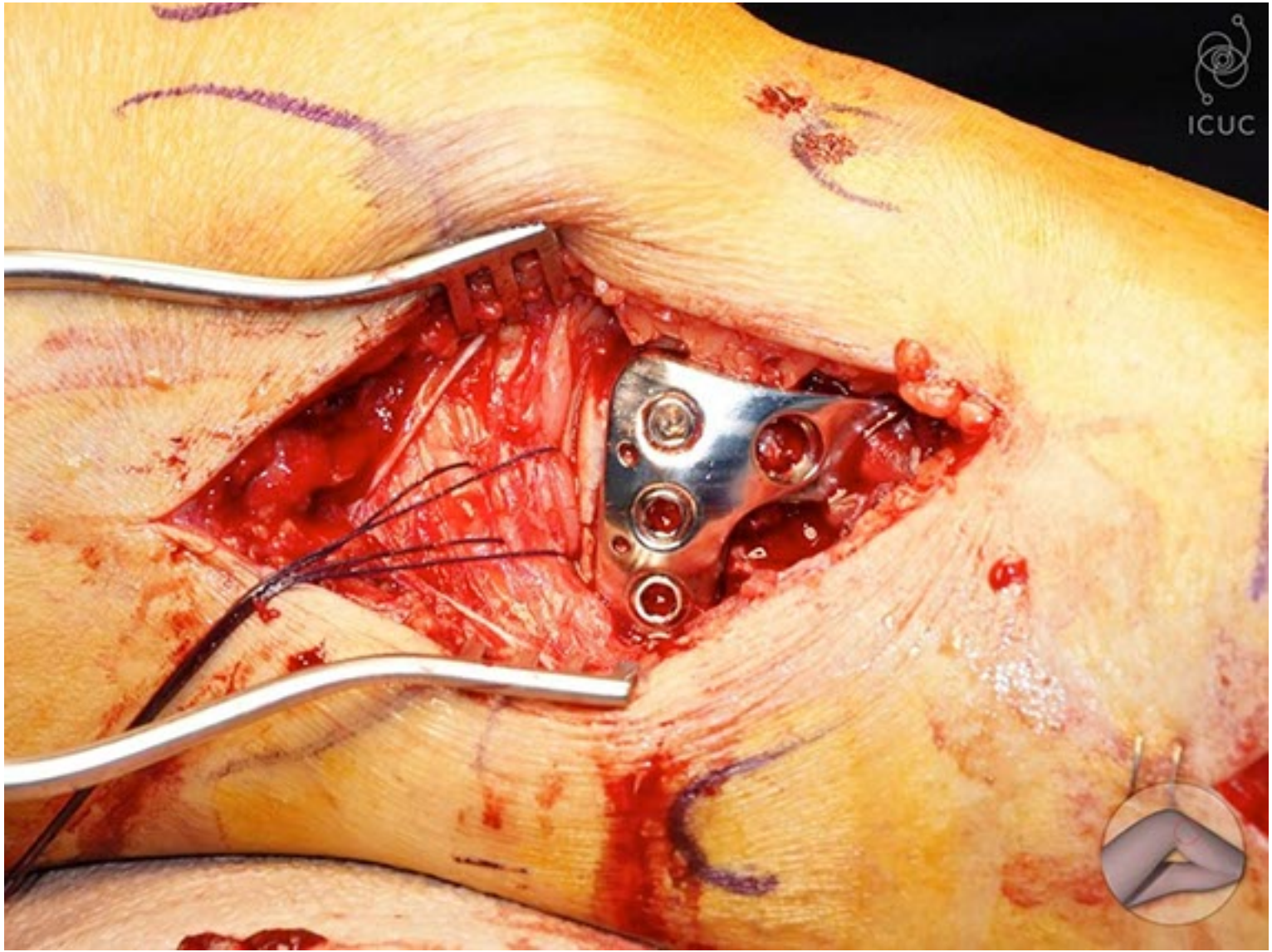


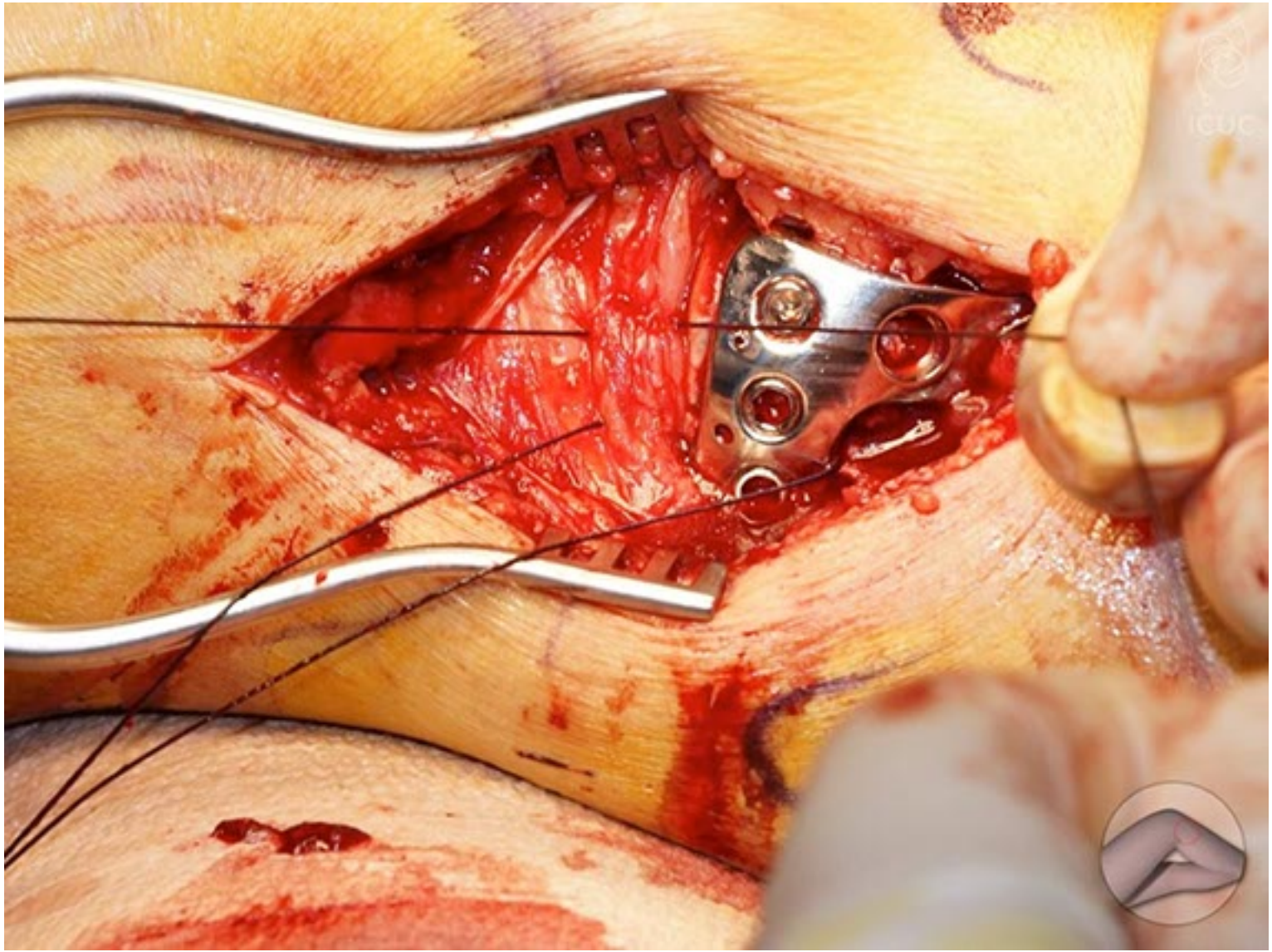


