

Complex forearm fractures

Disclosure: No potential conflicts of interest

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I have no financial relationships with commercial entities that produce health-care related products.

Hvad definerer en kompleks skade?

Bløddele:

Åben skade

Decollement

Compartmentsyndrom

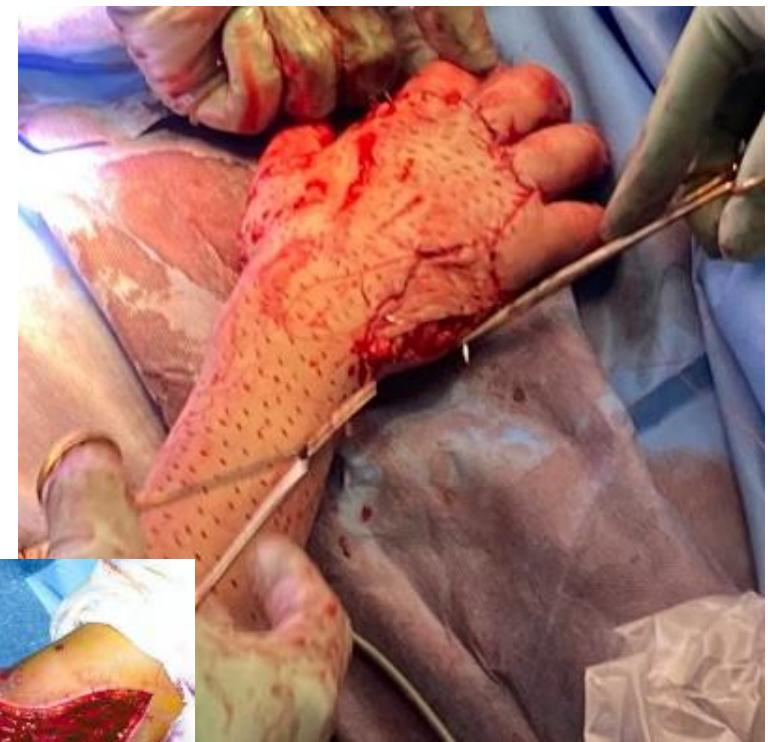
Kar/nerve

Fraktur:

Komminut

Segmentær

Fraktur + luksation



Bløddelsskader

Håndteres på vanlig vis:

