

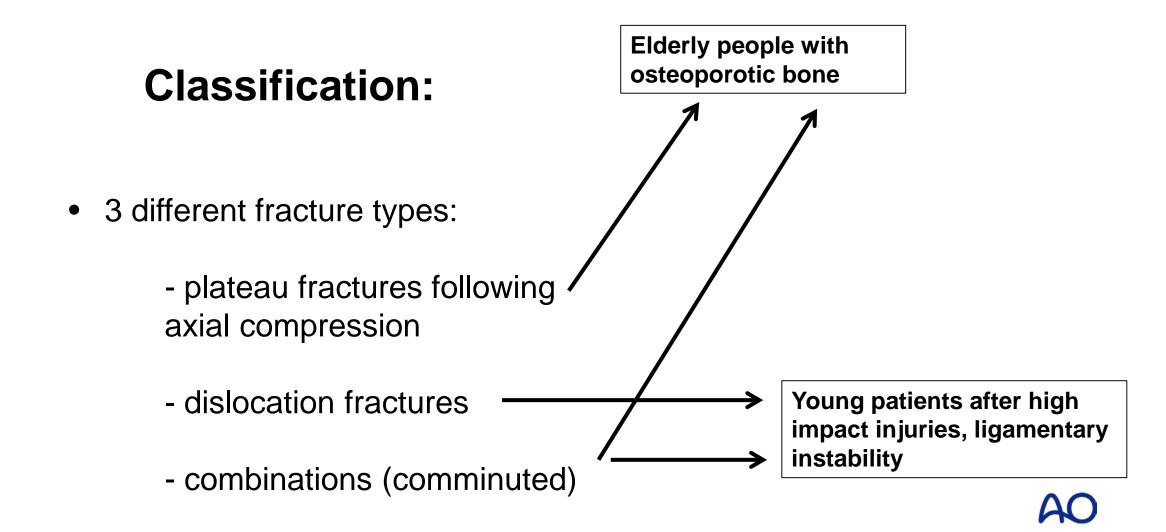


Complex Tibia Plateau fracture – ORIF

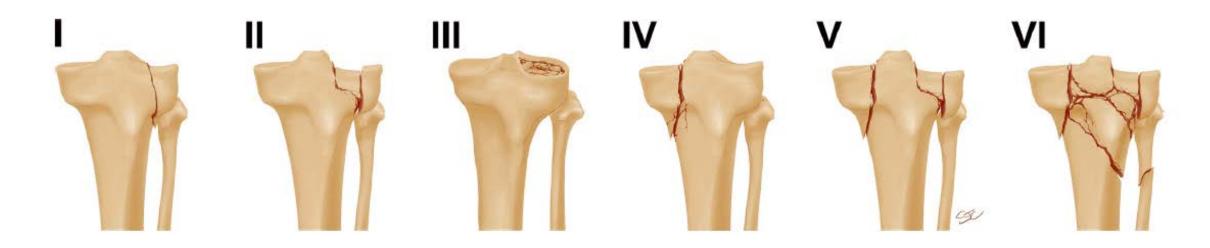
Aims

- Basic understanding of the pathology of tibial plateau fractures
- Indications for plates
- Surgical approaches for plates
- Examples

Tibial plateau fractures



Schatzker: focus on impression/depression



Injury, Int. J. Care Injured 49 (2018) 2252-2263

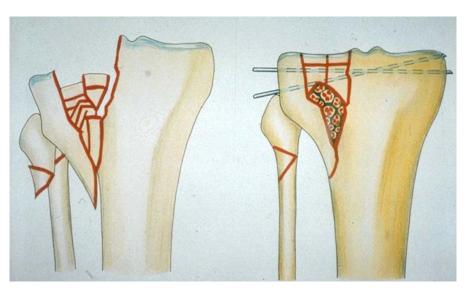


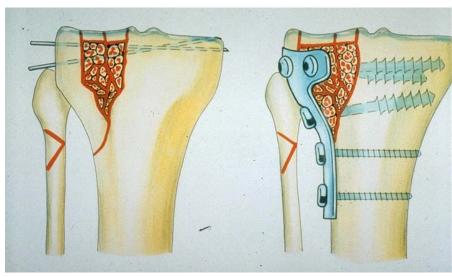
Revisiting the Schatzker classification of tibial plateau fractures Mauricio Kfuri^{a,b,*}, Joseph Schatzker^c