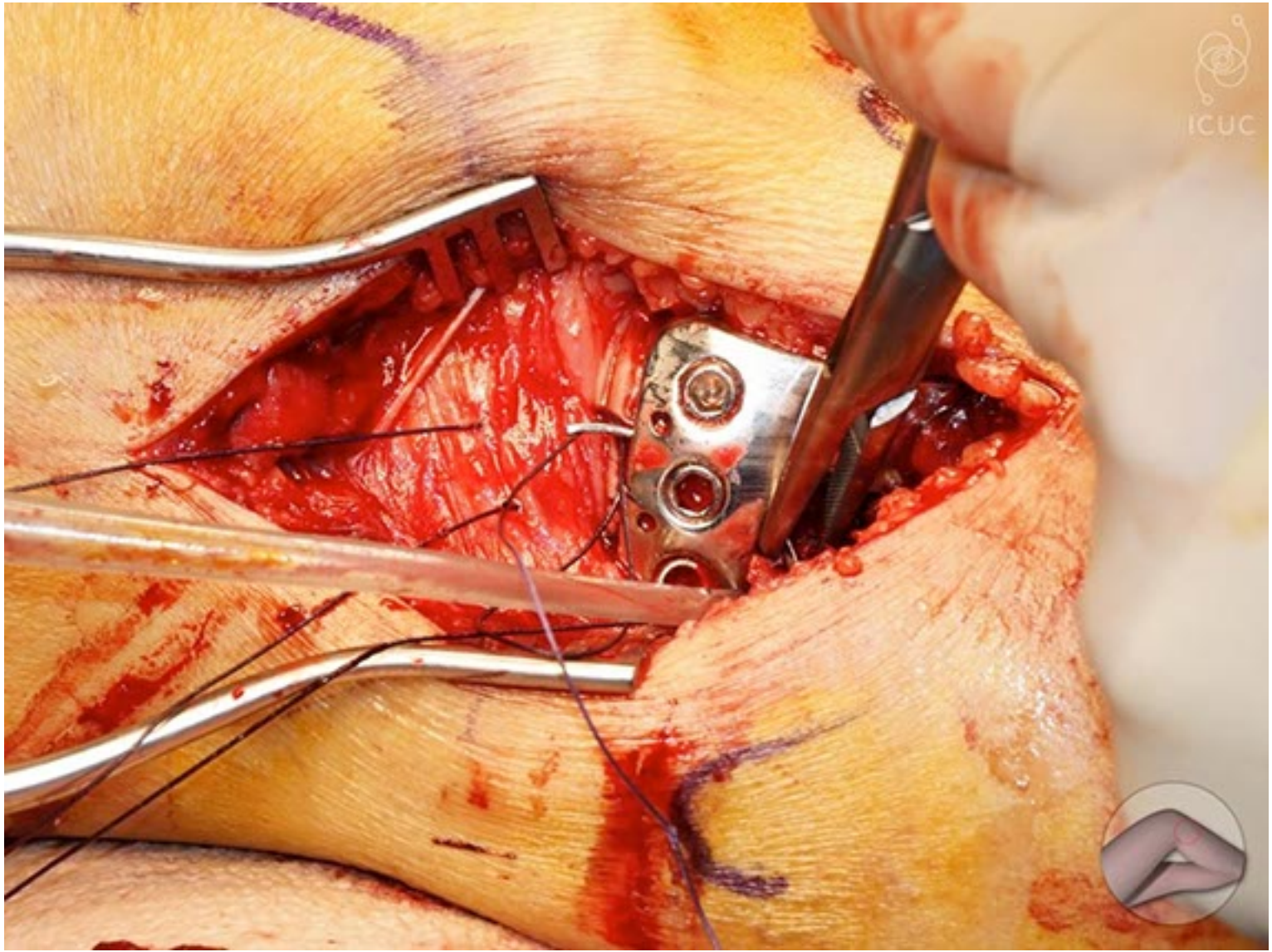


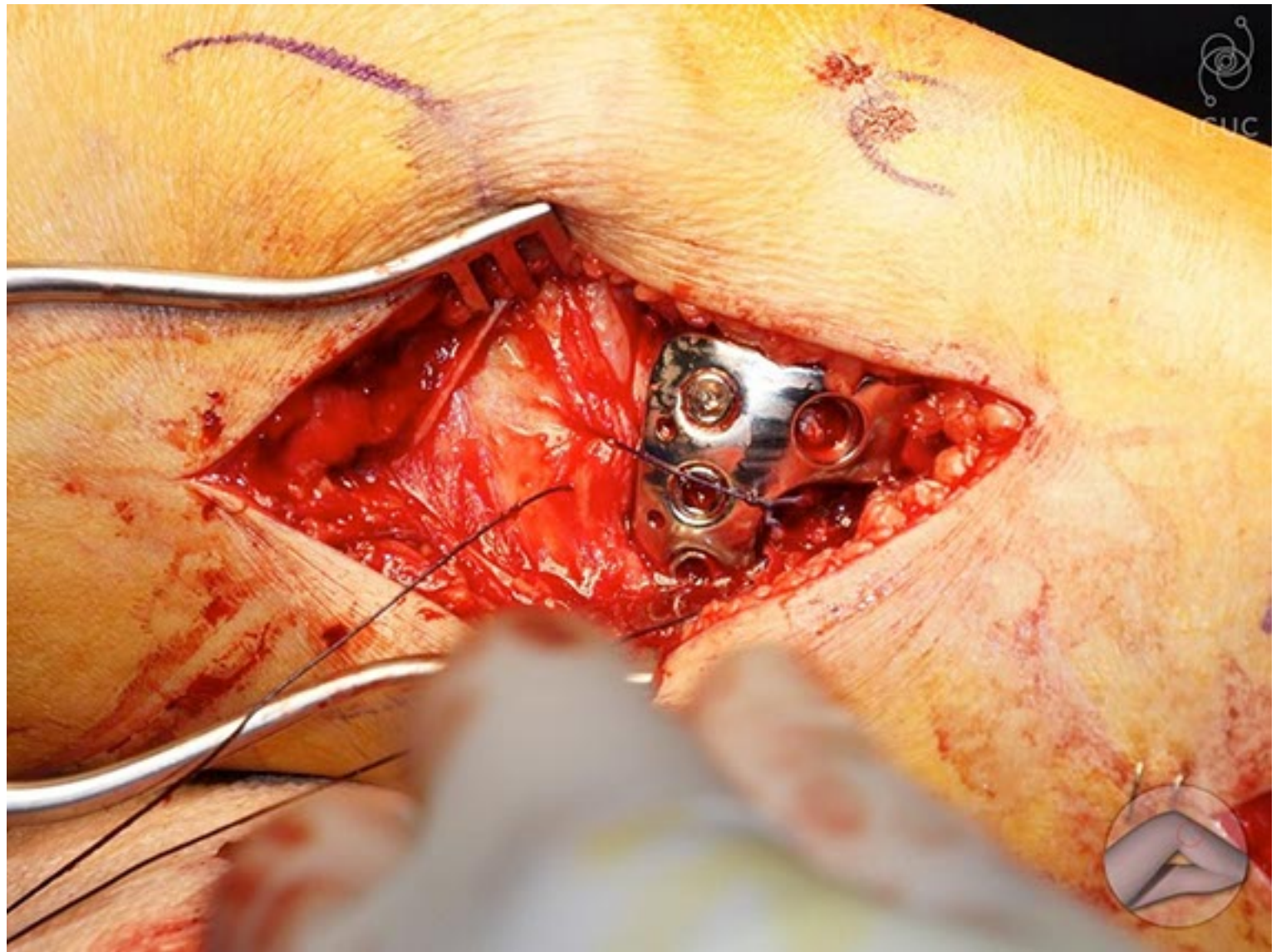


