

가

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: 2000 3 2002 7 23
 7, III 4, IV 1 V Schatzker VI 8 가 I 3, II 가
 가
 2 가 6
 : 23 13 (56%) 가
 11 (48%) 5 (22%)
 3 3 11 8 (73%) 가
 3
 5 8 6 2
 5 , 1
 :
 : , , ,

: 480-130, 65-1
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* 2003

Table 1. Meniscal injuries with Schatzker classification

	Medial meniscus	Lateral meniscus
I (Pure Cleavage)	3	0
II (Cleavage and Depression)	7	4
III (Pure Central Depression)	4	2
IV (Medial Condyle)	1	1
V (Bicondylar)	0	0
VI (Meta / diaphyseal)	8	4
	23	11

MRI

11).
16).
1,6,17).
1,6,8,9)

2000 3 2002 7
1 가 가 23
가 14 , 가 9 가
48 (27 ~78)
17.9 (12 ~39)
가 11 가 5 ,
3 , 2
가 1 Schatzker
14) I (pure cleavage) 3 , II
(cleavage and depression) 7 , III (pure central de-
pression) 4 , IV (medial condyle) 1
V (bicondylar) VI (meta-diaphyseal)
8 가
MRI

all-inside
inside-out
outside-in
가
Schatzker I II
가
III
가
가 3
가 1
Schatzker
I 3 1 , II 7 5 , III 4
3 IV 1 1 , VI 8 6
가
(Table 1). 11 , 8

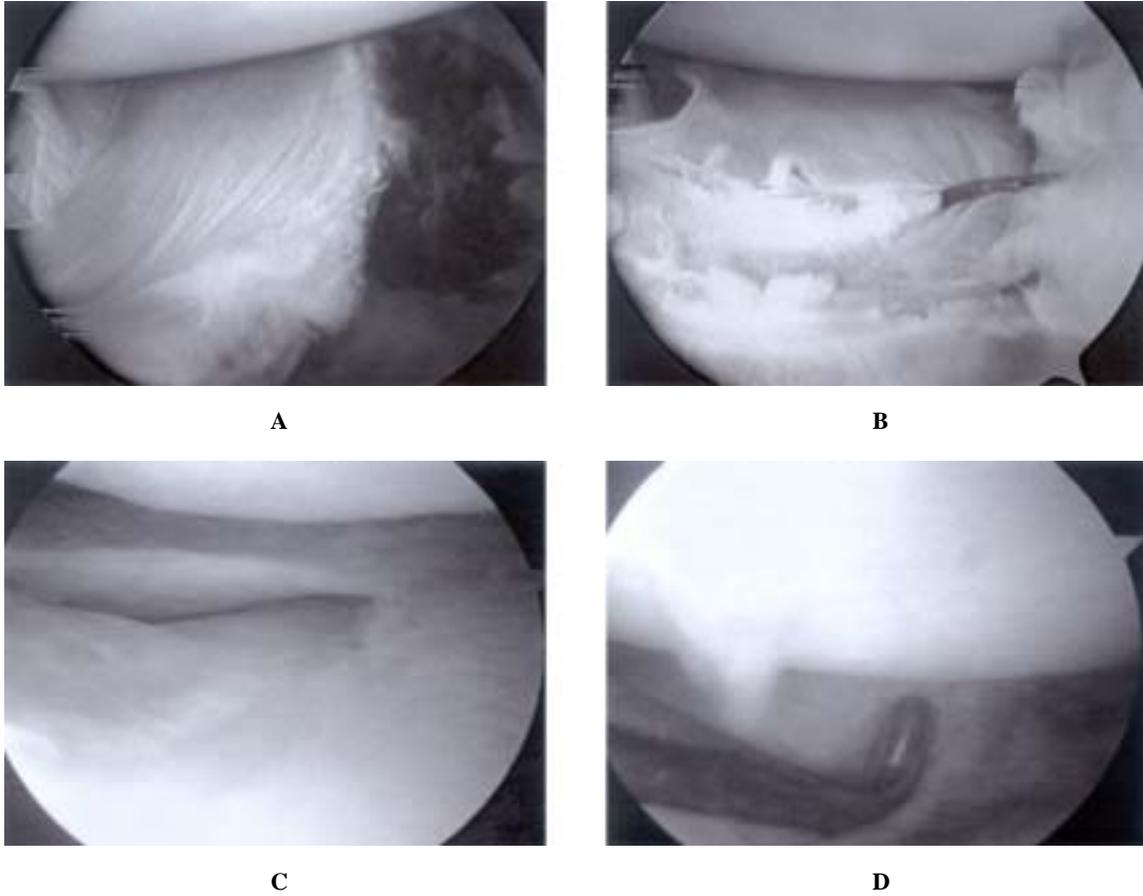


Fig. 1A. Displaced peripheral tear of lateral meniscus extending from anterior to posterior horn with Shatzker type VI tibial plateau fracture.
1B. Meniscal repair was performed using inside-out technique for posterior horn tear and outside-in technique for anterior horn tear.
1C. Second look arthroscopy was done 6 months after the repair.
1D. Healing was evaluated with probing the torn portion, menisco-capsular junction.

(73%) 가 2 . 2
 가 2 . 2
 Henning
 13) 가 5
 (Fig. 1) 1
 가 5 . 11 3
 5
 8 6
 2 . 6 2
 가 4 가

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Abstract

Meniscal Injuries with Tibial Plateau Fractures

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Purpose: The purpose of this study is to evaluate by arthroscopy the incidence of meniscal injury and the result of its treatment in fractures of the tibial plateau.

Materials and Methods: From March 2000 to July 2002, twenty-three patients with tibial plateau fractures were examined and treated by arthroscopy before reduction of the fractures. Following the classification by Schatzker, there were 3 pure cleavage fractures (type I), 7 with cleavage and depression (type II), 4 with pure central depression (type III), one medial condyle fracture (type IV) and 8 with meta-diaphyseal fractures (type VI). Meniscal injuries were treated by meniscectomy or meniscal repair. Second look arthroscopy for patients treated with meniscal repair were performed at 6 months after operation or at time of the fixative removal.

Results: Thirteen knees (56%) were found to have meniscal injuries. There were 11 lateral meniscal tears, eight of which were peripheral and repaired. There were 3 complex lateral meniscal tears which required partial meniscectomy. The five medial meniscal tears were required all partial meniscectomy. Six of the eight patients who were repaired the meniscal tears evaluated by second look arthroscopy. Five patient showed complete healing and one showed incomplete healing.

Conclusion: Every effort should be made to repair the meniscal tears in tibial plateau fractures.

Key Words: Tibia, Plateau fracture, Meniscus injury, Repair

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