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Salter-Harris Type &

= Abstract =

Treatment of Distal Tibial Epiphyseal Fracture Salter-Harris Type &

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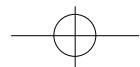
It is known that the Salter-Harris type I and II fractures of the distal tibial epiphysis usually can be treated by conservative method. But according to Spiegel, unpredictable group (type II) fractures might have more complications than expected when treated by conservative method without accurate reduction. Eleven cases in type I or II fractures were treated at the National Police Hospital between March 1992 and March 1997.

If more than 2mm displacement was present compared to contralateral side after closed reduction, open reduction and internal fixation method was done and in those all cases, periosteal interposition was found on the operative field that might interrupt anatomical reduction and cause late complications such as angular deformity.

Key Words : Distal tibia, Epiphyseal fracture, Displacement

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				Salter-			
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Harris	Type I	(S-H Type)	,			
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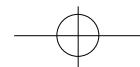
Table 1. Case Summary.

Case	Cause of Injury	Age	Sex	Type	Treatment
1	T.A.*	9	F	Tibia-Fibula-Torus fx	OR/IF † with Steinmann pin
2	T.A.	11	M	Tibia-Fibula fx	OR/IF with K-wire
3	T.A.	13	F	Tibia-Fibula fx.comm.	OR/IF with Screw
4	T.A.	4	M	Tibia-Fibula fx	OR/IF with K-wire
5	T.A.	2	F	Tibia-Fibula fx	OR/IF with K-wire
6	T.A.	10	M	Tibia-Fibula fx	OR/IF with K-wire
7	Slipdown	14	F	Tibia-Fibula fx	CR & Cast
8	Slipdown	13	F	Tibia-Fibula fx	CR & Cast
9	T.A.	3	M	Tibia-Fibula fx	CR & Cast
10	Falldown	9	M	Tibia-Fibula fx	CR & Cast
11	Slipdown	12	M	Tibia-Fibula fx	CR & Cast

* T.A. : Traffic Accident

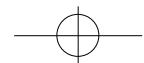
† OR/IF : Open Reduction and Internal Fixation

‡ CR : Closed Reduction



3.
 11 S-H Type 4 , 3.
 Type 7 7
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 5 14
 ,
 4. 6 1 (S-H Type , K-
 5 (S-H Type 2 , Type 3))
 , 6 (S-H Type 2 ,
 Type 4) 11 16
 7 2mm , , ,
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 2mm
 , 2 3
 2mm
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 3 1.
 K- , 13 S-H Type
 Steinmann pin 4mm
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 4 S-H Type
 3mm
 3mm K-
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 1. 12
 2mm 7
 6
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 (Fig1-A,B,C,D).
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 3.
 2 S-H Type 5mm
 3mm K-
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 13
 (Fig3-A,B,C,D).





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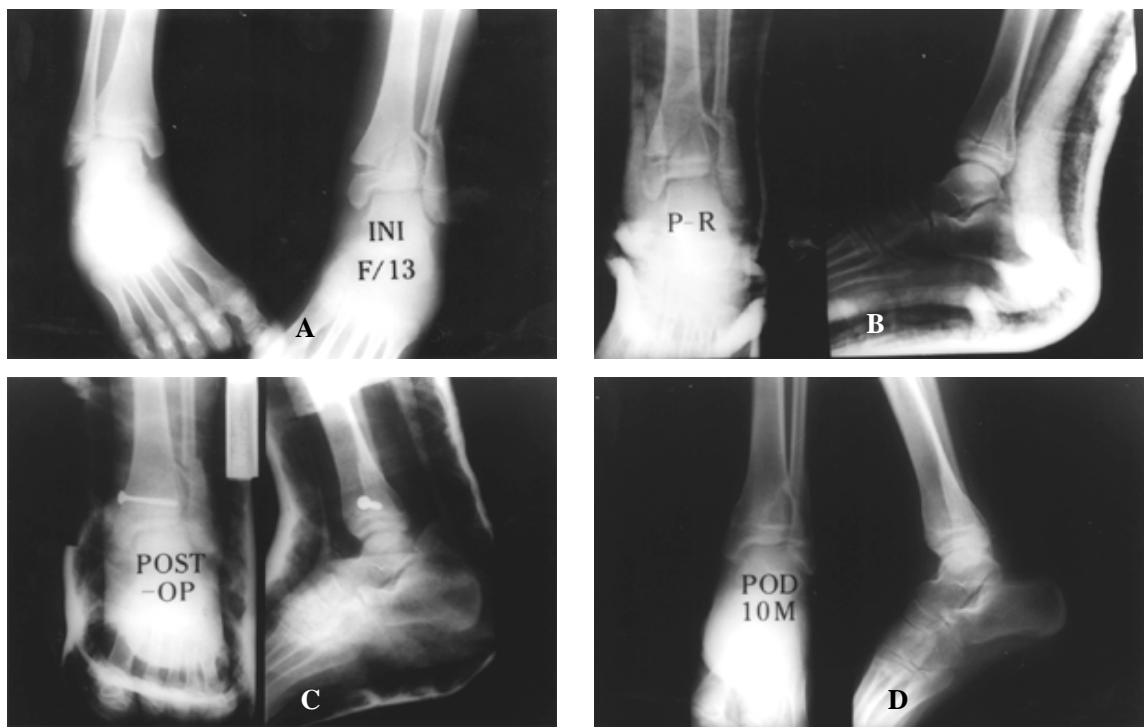


Fig 1-A. 13 years-old female patient. Salter-Harris type II. Initial both AP radiograph shows 4mm displacement compared to contralateral side.