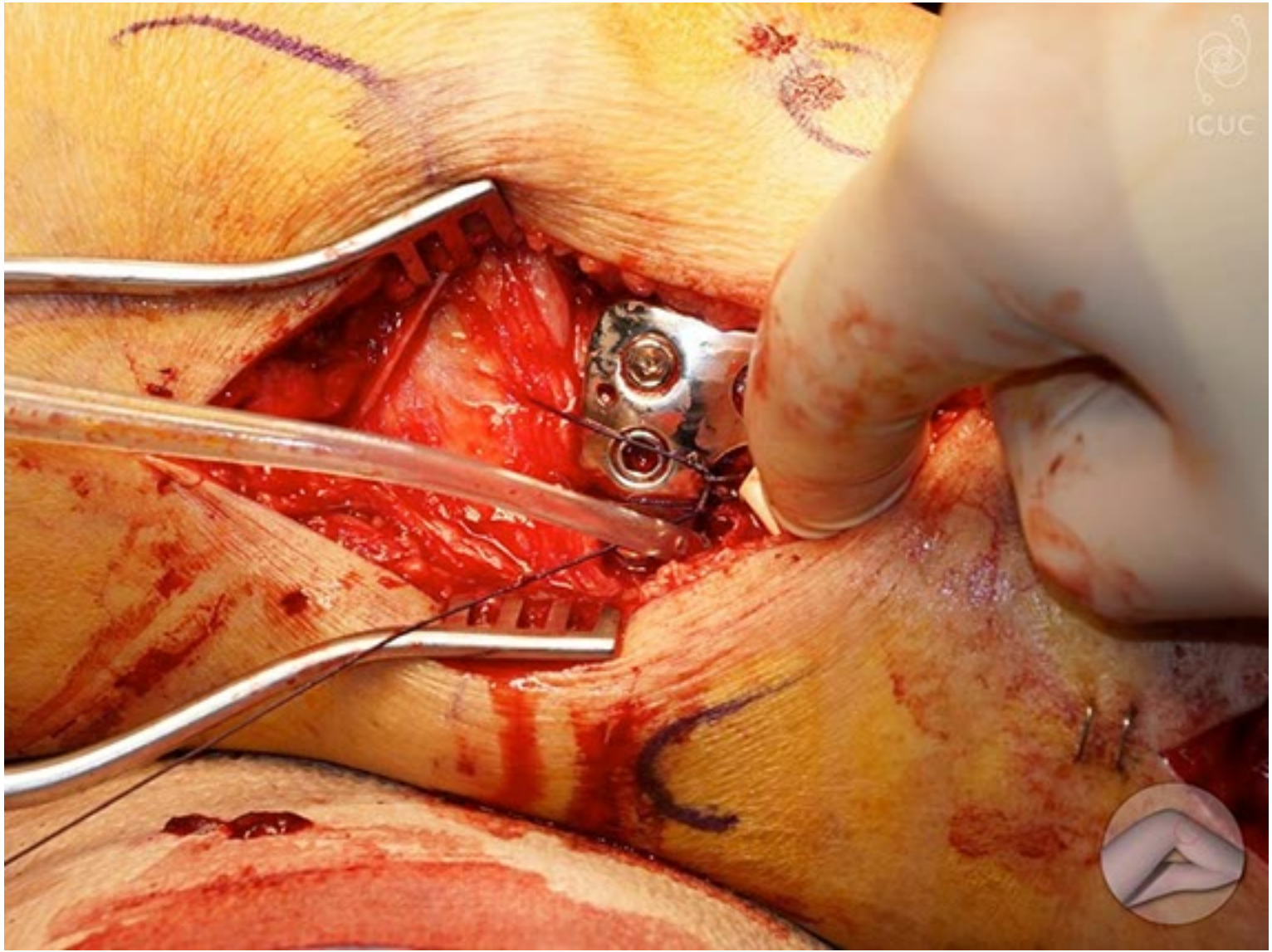


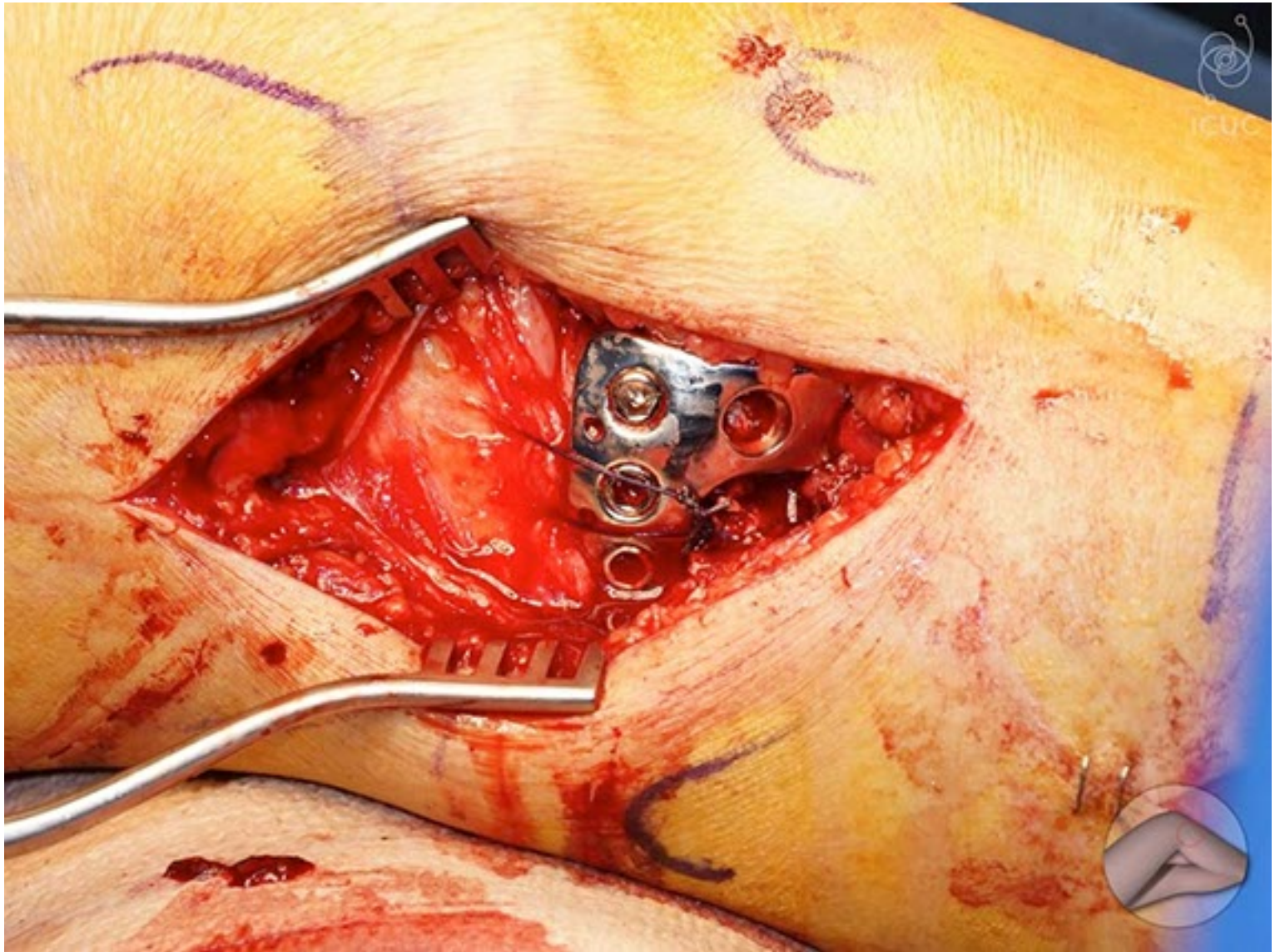


