

13 , 4 , 2000 10

The Journal of the Korean Society of Fractures
Vol.13, No.4, October, 2000

< >

: (threaded Steinman)

	1989	1	1998	12			
52 (I))	27 (51.9%)		1		. 25 (48.1%)	, threaded Steinman 가	(II)
		Anderson					
		12.3 , II		13.2	Anderson		21
1 , (84%), II	22 (81.5%)		4 ,	2		2 ,	

Steinman

2,22)

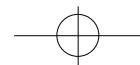
가

2,9,10,18,19,23,24)

6-2 (T 134-791)

Tel : (02) 2225-1352
Fax : (02) 487-0754





			45	, II	27	72
			47.5			
		13)	.	I		
		,				
가가	52	.	(56%) 가	가 6 (24%),		
			3 (12%),	2 (8%) , II		
		,		가 16 (59.2%) 가		
				가 6 (22.2%),	5 (18.5%)	
				1/3,	1/3,	1/3
				I		
				(48%) 가	II	
				1/3 27 (50%)		가
						(Table 1).
1989 1	1998 12					,
1	가가	52	I			13 ,
,			8 ,	4		12
(25)		,	,		8 ,	5 . II
Steinman		(27)			12 ,	
I , II		.	11 ,	4		13 ,
42 (80.8%),	10 (19.2%)			9 ,	5	(Table 2).
	47 (25				24 (46.2%) 가	
73)			37		25 (48.1%) 가	
(71.2%) 가	I	25	69	.	8 (15.4%)	, Anderson

Table 1. Level of fractures

	Proximal 1/3		Middle 1/3		Distal 1/3	
	Radius	Ulna	Radius	Ulna	Radius	Ulna
Group I*	6	5	13	11	6	9
Group II†	7	8	15	12	5	7
Total	13	13	28	23	11	16

* Group I : Plate & screw fixation in radius and ulna.

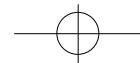
† Group II : Plate & screw fixation in radius & threaded steinman pin fixation in ulna.

Table 2. Types of fracture

	Transverse		Communited		Oblique or Spiral	
	Radius	Ulna	Radius	Ulna	Radius	Ulna
Group I*	8	12	4	5	13	8
Group II†	12	13	4	5	11	9
Total	20	25	8	10	24	17

* Group I : Plate & screw fixation in radius and ulna.

† Group II : Plate & screw fixation in radius & threaded steinman pin fixation in ulna.



1018 •

/ 13 4

Gustilo 12)
8 1 5 , 2 3
 3

가
가

52 25 (48.1%)
, 27 (51.9%)

Steinman

8

Steinman
1/2 Henry
1/2 Thompson

,
bicipital tuberosity view technique
tuberosity

Evans⁹⁾
bicipital

1cm

가 Anderson²⁾

(Table 3).

T-

(T-test)

C-arm Steinman
3
가 10 (19.2%)
Anderson²⁾ 1/3 가
8 (15.4%), 2 2
(3.84%)

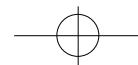
가

가

가

Table 3. Evaluation of the functional results(by Anderson)

Excellent	union less than 10 degree loss of flexion-extension less than 25 % loss of pronation-supination
Satisfactory	union less than 20 degree loss of flexion-extension less than 50 % loss of pronation-supination
Unsatisfactory	union more than 30 degree loss of flexion-extension greater than 50 % loss of pronation-supination
Failure	non-union with or without loss of motion



가

	I	12.3	, II	,	
가†	13.2 (p<0.05),				
I	96.5			Anderson ¹⁾	
68.7		, II		,	
		가†			
(p<0.05).					Sage ²³⁾
가†	Anderson ²⁾				
(Excellent)	(Satisfactory)			,	
(Unsatisfactory)	(Failure)		가†		가†
I 25	21 (84%)			Kight	Purvis ¹⁷⁾ , Hughston ¹³⁾
II 27	22 (81.5%)				Rockwood ²²⁾

(p>0.05) (Table 4).