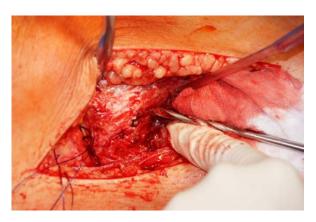


Schatzker 3: reduction and using a plate for buttressing











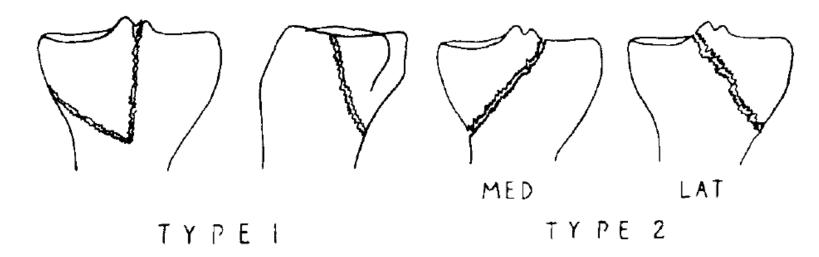








Moore: focus on ligamentary instability

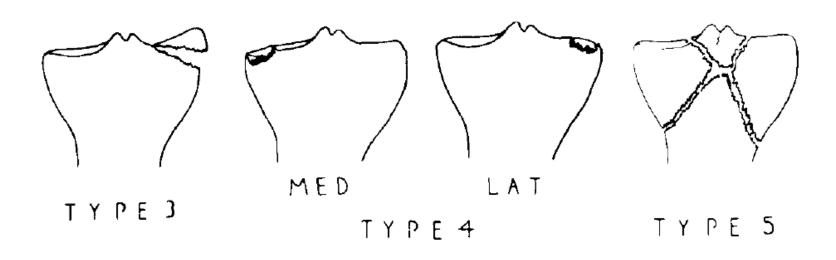


Fracture-dislocation with LARGE fragments is usually fixed with plates.

Fracture-Dislocation of the Knee

TILLMAN M. MOORE, M.D.

Number 156
May, 1981





Bat impræseivære.injury.









Posterior Surgical Approach to the Knee



Approach and outcome

Scott C. Faucett, M.D., M.S., James Gannon, Jorge Chahla, M.D., Marcio B. Ferrari, M.D., and Robert F. LaPrade, M.D., Ph.D.

Arthroscopy Techniques, Vol 6, No 2 (April), 2017: pp e391-e395





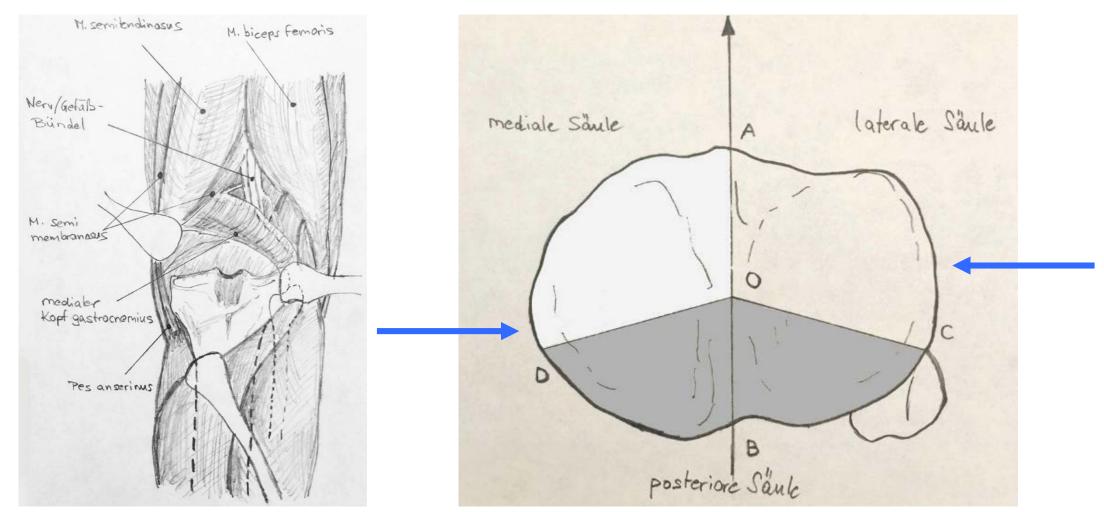


3 months:

