

15, 2, 2002 4

The Journal of the Korean Society of Fractures
Vol.15, No.2, April, 2002

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:

:1998 1 2000 8 21

52 (20 -73) 가 14

, AO/OTA

A1 8 , A2 6 , A3 3 , C1 4

1-2cm

(narrow LC-DCP, Synthes®, Swiss)

:

15.2 (8-24)

13.2

1

, 5

1cm

. 1

가

가 3

가

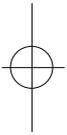
Olerud Molander ankle score 89.1%

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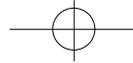


Fig 1-a (Case 18) : The initial film showed a transverse fracture of the distal tibia with a grade I open wound. With the use of a distracter, a temporary reduction was gained and the plate was inserted. The post-operative film shows a well-reduced state.

Fig 1-b : At 14 weeks, the fracture was united and the motion of the ankle was nearly normal with minimal operative scarring on the medial leg.

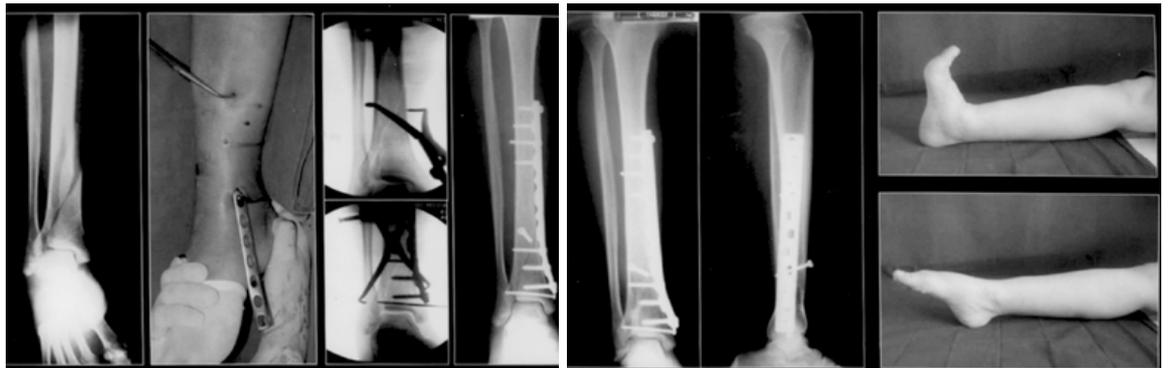


Fig 2-a (Case 3) : The initial film shows a spiral fracture of the distal tibia extending to the ankle joint. With manual traction and reduction-forcep, the plate was inserted subcutaneously and a good alignment was achieved.

Fig 2-b : At 10 weeks, the fracture was united and the motion of the ankle was satisfactory.



20 , 15.2 (8-24) , 5 1cm
 , 13.2 (6- , 1 (dressing)
 22) . 86 (50-120) , , 5
 326.5 (215-420) . ,
 10
 1 ,



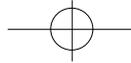


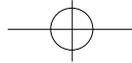
Table 1. Patients of distal tibia metaphyseal fractures treated by percutaneous plate osteosynthesis

No	Sex	Age (Years)	*Class	Open fracture (Gustilo)	Union time (weeks)	#OMA score	Complications
1	M	49	43A2		12	95	
2	M	61	43A1		16	85	
3	F	50	43A1		10	90	
4	F	20	43A1		8	100	
5	F	57	43A3		12	90	
6	M	55	43A2		16	90	
7	M	53	43A1		12	90	
8	F	55	43A2		16	90	
9	M	42	43A1		12	95	
10	M	44	43A2		14	95	
11	M	57	43C1	I	20	80	
12	F	48	43C1		16	95	
13	M	33	43A1		12	85	
14	M	73	43A3		20	80	
15	F	59	43A2		16	90	
16	M	46	43A3		24	80	Internal rotation 10°
17	F	44	43C1		20	85	
18	M	55	43A2	I	14	90	
19	M	72	43C1		20	85	
20	M	63	43A1		16	90	
21	M	54	43A1		16	90	
Mean		51.9			15.2	89.1	

* Class is the fracture classification of the distal tibia fractures according to AO/OTA.

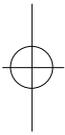
#OMA score is the functional score of the ankle according to Olerud-Molander.

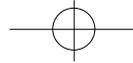
가 , (가 가 ,)
 5) 가3 (indirect reduction)
 score 89.1% , 가
 (80-100) (Table 1).
 가 .
 AO/ASIF
 가 ,



가 , 가
 4, 10, 12, 14, 20)
 ,
 3, 5, 21)
 , 가
 1, 18)
 ,
 가
 6, 8, 9, 16, 19)
 ,
 15),
 가
 . 가
 , 가
 7).
 (narrow LC-DCP,
 Synthes®, Swiss)
 Helfet 11)
 (semitubular plate)
 가 ,
 가
 , 가
 , 가
 , 가
 . 10
 가 1
 (twisting)
 ,
 -

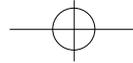
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Abstract

Treatment of distal tibia metaphyseal fractures by percutaneous plate osteosynthesis

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Purpose: We retrospectively reviewed the outcomes and efficacy of the percutaneous plate osteosynthesis for the distal tibia metaphyseal fracture.

Materials and Methods: Twenty-one patients suffering from fractures of the distal tibial metaphysis, with or without minimally displaced extension into the ankle joint, were treated by percutaneous plate osteosynthesis with narrow LC-DCP. According to the AO/OTA classification, 17 fractures had no articular involvement (A1=8, A2=6, A3=3) while 4 included intraarticular extension (C1=4).

Results: At the final follow-ups(mean=20months), all the fractures healed without second procedures and the mean union time was 15.2 weeks. Only one patient had a malunion of rotational deformity due to inadequate prebending of plate, but there were no angular deformities over 5 degrees nor any shortenings of more than 1cm. There were no deep infections, nor any soft tissue compromise. Three patients had a partial limitation of ankle motion, but all the patients had excellent or satisfactory ankle function with mean OMA score of 89.1%.

Conclusion: Percutaneous plate osteosynthesis is a safe and worthwhile method of managing distal tibia metaphyseal fracture while avoiding some of the complications associated with conventional open plating methods.

Keywords: Distal tibia metaphyseal fracture, Percutaneous plate osteosynthesis

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