B. Post-reduction radiograph shows no change.

C. Post-op radiograph. Screw fixation state.

D. Postoperative 10 months radiograph.

Salter-Harris ⁹⁾	(low risk group)		Salter-Harris Type , Type		Type , 2mm †
	Type	Type	Type	Type	
Rang ⁸⁾					(unpredictable group)
Type	†				(high risk group)
5)	2)				
11	2	Type	2mm	†	Type
					Juvenile Tillaux
Type		†		group	6.7%, 16.7%, 32%
Salter-Harris , , , , ,					

Spiegel ¹⁰⁾ 237

S-H type
†

This table summarizes the distribution of Salter-Harris types across different risk groups. The top section shows the overall distribution for low-risk (Type I) and high-risk (Type II) groups. The bottom section provides more detailed data for each type, including the number of cases (11, 2), the Salter-Harris type (e.g., Type II), the percentage (6.7%, 16.7%, 32%), and the presence of Juvenile Tillaux syndrome (†). Spiegel (10) reported 237 cases.

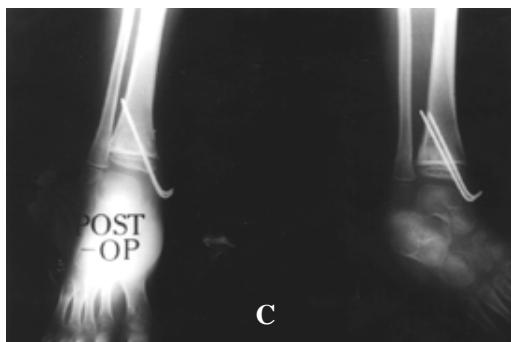
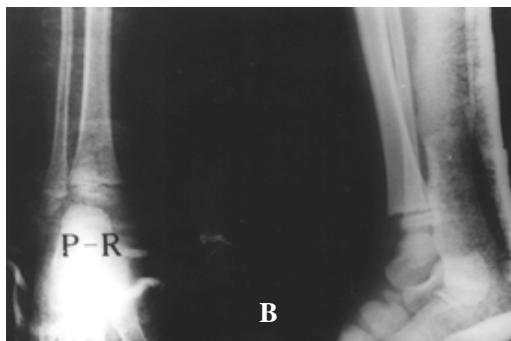
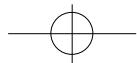


Fig 2-A. 4 years-old male patient. Salter-Harris type II. Initial both AP radiograph shows 3mm displacement compared to contralateral side.
B. Post-reduction radiograph shows no change.
C. Post-op radiograph. K-wire fixation state.
D. Postoperative 12 months radiograph.

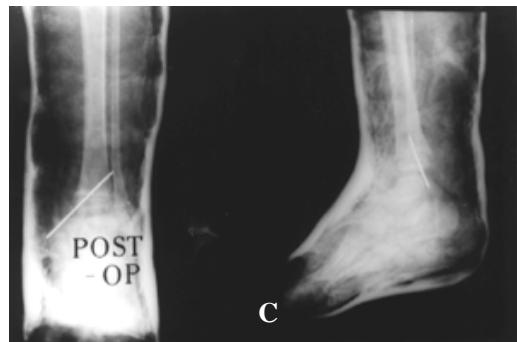
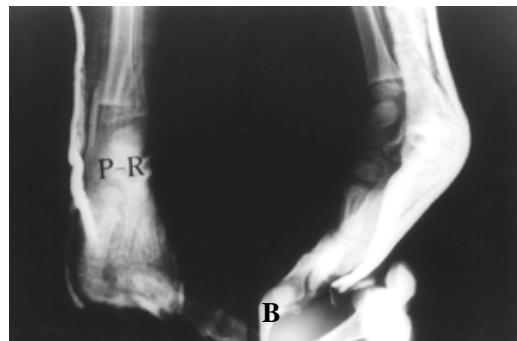
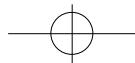


Fig 3-A. 2 years-old female patient. Salter-Harris type I. Initial radiograph shows 5mm displacement.
B. Post-reduction radiograph shows 3mm displacement compared to contralateral side.
C. Post-op radiograph. K-wire fixation state.
D. Postoperative 13 months radiograph.



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type II

type III IV

REFERENCES

- 10)
3) Kling 7) type II
†
1) 2mm
6 2
Canale 4) †
2mm
2mm
1992 3 1997 3
S-H Type
11 ,
2mm
1) , , , , , :
1996.
2) , , , , :
, 8-2:378-385, 1995.
3) , , , :
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† 2mm