Plastikkir

Håndkir

Karkir

Evt DCO

Revision + IV AB

Definitiv behandling

Når styr på det andet

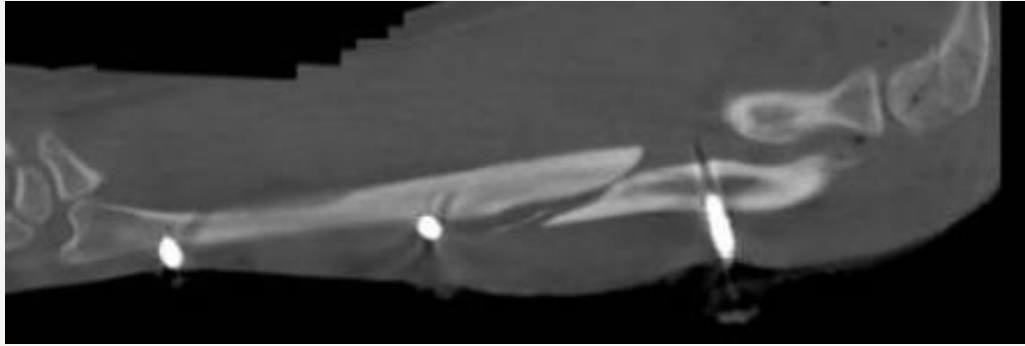


Komminutte/segmentære

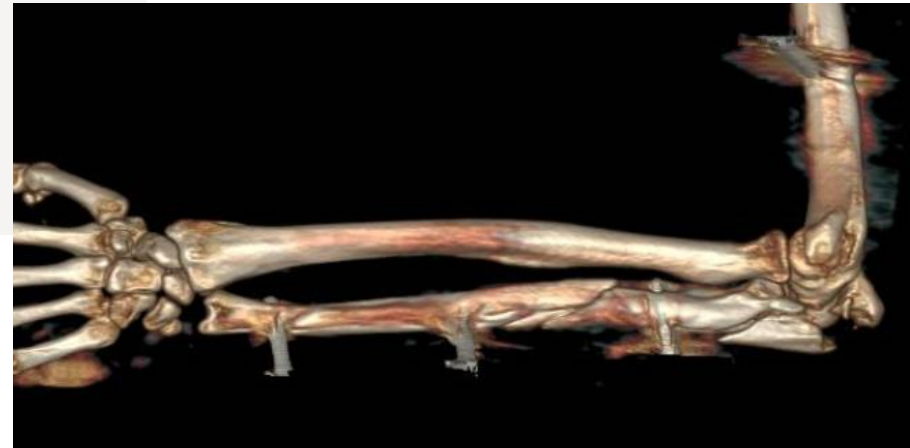
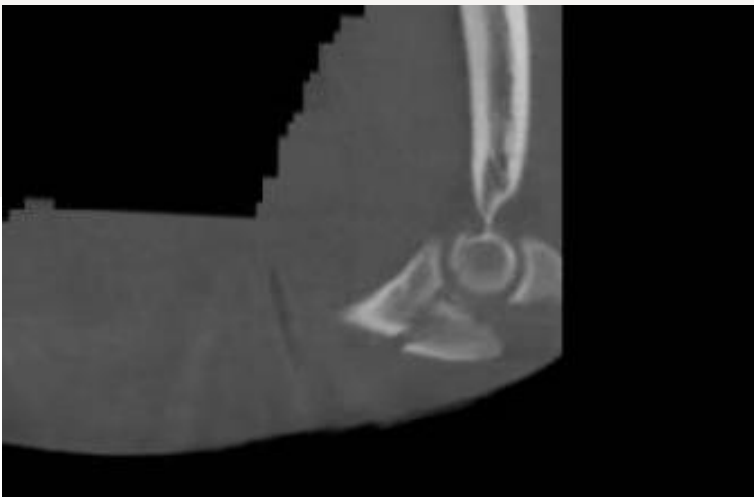


1. Bløddele
2. Ophæv luksationer
 1. Gips
 2. DCO
3. Planlæg definitivt
 1. CT?
 2. Rette udstyr?
4. Rette kirurg?

Komminutte/segmentære



Transolecranon frx+
Segmentær ulna frx +
Radial dist humerus frx



Komminutte/segmentære



Funktionelt led:

Anatomisk reposition

Absolut stabilitet

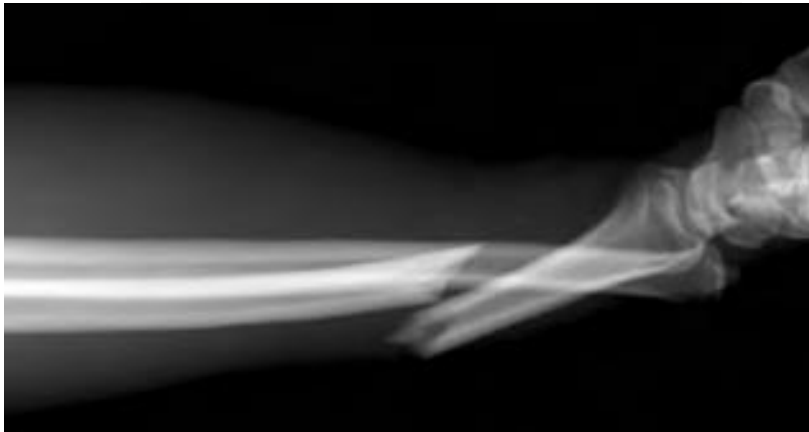
Skinner er “golden standard”

