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Type II

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= Abstract =

Operative Treatment of Type II Distal Clavicle Fractures

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Type II distal clavicle fractures have been associated with high rates of nonunion and delayed union. Many authors have supported open reduction and internal fixation of these fractures.

Authors analyzed twelve cases of type II distal clavicle fractures which had been treated operatively at department of orthopaedic surgery, Korea university, Ansan and Guro Hospitals from May 1991 to September 1997 and reviewed the result of operative treatment retrospectively.

The results were as follows;

1. Among the 12 cases, male was 8, female was 4 and the average age of them was 25.6 years.
2. According to the classification by Neer and Rockwood, type IIa was 5 cases and IIb was 7 cases.

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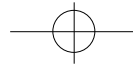
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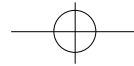


Excellent : patients were asymptomatic and capable of unrestricted use of the extremity

Good : patients were able to resume their former occupation but complained of a mild nondebilitating reduction in motion, loss of strength, or pain

Fair : patients had persistent discomfort, weakness, or loss of motion significant enough to interrupt the patients preferred lifestyle on a daily basis but still allow the patient to pursue most desired activities or remain at his preinjury employment status, with little or no modification of work requirements

Poor : patients had a residual disability causing a significant alteration in their work or lifestyle



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(fair)	(poor)			
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	II	K-	8	1 12
	. 12	1 4 5		(Fig 1).

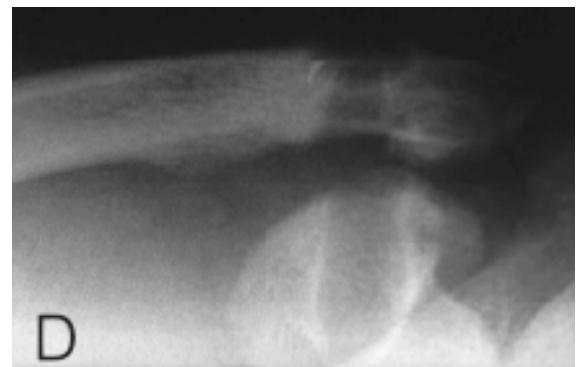
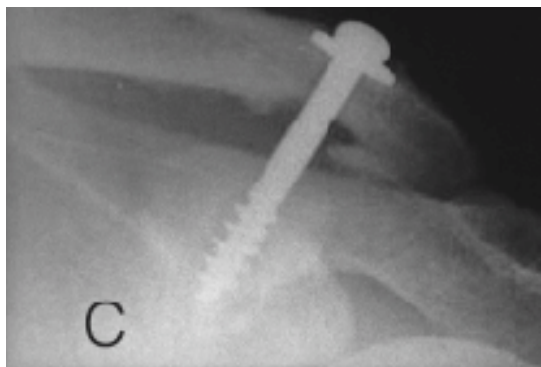
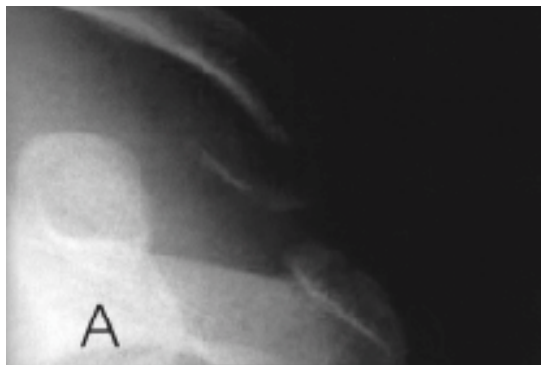


Fig 1-A. This thirty-one years old male patient showed type IIB distal clavicle fracture.
 B. Coracoclavicular screw fixation was visible in postoperative radiograph.
 C. After four years and five months postoperatively, screw was well fixed.
 D. Coracoclavicular distance was well maintained after screw removal. This patient showed full range of motion and no symptom.