- Free ROM
- No pain, no medication: SPS 0
- No complains



Which apporach do I need





48-year-old woman after ski injury







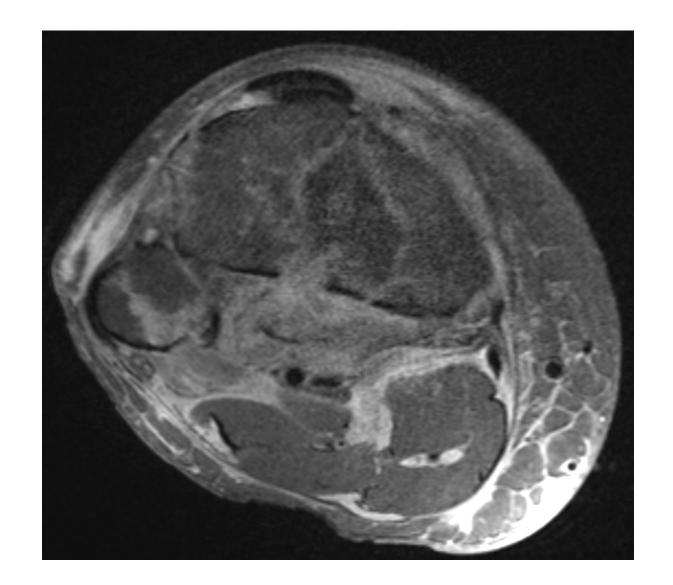




CT scan: "open book" fracture of proximal tibia



MRI: analysis of ligament injuries





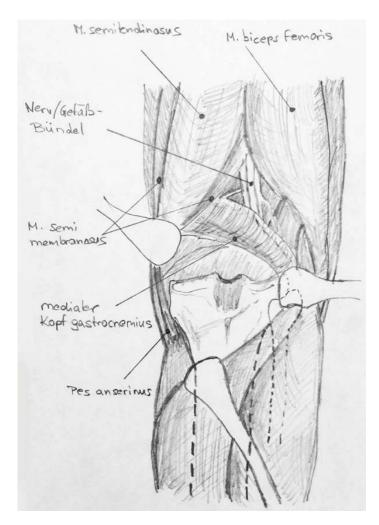


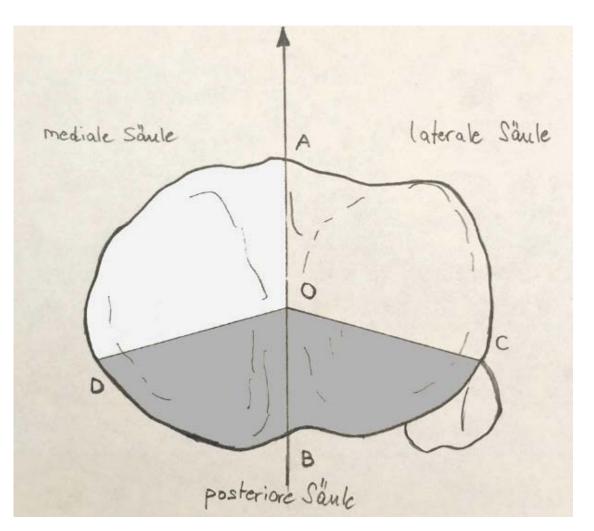


- classical medial and lateral approach
- osteotomy for exposure of central fragments (completion of fracture)
- addressing posterior cruciate ligament by screw fixation and
- the anterior cruciate ligament by suture fixation to the plate



Do we need postero-medial or postero-lateral approach at all?