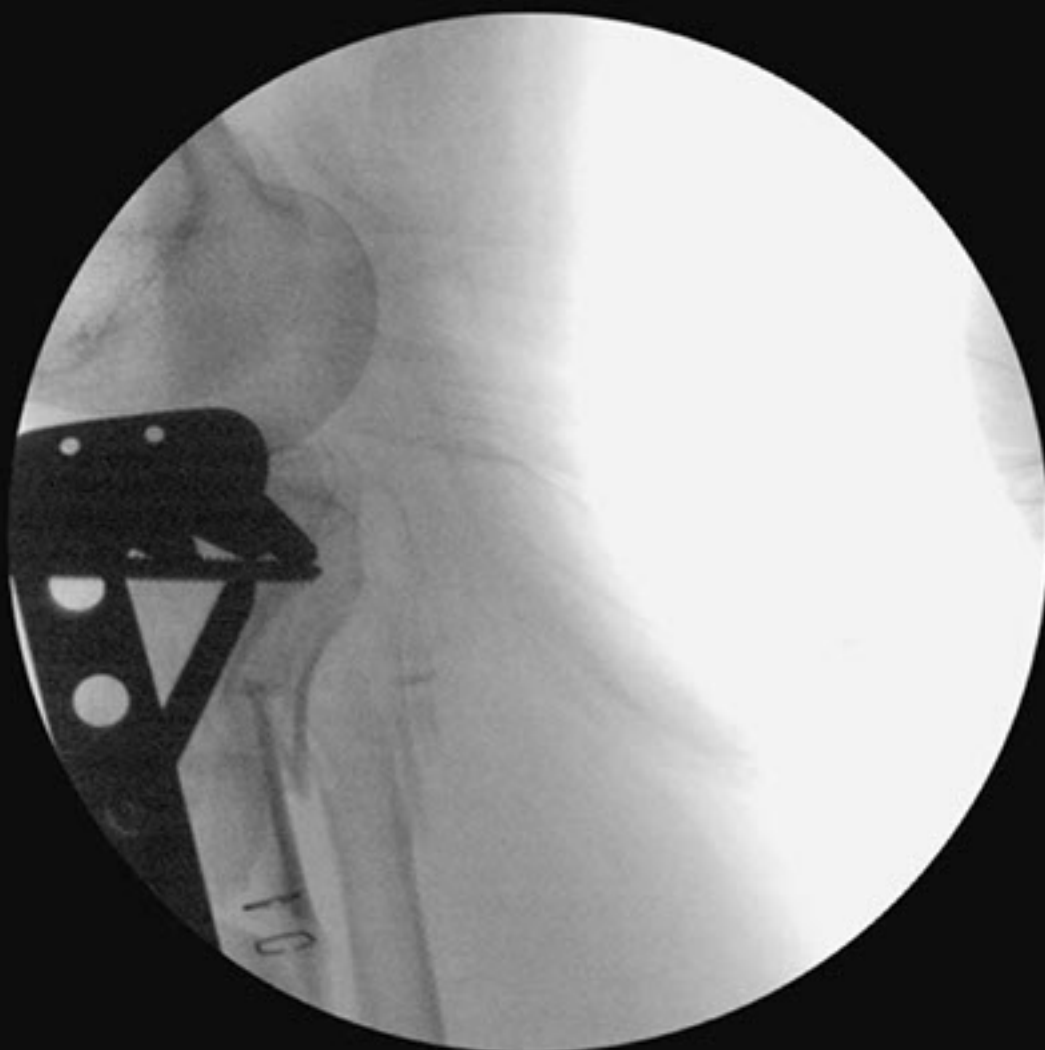






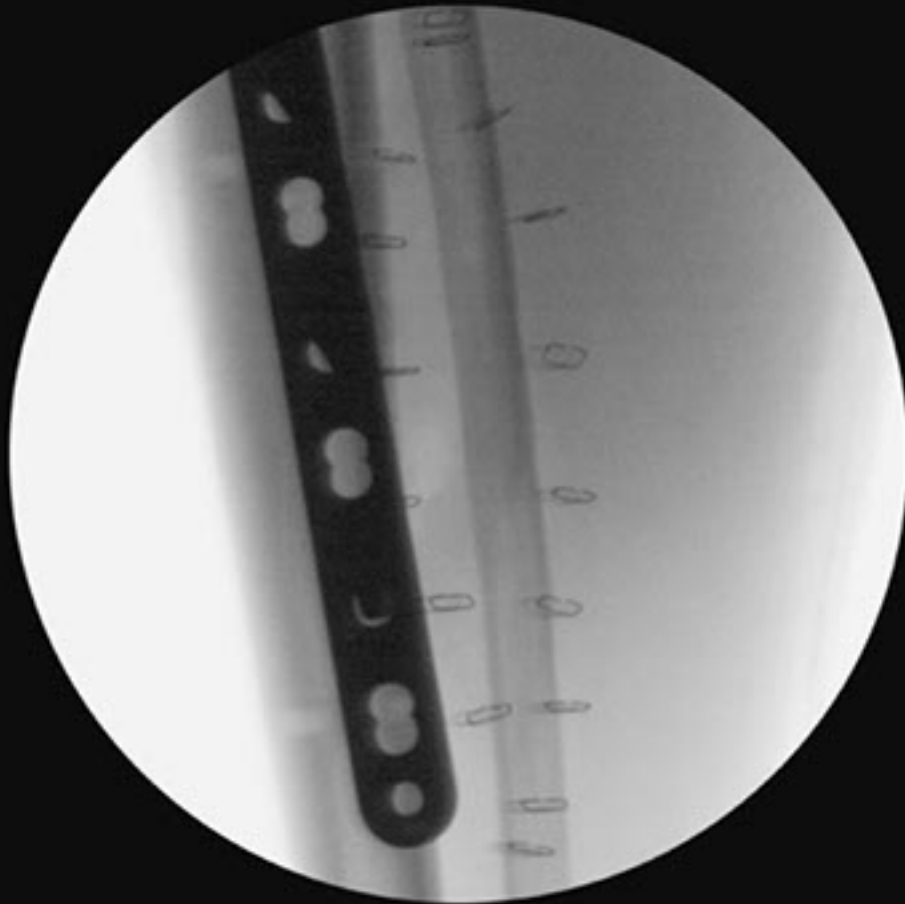




