

5

가

<	>
:	5
:	1993 3 1996 7 5
22	가
Matta	가 d'Aubigne Postel
:	22 18 (81.8%) 14 (63.6%) 13
(59.1%)	가
1	17 (77.3%) 5 14 (63.6%)
:	가 1 16 (72.7%) 6 가
(59.1%)	가 1 5 13
:	3mm 가 1 가
가	가
가	가
:	:

*

:

1198

가

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*

2001 45

1993 3 1996 7 9
5 22 (40.9%) , 9 (40.9%),
. 가 16 (72.7%), 가 6 4 (18.2%) .
27.3%) 가 , 9 1
2 (22 -66) , (20 -50) 5 1 가
(77.2%) . 가 14 , 4
(6%) 가 , 가 6 (27.2%), , 1
. 38 , 가 (Table 1). 1
18 , 8 , 9 , 2 , 3 17
14 가 . (77.3%) , 5
Judet Letournel 6 , 8 , 3 , 5 14
(68%), 7 (32%) . (63.6%) 가
9 (60%) 가 (Fig. 1A, B, C).
4 (57%) 가 .
1-3 9 1 1
6.2 ,

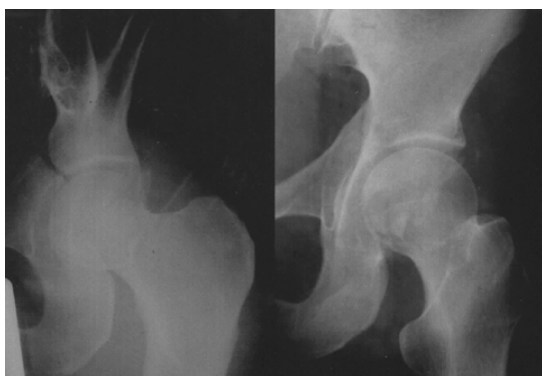


Fig 1-A : Initial radiographs in a 44-year old woman showing a transverse fracture and posterior wall fracture combined posterior hip dislocation. Skeletal traction is applied after closed reduction.

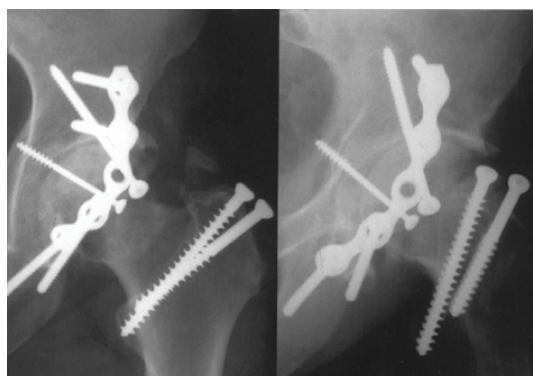


Fig 1-B : Radiographs taken 1-year after the operation showing hip joint narrowing and spur formation. Clinically, the patient shows moderate pain on ambulation and limitation of motion.

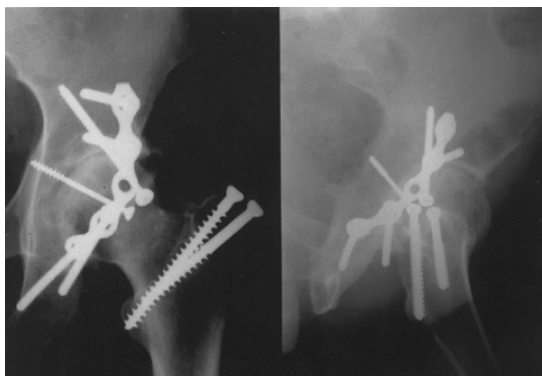


Fig 1-C : Radiographs taken 6 years after the operation shows progression of degenerative change. The results is rated poor radiographically and clinically.

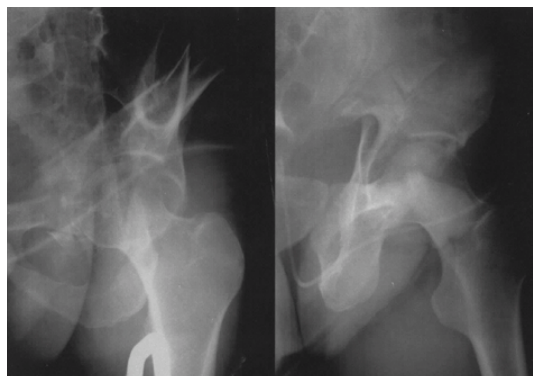


Fig 2-A : Initial radiographs in a 33-year old man showing a T-shaped fracture and posterior wall fracture.