	I	2	,	1	
,	1		II		Hughston ¹³⁾
4 ,	2	.	II	4	
					가†
6					
가†			3		
				1,2,7,11,15)	
					52

1 Evans⁹⁾ bicipital

tuberosity view technique

Burwell Charnley⁶⁾
가†

8,14)

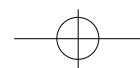
(ordinary plate)

Table 4. Functional result

Method	Excellent	Satisfactory	Unsatisfactory	Failure
Group I*	13	8	2	2
Group II†	10	12	3	2
Total	23	20	5	4

* Group I : Plate & screw fixation in radius and ulna.

† Group II : Plate & screw fixation in radius & threaded steinman pin fixation in ulna.



1020 •

/ 13 4



Fig 1A. A 36 years old male patient had transverse fracture of middle 1/3 of radius and oblique fracture of middle 1/3 of ulna by traffic accident.

1B. Open reduction and internal fixation with compression plate in radius and ulna.

1C. Radiograph at post operative 12 month shows that the fracture is well united.

(compression plate)
Janes⁴⁾

, Bagby³⁾
Bagby
2,14)

3
1/3
가

, Sargent Treipner²⁵⁾

가 double plate

1/3
8 2 2

가

Muller¹⁹⁾ 가
dressing , Sage²³⁾
Anderson²⁾

Rush
Bradford Adams⁵⁾

Steiman

가

I (25)
, II (27)

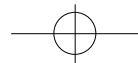
가

I 12.3 , II

가

Anderson²⁾ 13.2
(p<0.05)

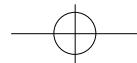




, (Steinman
)

REFERENCES

- 1) **Anderson, L.D., Sisk, T.D., Toom, R.E. and Park, W.I.** : Compression plate fixation in acute diaphyseal fractures of the radius and ulna. *J Bone Joint Surg*, 54-A : 1332-1333, 1972.
- 2) **Anderson, L.D., Sisk, T.D., Toom, R.E. and Park, W.I.** : Compression plate fixation in acute diaphyseal fractures of the radius and ulna. *J Bone Joint Surg*, 57-A : 287-293, 1975.
- 3) **Bagby, G.W.** : Compression bone-plating. historical consideration. *J Bone Joint Surg*, 59-A : 625-631, 1977.
- 4) **Bagby, G.W. and Janes, J.M.** : The effect of compression on the rate of fracture healing using a special plate. *Am. J. Surg.*, 96 : 761-771, 1958.
- 5) **Bradbord, C.H., Adams, R.W. and Kilfoyle, R.M.** : Fracture on both bones of the forearm in adults. *Surg., Gynec. Obstet.*, 96 : 240, 1953
- 6) **Burwell, H.N. and Charnley, A.D.** : Treatment of forearm fractures in adults with particular reference to plate fixation. *J Bone Joint Surg*, 46-B(3) : 404-425, 1964.
- 7) **Chang U.C., Soo H.R., Wan S.C., and Jae W.K.** : A clinical result of the fracture of the forearm bone shaft in adult. *J. of Korean Orthop. Assoc* 19(2) : 339-350, 1984.
- 8) **Chung N.K., Jong H.K., Dong W.K., Young D.G., Jae D.Y., Jong K.O. and Jin C.** : The operative treatment of the shaft fractures of the forearm bone. *J. of Korean Society of fractures* 11(1) : 63-69, 1998.
- 9) **Evans, E.M.** : Rotational deformity in the treatment of fractures of both bones of the forearm. *J Bone Joint Surg*, 27 : 373, 1945.
- 10) **Evans, E.M.** : Fracture of radius and ulna. *J Bone Joint Surg*, 33-B : 548-569, 1951.
- 11) **Grace, T.G. and Eversmann, W.W., JR.** : Forearm fractures. treatment by rigid fixation with early motion. *J Bone Joint Surg*, 63-A : 433-438, Apr 1980.
- 12) **Gustilo, R.B. and Anderson, J.T.** : Prevention of infection in the treatment of one thousand and twenty-five open fractures of long bones. retrospective and prospective analysis. *J Bone Joint Surg*, 58-A : 453-458, June 1976.
- 13) **Hughstone, J.C.** : Fractures of the distal radius shaft. mistakes in management. *J Bone Joint Surg*, 39-A : 249-264, 1957.
- 14) **Hyun D.S., Kwang J.R., Jun Y.Y., Sung H.Y. and Mun J.L.** : Comparison of the clinical results between the plate fixation and intramedullary nailing for the diaphyseal both forearm bone fractures. *J. of Korean Society of fractures* 12(1) : 135-144, 1999.
- 15) **In H.C., Dae K.B. and Bong K.K.** : Compression plate fixation in the treatment of diaphyseal fractures of the radius and ulna. *J. of Korean Orthop. Assoc* 15(1) : 43-49, 1980.
- 16) **Kaufer H., Sonstegard D.A., Garver D.F. and Matthews.** : Quantification of the effect of angular malalignment of the forearm bones upon the range of pronation-supination. *Trans Orthop Res Soc*, 2 : 134, 1977.
- 17) **Knight, R.A. and Purvis, G.D.** : Fractures of both bones of the forearm in adult. *J Bone Joint Surg*, 31-A : 755-764, 1949.
- 18) **Marek, F.M.** : Axial fixation of forearm fractures. *J Bone Joint Surg*, 43-A : 1009-1114, 1961
- 19) **Muller, M.E., Allgower, M., Schnerder, R. & Willengger, H.** : Manual of internal fixation. 2nd Ed, *Springer-Verlag Co* : 182-187, 1979.
- 20) **Peter J. stern, M.D.** : Complications of plate fixation of forearm fracture. *Clin Orthop*, 175 : 25-29, 1983.
- 21) **Richard R. and Tarr M.S.** : The effect of angular and rotational deformities of both bones of the forearm. *J Bone Joint Surg*, 66-A : 65-70, 1984.
- 22) **Rockwood, C.A. Green D.P. and Bucholz R.B.** : Fractures in adults. 3rd ed. Vol 1, pp.679-719,