Opnåes ved:

Flere skinner

Lange skinner

Fraktur + luksation



Galeazzi



Monteggia



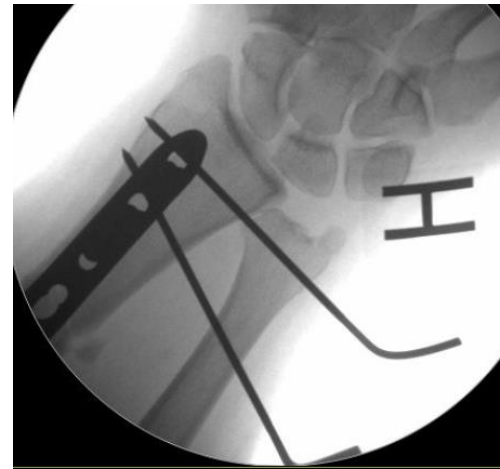
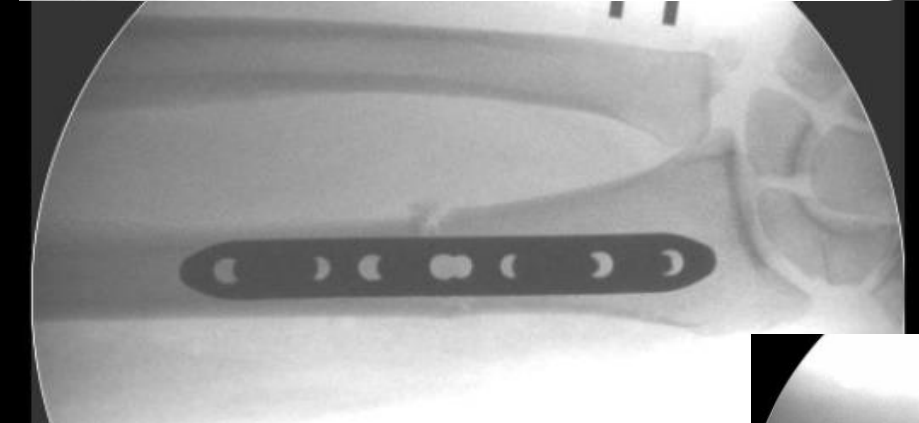
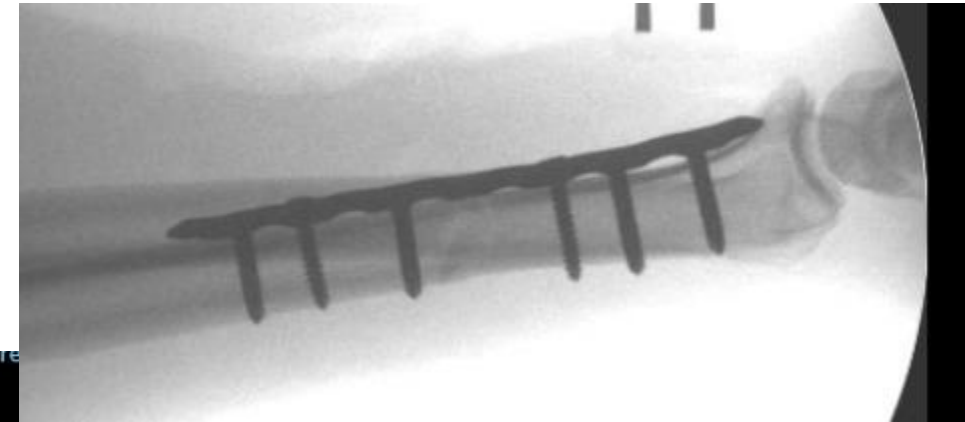
Essex-Lopresti

