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= Abstract =

Clinical Study on Operative Technique and Management of Tibial Condylar Fractures

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We reviewed fifteen cases of tibial condylar fractures, especially, Schatzker type treated with hybrid method from January 1995 to May 1997. We attained satisfactory bony union in all cases.

There were not serious complications such as deep wound infection and severe angular deformity, but partial ankylosis. After operation, the patients could do knee motion exercise immediately and had no difficulty in getting maintenance of reduction and fracture healing. In conclusions, the hybrid method is an excellent treatment in soft tissue care, maintenance of reduction, and early ambulation and fracture healing in the cases of tibial condylar fractures.

KeyWords : tibial condylar fractures, hybrid method.

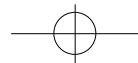
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Table 1. Age and Sex distribution

Age	Male	Female	Total	%
20	2	-	2	13.3
21	30	1	-	6.6
31	40	6	-	40
41	50	2	-	13.3
51	60	2	-	13.3
61	1	1	2	13.3
Total	14	1	15	100

Schatzker type VI
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Table 2. Type of Fractures

Type	No of case
Closed	11
Open	2
Gustilo - I	2
Gustilo - II	2

Schatzker type VI

Table 3. Methods of Fixation

Fixation method	No. of cases
External fixation + T-Plate	8
External fixation + Screw	7
Total	15

1.

1995 1 1997 5

Schatzker type VI

15

Blokker

(Table 7).

Table 4. Time of weight bearing

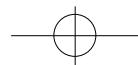
Time of weight bearing	No. of cases
4 - 5 wks.	10
6 - 8 wks.	3
8 - 10 wks.	2
Total	15

Table 6. Complications

Complications	No of case
Infection	
- minor pin tract infection	6
Angular deformity	
- corrected	1
Partial ankylosis	3
Total	10

Table 5. Radiographic evaluation of pre-op. post-op. and follow-up

	pre-op.	post-op.	follow-up.
articular diastasis	7mm	2mm	3mm
articular depression	6mm	1mm	2mm
	pre-op	post-op	follow-up
varus	5 °	2 °	3 °
valgus	7 °	1 °	3 °

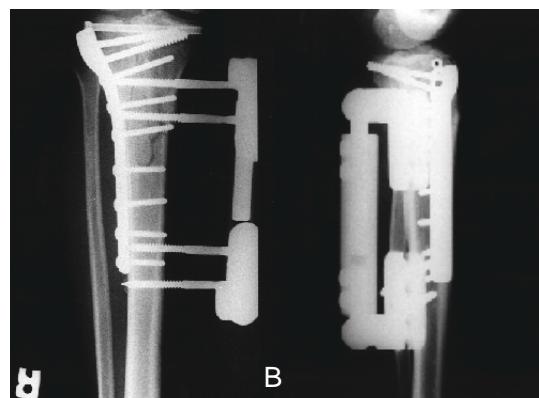
**Table 7.** The criteria for a result (by Blokker)

Clinical satisfactory results	Radiological satisfactory results
occasional mild pain or barometric ache with lack of extension of less than 10 ° in addition 90 ° flexion and were able to pursue full activities with no interference in work or at recreational activities	residual depression less than 5mm, condylar widening of less than 5mm and varus or valgus angulation of less than 10 ° on a standing A-P roentgenogram

* An unsatisfactory result was noted if these standards were not met.



A



B



Fig 1-A. Preoperative radiographs showing tibial condylar fracture with Schatzker type VI.

B. Postoperative radiographs with Hybrid method.

C. Postoperative 8weeks with removal of External fixator.

2.

17	,	65	38
,		14 (93%),	1 (7%)
가	,	30	6 ,
			(Table 1).

3.

12 (80%),	3
가	.

4.

, Schatzker type VI

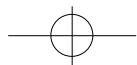


Fig 2-A. Preoperative & post operative radiographs.

B. Postoperative 4 weeks showing well alignment and removal of joint bridging ring fixator.

C. Postoperative 1 year showing no angular deformity and well united.

11 (79.4%)

(Table 2).

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(Ilizarov ring fixator, orthofixR)

(Table

3)

(Fig 2)

2

1

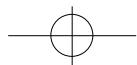
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8

1



(Table 4).

6,8,11,15,16,20,21,24)

15 12 (80%) Blokker
가 3 가 ,
(20%) , 3,8,12,22,26), ilizarov

가 7mm 가
2mm, 3mm 가 가
6mm, 1mm, ,
2mm 가 , Schatzker type
5° 2°,
7° 1° 18,22,26) . ilizarov
, (75%
3°) . 가

(Table 5).

Ilizarov ring hinge

(Table 6).

Schatzker type

Schatzker type

Schatzker type

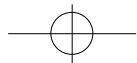
Hohl Luck¹¹⁾

4

, Salter

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cast-brace

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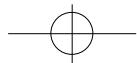
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