Philadelphia, *J B Lippincott Co*, 1991

- 23) **Sage, F.P.** : Fractures of the shafts and distal ends of the radius and ulna. *Instructional course lecture* 20 : 91-115, 1971
- 24) **Sage, F.P.** : Medullary fixation of fractures of the forearm. a study of the medullary canal of the radius and a report of fifty fractures of the radius treated with a prevent triangular nail. *J Bone Joint Surg*, 41-A : 1489-1516, 1959.
- 25) **Sargent, J.P. and Treipner, W.A.** : Treatment of forearm shaft fractures by double-plating. a preliminary report. *J Bone Joint Surg*, 47-A : 1475-1490, 1965

Abstract

Treatment of Diaphyseal Fractures of the Forearm Both Bones

Jae-Ik Shim, M.D., Taik-Seon Kim, M.D., Sung-Jong Lee, M.D.,
Suk-Ha Lee, M.D., Young-Bae Kim, M.D., Jeong-Ro Yoon, M.D.,
and Jeong-Su Yoo, M.D.

Department of Orthopaedic Surgery, Korea Veterans Hospital, Seoul, Korea

Purpose : To analyze the clinical and radiological result of diaphyseal fractures of the forearm both bones treated by plate fixation and plate fixation with intramedullary nailing.

Materials and methods : We reviewed 52 cases of diaphyseal fractures of the forearm both bones in adults that were treated and the follow-up period was 1 year above. The first group(I), 25 cases(48.1%) were treated with plate fixation in radius and ulna, the second group(II), 27 cases(51.9%) were treated with plate fixation in radius and threaded Steinman pin fixation in ulna. we analyzed the results by average union time and functional result according to Anderson 's criteria.

Results : The mean duration of union was in the first group, 12.3 weeks in the second group, 13.2 weeks. By Anderson 's criteria, in the first group, 21 cases(84%) and in the second group, 22 cases(81.5%) had a good result. As complications in the first group, non-union 2 case, angulation deformity 1 case, rotational deformity 1 case and in the second group, non-union 4 cases, angulation deformity 2 cases.

Conclusion : We considered that satisfactory results can be obtained by rigid internal fixation with plates in radius & ulna and early mobilization in fractures of forearm both bones in adults and according to the type of fracture, Fixation with plate in radius and threaded Steinman pin in ulna was one of the proper methods.

Key words : Both forearm bones fractures, Plate fixation, Intramedullary nailing.