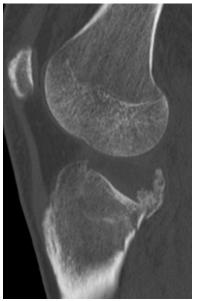




20-year-old young man



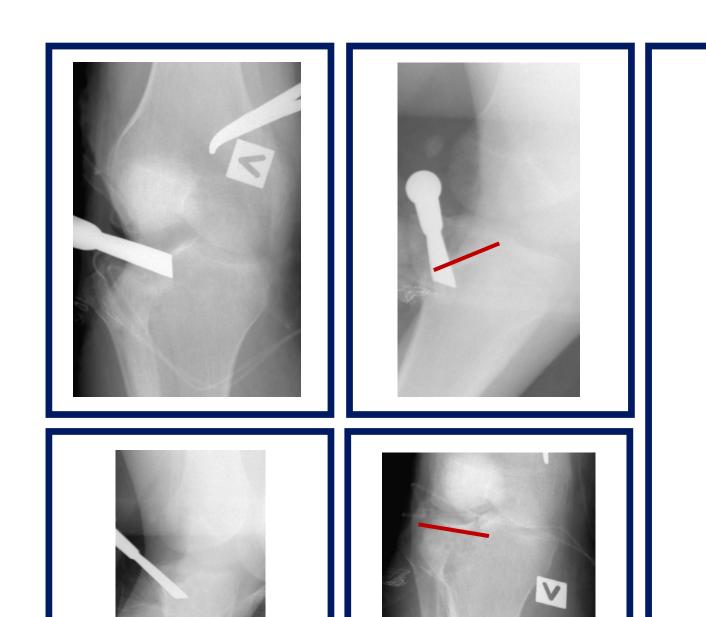


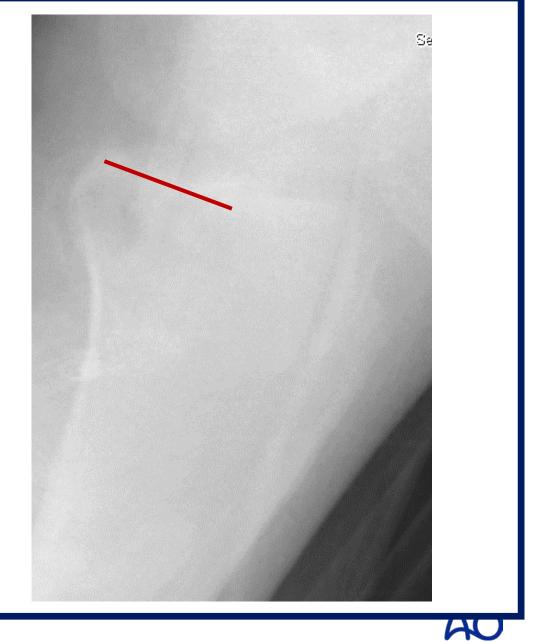




First treatment in Asia non-operatively, came 6 weeks after injury







How it's done





- Posterolateral approach in lateral position
- Osteotomy and screw fixation from posterolateral
- Fixation with anterolateral plate



While there is no real alternative in buttressing and fixation of large fragments in fracture-dislocation (except sometime screws only), in bicondylar fractures and combination with shaft fractures plates compete with other fixation methods.

Berven et al. Journal of Orthopaedic Surgery and Research (2018) 13:121 https://doi.org/10.1186/s13018-018-0792-3

Journal of Orthopaedic Surgery and Research

RESEARCH ARTICLE

Open Access

CrossMark

Comparing case-control study for treatment of proximal tibia fractures with a complete metaphyseal component in two centers with different distinct strategies: fixation with Ilizarov frame or locking plates

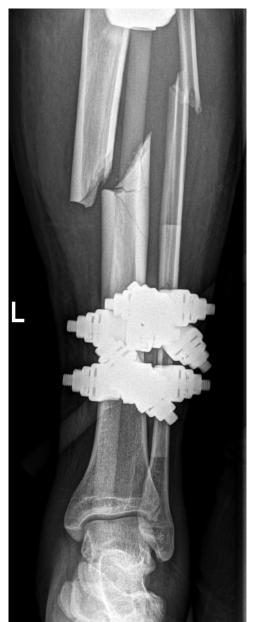
Haakon Berven^{1,2}, Michael Brix^{1,2}, Kaywan Izadpanah³, Eva Johanna Kubosch³ and Hagen Schmal^{1,2,3*}

Conclusions: Fixation of proximal tibia fractures with plates resulted in a slightly shorter healing time compared to llizarov frame stabilization. Furthermore, the complication profiles differ with more heterotopic ossifications and less superficial infections following internal plating.

