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AO A2 9, A3 17, 14 26 7
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· 가 1, 가 5 가 2
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Table 2. AO classification of fracture

AO classification	No. of cases (%)
Type A2.1	0 (0)
Type A2.2	4 (15)
Type A2.3	5 (19)
Type A3.1	3 (12)
Type A3.2	2 (8)
Type A3.3	12 (46)
Total	26 (100)

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Table 1. Cause of injury

Cause of injury	No. of cases (%)
A fall on the ground	12 (46)
Traffic accident	8 (31)
A fall from a height	5 (19)
Direct injury	1 (4)
Total	26 (100)

Table 3. Time from injury to operation

Time to operation	No. of cases (%)
<24 hours	2 (8)
0 - 1 week	17 (65)
1 - 2 weeks	6 (23)
2 - 3 weeks	1 (4)
Total	26 (100)

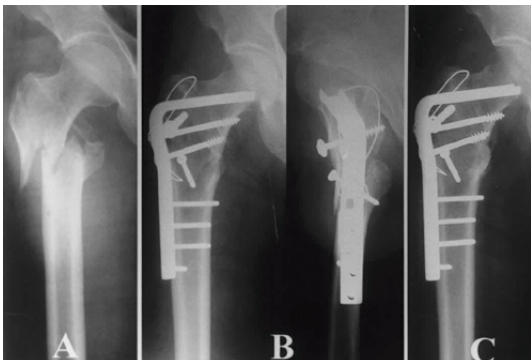


Fig. 1-A : Initial radiograph shows intertrochanteric fracture of the femur with undisplaced fracture of the greater trochanter (AO type A3.1) in a 64-year-old man.
1-B : Postoperative radiographs show that the fracture was anatomically reduced, the blade was correctly placed into the proximal fragment, and the proximal fragment was secured with 2 screws into the calcar.
1-C : Follow-up radiograph 12 weeks after surgery shows good fracture healing without complications.

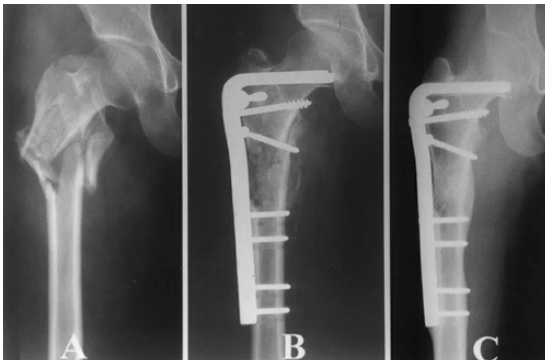


Fig. 2-A : Initial radiograph shows multifragmentary intertrochanteric fracture (AO type A3.3) of the femur in a 22-year-old woman.
2-B : Postoperative radiograph shows good reduction of the fracture, correct fixation with the condylar blade plate, and cancellous bone graft in the bone defect.
2-C : Final radiograph 2 years later shows solid union without complications.

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 Chi-square test
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Haentjens 10)

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22,28)

32)

가

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6,12,13,15,21,29)

Haentjens 10)

32)

102

130

123

26

가

1

1

가

17,22)

가

22)

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Abstract

Unstable Trochanteric Fractures of the Femur Treated with a Condylar Blade Plate

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Purpose : This study evaluates the effectiveness of the condylar blade plate for internal fixation of unstable trochanteric fractures of the femur.

Materials and Methods : Twenty six unstable trochanteric fractures of the femur (AO classification, 9 type A2 and 17 type A3) were treated by condylar blade plate fixation. Osteoporosis was found in 14 cases. Fractures were operated on the average 7th day after trauma and cancellous bone graft was performed in 3 fractures with severe comminution. Results were evaluated by operating time, time of fracture healing, complications, and function of the hip and walking ability at the final follow-up assessment.

Results : Operating time was 123 minutes on average. All fractures were united in an average of 14.0 weeks. Complications at the fracture site were a heterotopic ossification and a refracture. Motion of the hip was limited moderately in a case with heterotopic ossification and mildly in 5 cases. Two patients used a cane and 2 patients revealed a mild limp.

Conclusion : Although the condylar blade plate is technically difficult to apply, it provides stable fixation to obtain good results with less complications for unstable trochanteric fractures of the femur, especially even in the presence of osteoporosis.

Key Words : Femur, Trochanteric fracture, Condylar blade plate

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