Galeazzi



Distal radiusskrift frx
Dislokation af DRUJ

Galeazzi



Absolut stabil ORIF

Test DRUJ

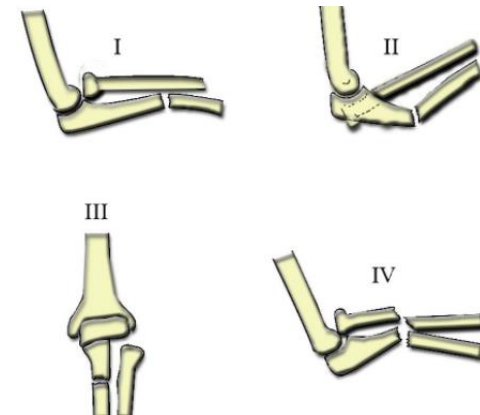
- Stabil - ok
- Ustabil - transfix
- Irreponibel – obs ECU

Monteggia

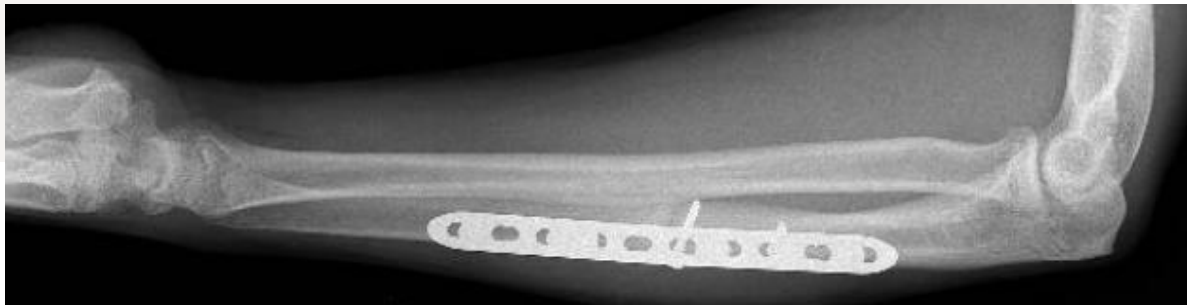


Ulnaskaft frx
Dislokation af PRUJ

Bado subclassifikation



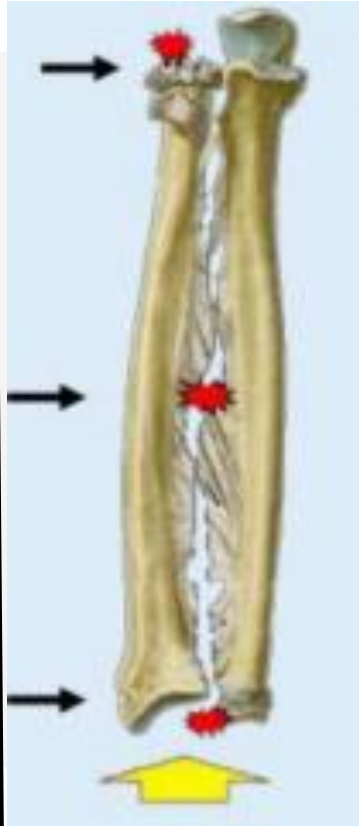
Monteggia



Anatomisk og
Absolut stabil ORIF
Tjek radiocapitelle linie

Interponeret caput i RCL?
Ulna anatomisk?
PUDA?

Essex-Lopresti



Axial translation of radius:
Caput radii frx
DRUJ dislocation
IOM ruptur

Essex-Lopresti



Radius ud til længde
(ORIF af caput)/Protese

Test axial stabilitet

>3 mm IOM

>6 mm IOM + TFCC

Stabiliser DRUJ

Modsigte håndled som
template

Obs atypiske præsentationer

Essex-Lopresti



Take-home messages

Respekter bløddelskaderne

Hav sufficient billedediagnostik af begge led

Lav anatomisk stabil osteosyntese

Lav stabile led (DRUJ/PRUJ)

Spørgsmål?