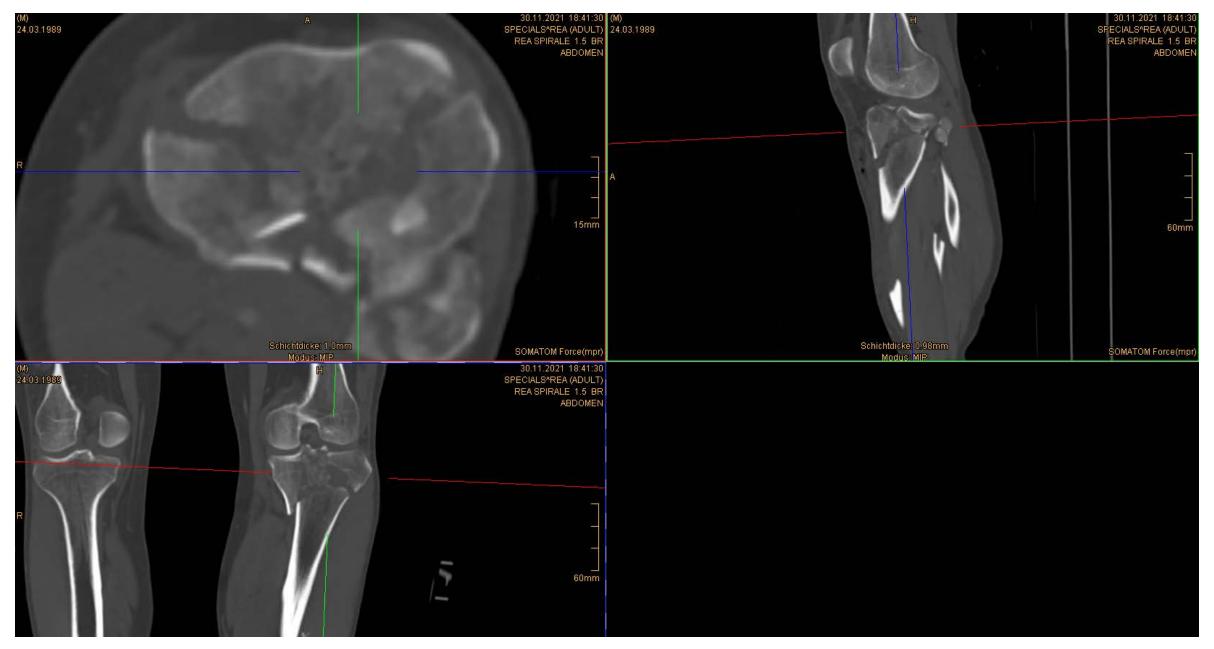








Multiple injured 38-year-old man



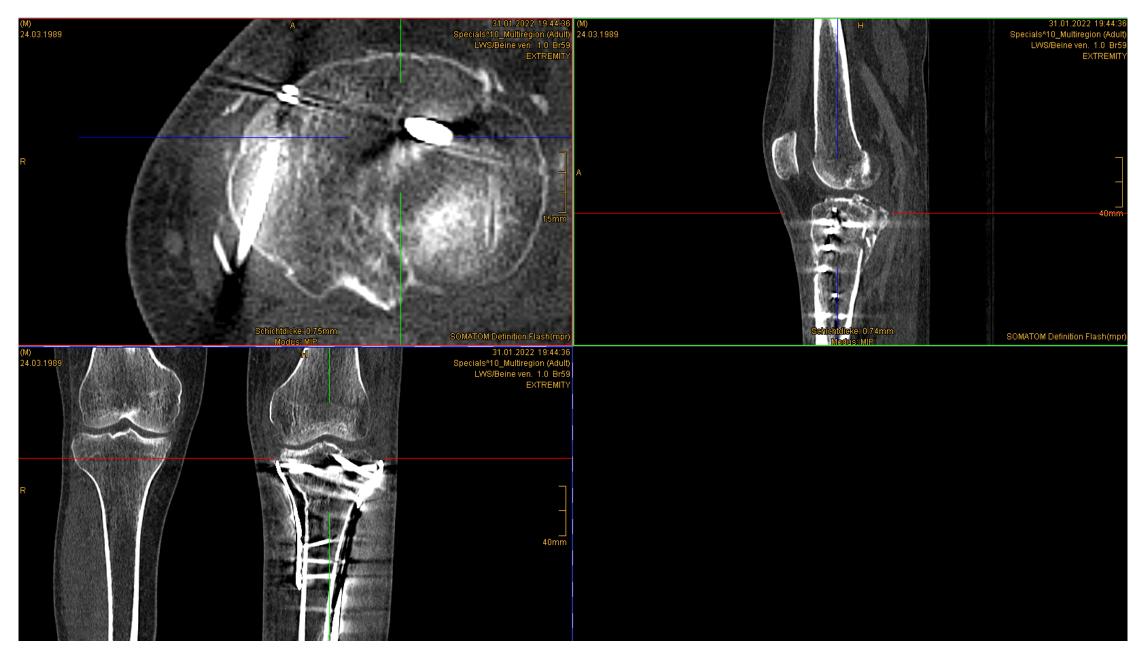




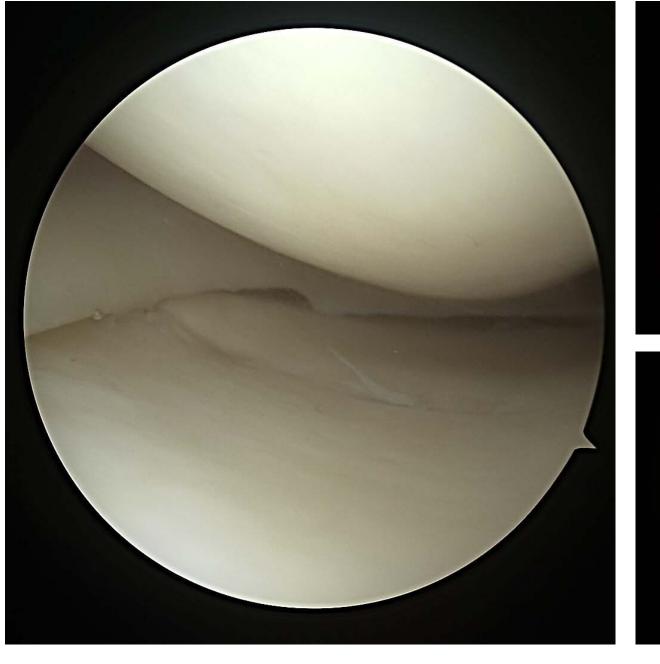


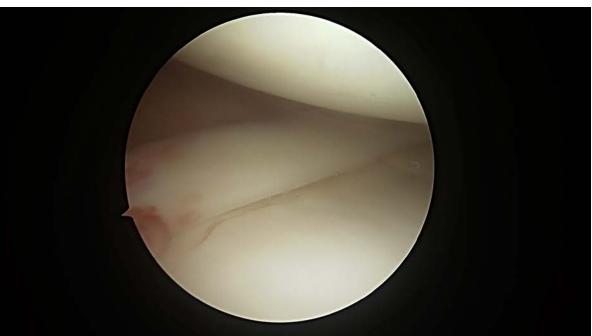


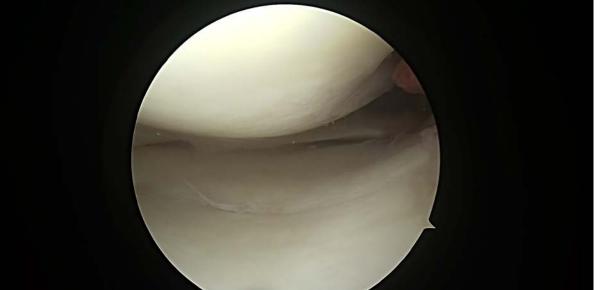
- Initial external fixation
- Then medial and lateral plates using classic approaches
- Fixation of shaft with Tibia-LISS











If a fragment needs directly to be addressed...





Take home

- Plates in proximal tibia fractures are mandatory in
 - fractures needing buttressing
- Plates in proximal tibia fractures are preferred in
 - fracture-dislocations with large fragments
- Plates in proximal tibia fractures compete with other fixation methods in
 - bicondylar fractures with relative stable ligament fixation
- Approaches need to address key fragments of all 3 columns (360°)
- Most important is reduction