

OSTEOSYNTHESIS WITH PLATE AND SCREWS FOR FRACTURED DISTAL RADIUS

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ABSTRACT

OBJECTIVES:

THE AUTHORS ANALYZE THE RESULTS AFTER USING ANTERIOR OSTEOSYNTHESIS WITH PLATE AND SCREWS FOR FRACTURED DISTAL RADIUS.

MATERIAL AND METHOD:

FROM A TOTAL NUMBER OF 697 CASES THAT CAME TO THE EMERGENCY ROOM, 58 PATIENTS WERE SURGICALLY TREATED. FOR 20 OF THEM THE REDUCTION BY EXTERNAL FIXATION WAS USED, 18 WERE SOLVED BY FIXING THE CENTER OF THE FRACTURE WITH FRAGMENTS OF SMALL NAIL PERCUTANEOUSLY INSERTED AFTER THE REDUCTION HAD BEEN OBTAINED AND IN 10 CASES OPEN CENTER OSTEOSYNTHESIS WITH PLATE AND SCREWS WAS USED.

DISCUSSIONS AND RESULTS:

THE REDUCTION AND THE STABILIZATION OF THE CENTRE OF THE FRACTURE DEPEND ON THE TYPE OF PLATE AND FRACTURE. USING AN ANTERIOR APPROACH OFFERS MAXIMUM STABILITY, ALLOWS FOR THE REMOVAL OF THE SUPPLEMENTARY EXTERNAL CONTENTION AND FOR IMMEDIATE POST-OP MOBILIZATION.

SURGICAL INTERVENTION CANNOT SOLVE CORRECTLY THE CASES WITH SIGNIFICANT COMMUNITON RELATED TO THE ARTICULAR SURFACE.

THE RISKS OF THE INTERVENTION ARE THE SAME AS IN THE INTERVENTIONS ON OLDER PEOPLE AND THEY ARE SIGNIFICANTLY REDUCED ONCE THIS TECHNIQUE IS CURRENTLY USED.

CONCLUSIONS:

THE AUTHORS CONSIDER THAT STABILIZING THE FRACTURE CENTER BY MEANS OF VOLAR PLATE AND ANGULARLY STABLE SCREWS IS THE MOST ADVANTAGEOUS.

THE COMPLICATIONS ARE THOSE OF A SURGICAL INTERVENTION TO STABILIZE FRACTURE CENTERS.

THE TECHNIQUE DOES NOT CAUSE IMPORTANT ESTHETIC PREJUDICES, THE VOLAR SIDE OF THE FIST BEING LESS EXPOSED TO THE EYE.

KEYWORDS: FRACTURE, RADIUS, OSTEOSYNTHESIS PLATE.

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