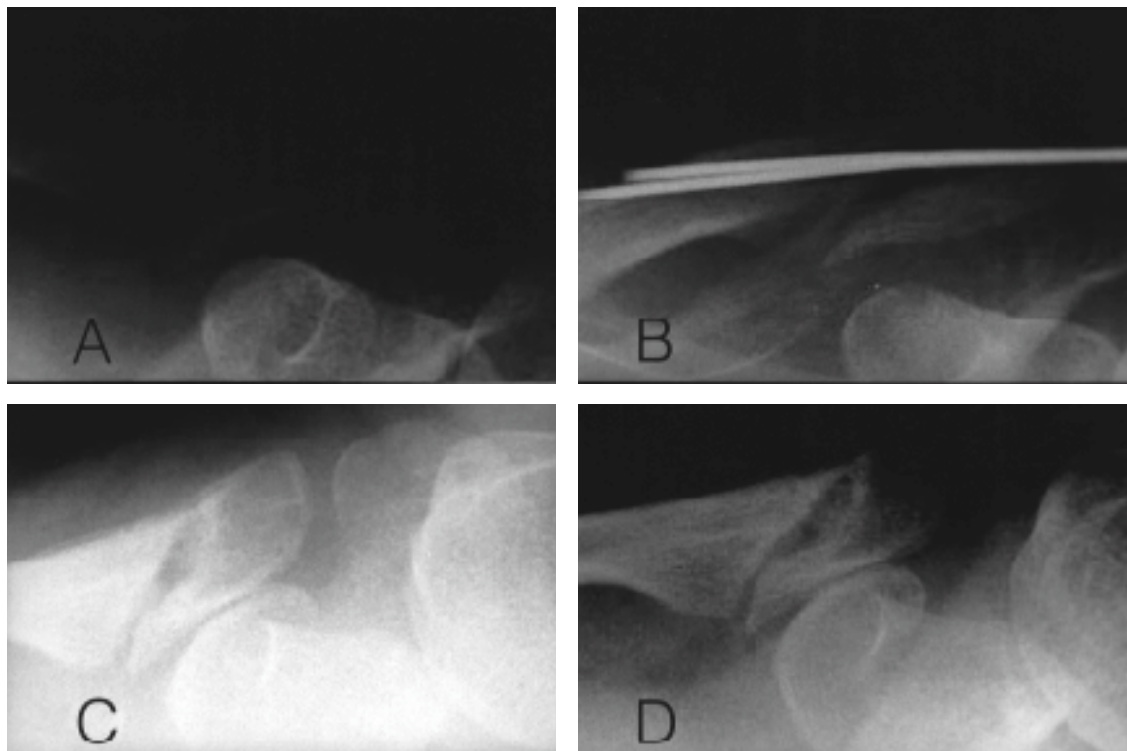
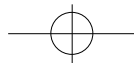


Fig 2-A. This forty years old male patient showed type IIA distal clavicle fracture.

B. Closed reduction and transacromial K-wire fixation was performed.

C. After three months postoperatively, radiograph showed delayed union.

D. Fracture union was obtained after twenty-three weeks. This patient resulted full range of motion and mild pain.

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(Fig 2).

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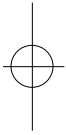
K- 10 8 K- 20-30%¹¹⁾
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6,10,11,14)

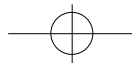


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 , 가 ,
 , K-
 ,
 Weaver-Dunn
 Edwards ⁵⁾ 20 30% Neer^{10,11)} 가 K-
 , 45% , Neer¹³⁾
 . Nordqvist ¹⁶⁾ 110 K-
 15 II . Eskola ⁶⁾
 가 22% 23 II 20
 , 10 8 K-
 , 19
 , 25%
 (fibrous union) Nordqvist ¹⁶⁾ Edwards ⁵⁾ 43 2
 sling 13 , 9
 Petersson¹⁸⁾ K- 2 steinmann
 . pin ,
 II 가
 . 10 K- Hessmann ⁸⁾
 , 2 , PDS banding
 K- 60% K-
 K-
 20% Goldberg ⁷⁾ 9 II
 Dacron graft
 , Dacron graft
 II (osteolysis) 가
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 K- (transarticular or 12 , 9
 extraarticular), (cerclage wiring), T , 3 K-
 , , PDS Suture , 12 10
 banding, Knowles pin Steinman pin, Dacron
 . K- . Craig³⁾ Knowles pin
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12 II

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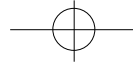
가 K-

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