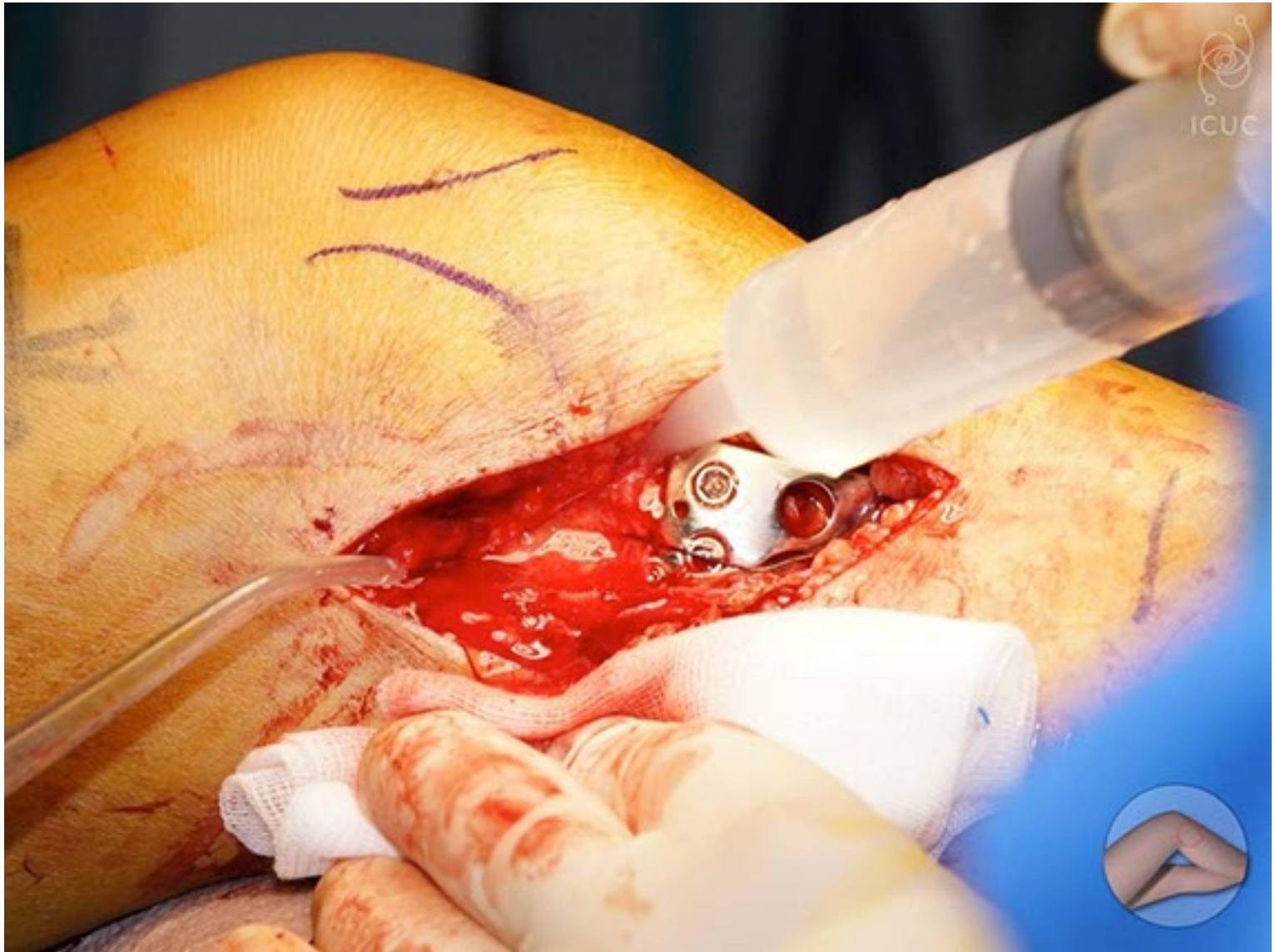




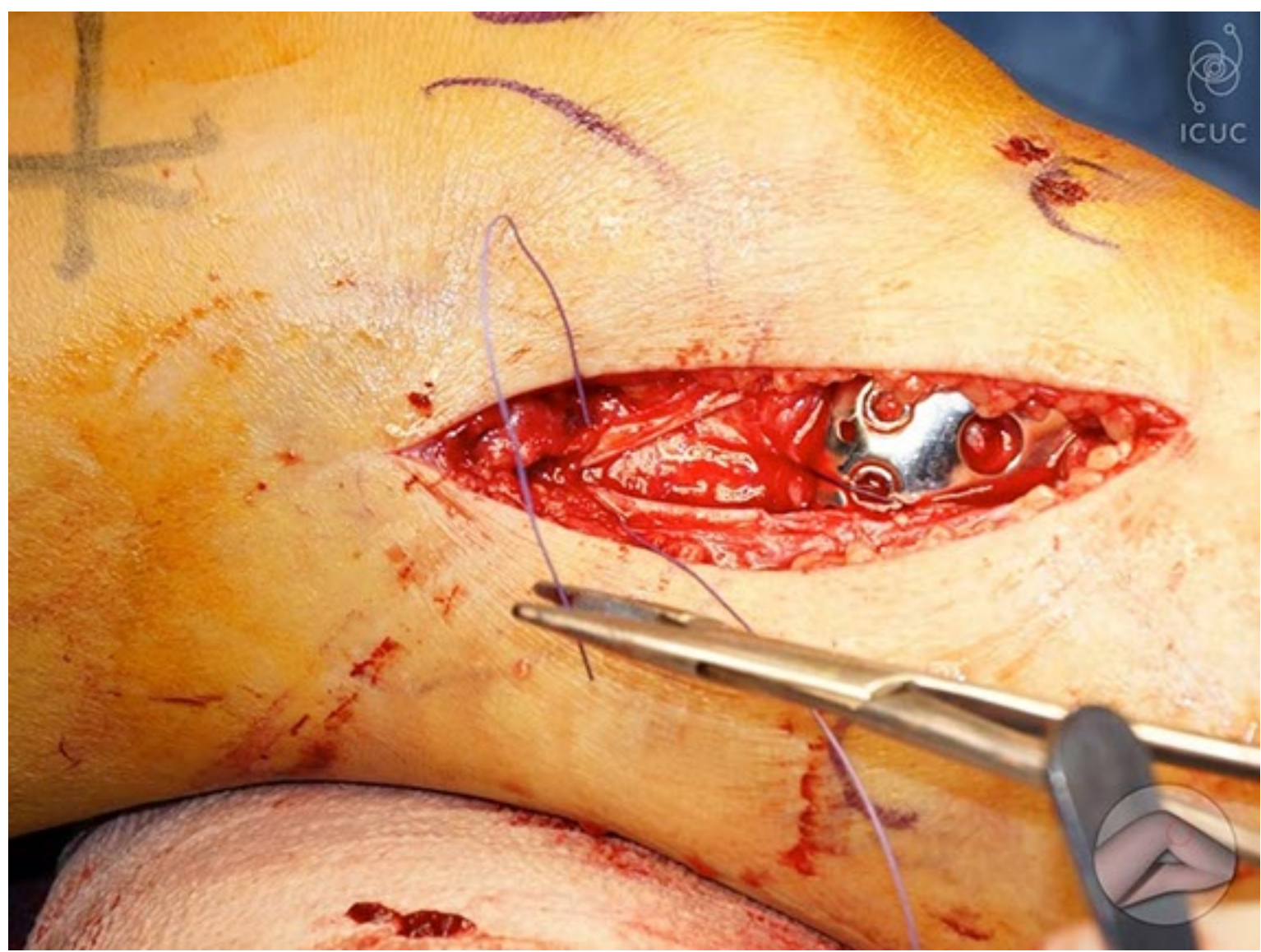




The adjustment of the plate to the shaft is not quite right; they were unable to insert the last screw because the plate was not flush to the bone at that point.







