

6 Schatzker

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 : 6 Schatzker 21 22
 가 Hohl student t - test
 : 22 5 8 (59%), 6 3 (41%)
 . 5 9 2 (15%), 7 (78%) (p<0.05)
 가 (p=0.66).
 : 가

Results of Surgical Treatment in Schatzker Type VI Tibial Plateau Fracture

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Introduction: The purpose of this study was to evaluate the factors influencing the results for the treatment of the Schatzker type VI tibial plateau fractures.

Materials and Methods: Twenty-two cases of the 21 patients in Schatzker type VI tibial plateau fractures were analyzed. Treatment results were analyzed according to the type of fracture (open vs closed), method of operative treatment, angulation more than 5 degree and status of infection. The functional results was evaluated by Hohl's functional criteria. Student t-test was used for the statistical analysis.

Results: Functional outcome demonstrated 5 excellent, 8 good, 6 fair and 3 poor results. There was no significant difference in the treatment results between type of fracture, method of operative treatment and status of infection. Among 9 cases with angular deformity of more than 5 degree, 2 showed excellent or good result and 7 showed fair or poor result (p<0.05). There was no significant difference between rate of postoperative infection and the mean period of the clinical bone union (p=0.66).

Conclusion: Accurate anatomical reduction and rigid fixation is essential for the treatment of Schatzker type VI tibial plateau fractures for the prevention of the angular deformity. And early weight bearing exercise should be controlled for the prevention of loss of reduction and loss of alignment leading to angular deformity.

Key Words: Tibial plateau fracture, Surgical treatment, Anatomical reduction

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Table 2. Hohl's functional evaluation by operation

	Excellent	Good	Fair	Poor	Total
Plate	5	6	4	2	17
EF*	0	2	2	0	4
Cast	0	0	0	1	1
Total	5	8	6	3	22

EF*: external fixation

Table 3. Hohl's functional evaluation by type of fractures

	Excellent	Good	Fair	Poor	Total
Open	1	3	4	0	8
Plate	1	1	2	0	4
EF*	0	2	2	0	4
Closed	4	5	2	3	14
Plate	4	5	2	2	13
Cast	0	0	0	1	1
Total	5	8	6	3	22

EF*: external fixation

가 Hohl 가
, 22 5 , 8 (59%),
6 3 (41%).
5 , 6 (65%), 4 , 2 (35%)
, 2 (50%), 2
(50%) (p=0.50)
(Table 2).

가
1 , 3 (50%), 4 (50%)
, 4 , 5 (53%),
2 , 3 (47%)
(p=0.33) (Table 3).

5 가 9 , 5 ,
1 , 5 9
2 (15%), 5 , 2 (78%)
(p<0.05). 5
9
가 7 (41%), 가 1 (13%),
가 1
(p=0.50) (Table 4).

Table 4. Hohl's functional evaluation by angular deformity (>5°)

	Excellent	Good	Fair	Poor	Total
Angular deformity	0	2	5	2	9
Plate	0	2	4	1	7
EF*	0	0	1	0	1
Cast	0	0	0	1	1
No-deformity	5	6	1	1	13
Total	5	8	6	3	22

EF*: external fixation

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2 Hohl 가
, 가 (p=0.66).
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6 Schatzker Gustilo
I
(Fig. 1-A). 1
(staples)
(Fig. 1-B)
(Fig. 1-C). 8
(blade plate) 가
, 24
, Hohl 가
(Fig. 1-D).

,
8,17,19,20,23)
18,32). Kennedy¹⁸⁾
가



Fig. 1A-D. Open Schatzker type VI tibial plateau fracture with medial collateral ligament rupture on left side of 24 years old male patient who sustained traffic accident.

(A) Preoperative anteroposterior radiography.

(B) First operation on next day of trauma: Open reduction and internal fixation with Ilizarov system and MCL repaired with staples.

(C) After 8 months: Nonunion and valgus deformity (14°) of proximal tibia.

(D) At two years follow-up after second operation (corrective osteotomy, open reduction and internal fixation with blade plate and screws with autogenous iliac bone graft), solid bone union and satisfactory clinical result was obtained.

16,26), Rasmussen²⁴⁾ 가 , , , , , Rombold²⁷⁾ , , , 12,21,28), Hohl Luck¹⁵⁾ 1 cm 가 , 5 cm , Schulak Gunn²⁹⁾ 5 cm , 10 cm 5 , 1,4,6) 가 25), Apley³⁾, , Cast brace, (Ilizarov) Waston³¹⁾ Slee³⁰⁾, Brown⁷⁾ Thomas-Person , Dovey¹¹⁾ 가 (congruity) Fryjoidet¹³⁾

15,24,27)

6 Schatzker

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. Lachiewicz

Funick²²⁾Blokker⁵⁾

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Hohl

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. Rookwood Green²⁶⁾

가 120

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20

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6 Schatzker

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