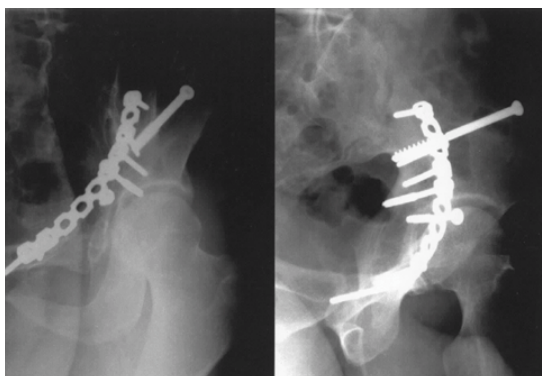


Fig 2-B : Radiographs taken 1-year after the operation showing congruous hip joint and no degenerative change.

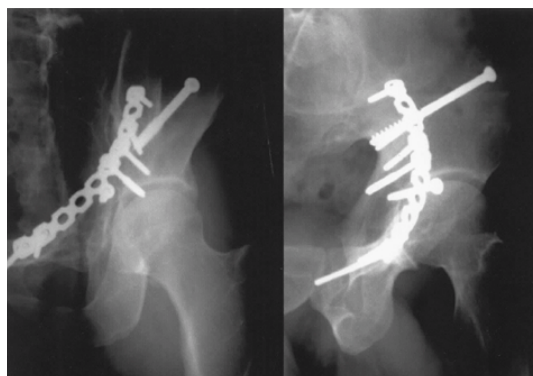


Fig 2-C : Radiographs taken 5-year after the operation showing no interval change.

Table 1. Radiologic results related to anatomic position(1-year/5-year)

	Anatomic	Satisfactory	Unsatisfactory
Excellent	5/4	3/2	0/0
Good	4/5	5/3	0/0
Fair	0/0	1/3	1/0
Poor	0/0	0/1	3/4

9 3 가 , 1

4 1

(Table 2). 1 7 , 9 , 3 ,

3 16 (72.7%)

, 5 6 , 7 , 4 ,

5 13 (59.1%) 1

5

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1

가 17

16 (94.1%)

, 5 가

Table 2. Clinical results related to anatomic position(1-year/5-year)

	Anatomic	Satisfactory	Unsatisfactory
Excellent	5/4	2/2	0/0
Good	4/5	5/2	0/0
Fair	0/0	2/4	1/0
Poor	0/0	0/1	3/4

14 12 (85.7%)

가

(Table 3, Fig. 2A, B, C).

가 ,

2,5,9,10,17).

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Table 3. Distribution of clinical grades within each radiologic grade(1-year/5-year)

Radiologic grade	Clinical grades				
	Excellent	Good	Fair	Poor	Total
Excellent	5/4	3/2	0/0	0/0	8/6
Good	2/2	6/4	1/2	0/0	9/8
Fair	0/0	0/1	2/1	0/1	2/3
Poor	0/0	0/0	0/1	3/4	3/5
Total	7/6	9/7	3/4	3/5	22/22

1

1,13,14). Rowe Lowell¹⁴⁾

1

가

, 1

, 6 12%

. Letournel⁷⁾

10 -25

50%

. Pennel¹³⁾ 5

79%

.

Matta

11)

, (mottling)

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, ,

, (mottling)

(mottling)

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가 ,

가

, 1

5 , 3 가 2

, 2

가

가 , 5 16

(72.7%)

. Rowe

Lowell¹⁴⁾

,

, , Judet

Letournel⁶⁾ 가

, . Matta¹¹⁾

, Pennel¹³⁾

, 가

Matta Merritt¹²⁾ 가

1mm ,

3mm , 3mm 가

. 가 1 3mm

18 17 (94.4%) , 5 14

(77.8%) 가 1 3mm

18 16 (88.9%) , 5

13 (72.2%) 가

가

. 가

3mm 가

가

, 1 가

가 가

가

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Abstract

Assessment of Surgical Treatment of Acetabular Fracture after Minimum Five-year Follow-up

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Purpose : To review the clinical and radiographic results of operative treatment of acetabular fractures for which there were minimum five-year follow-up.

Material and Methods : We reviewed 22 acetabular fracture cases that had been treated operatively from March 1993 to July 1996. Each of the patients had been followed for a minimum five-year. The radiographic results were classified by Matta 's criteria and the clinical results were analyzed according to d 'Aubigne and Postel 's criteria.

Results : Satisfactory reduction were obtained in 18 hips (81.8%), 14 and 13 hips of which were included in good or excellent categories of roentgenographic and clinical results respectively. Overall radiographic results for 17 hips (77.3%) at the one-year follow-up and 14 hips (63.6%) at the minimum five-year follow-up were excellent or good. According to clinical criteria, 16 hips (72.7%) at the one-year follow-up and 13 hips (59.1%) at the minimum five-year follow-up were classified as excellent or good.

Conclusion : Follow-up roentgenographic and clinical results were good or excellent in satisfactory reduction group. Therefore the accuracy of reduction is an important prognostic factor in acetabular fracture. The results were worse at the minimum five-year follow-up than at the one-year follow-up. Late-postoperative complication is expected to increase as time passes.

Key Words : acetabular fracture, surgical treatment

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