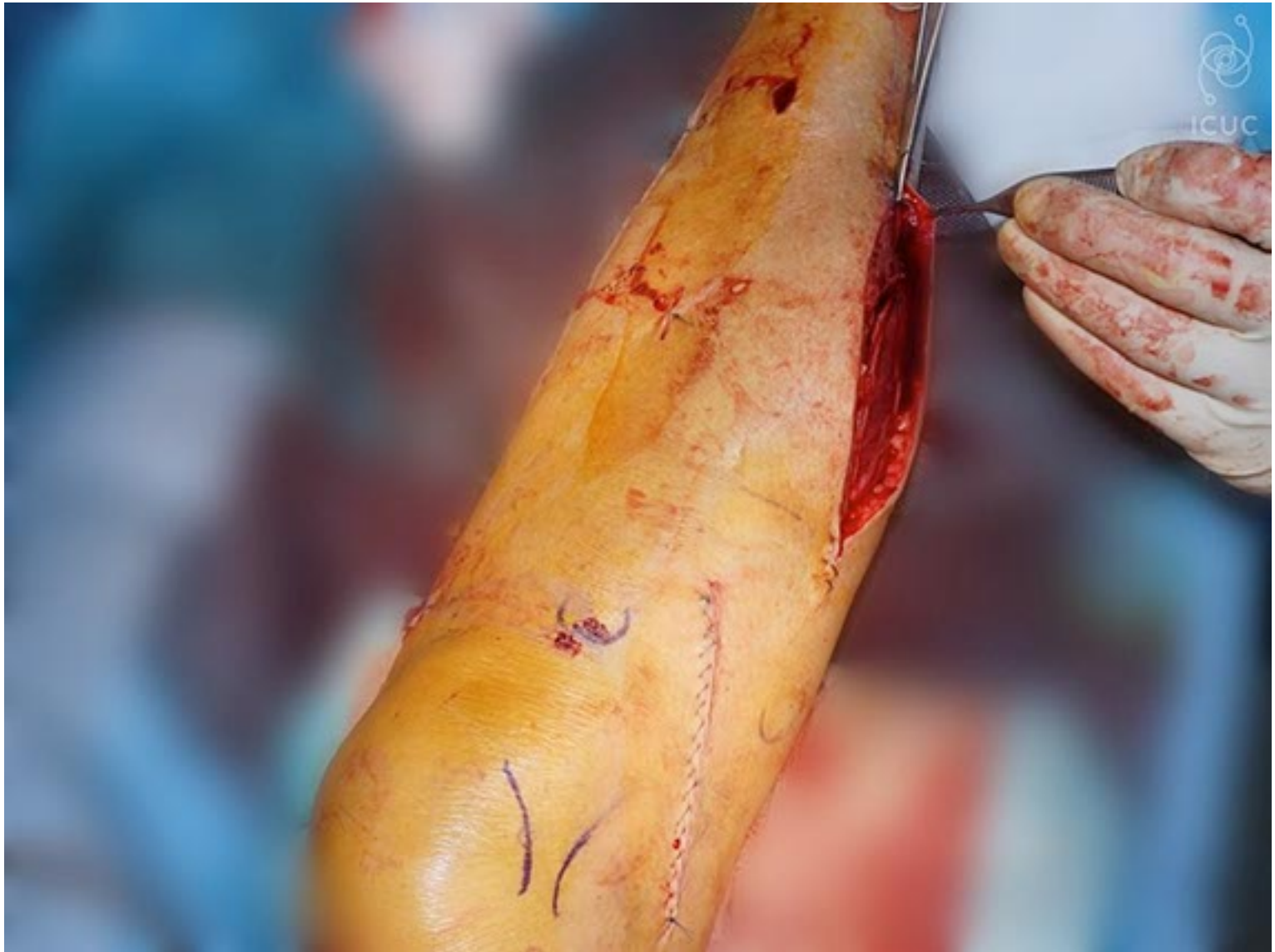




















0w



Joint reconstruction was done in open technique.
The plate is well positioned on the lateral plateau,
after some indirect reduction of the plateau had been done with a large reduction clamp.



6w

12w



PATIENT'S SURGICAL HISTORY



0w after 3rd surgery | 20w after 2nd/1st surgery



20 weeks later, a second plate was used for the medial side, which I think, for this extensive fracture, is the right thing to do. As an alternative, I recently used an external fixator with just one pin proximally and one pin distally as a medial buttress.



52w after 3rd surgery | 72w after 2nd/1st surgery



FULL SET OF C-ARM SHOTS

2ND SURGERY

