TRAJTIMI KIRURGJIKAL I FRAKTURAVE SHPËRTHYESE TË KËRCIRIT

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Summary

OPERATIVE TREATMENT OF FRACTURES OF THE TIBIAL PLAFOND (PILON FRACTURES)

Intra-articular fractures of the tibial plafond (pilon fractures) comprise approximately 2% of lower extremity fractures and are among the most difficult to treat. These fractures often result from high-energy trauma and may associate severe soft-tissue damage. The soft-tissue conditions usually determine the choice of procedure, which is based on the individual situation and not on general principles. The optimum treatment of these fractures remains controversial, as retrospective reviews of the results of open reduction and internal fixation have demonstrated high rates of complications. External fixation with limited internal fixation has gained popularity since the late 1980's.

Materials and method. A retrospective review of the results of the operative treatment of the displaced fractures of the tibial plafond at the National Trauma Center, Tirana, Albania, 154 pilon fractures are managed between December 1966 and December 2003.

The mechanism of injury was a high-energy trauma in 107 (69.5%) of patients (motor vehicle) accident, fall from a height greater than 3m., crush injuries, land-mines and gunshot injuries; in 47 patients (30.5%) was a low-energy trauma (had occurred during skiing and other sporting activities) 101 (65.6%) of patients had closed fractures, 53 (34.5%) had open fractures.

Of the 53 cases of open fractures, there were 6, type I, 13; Type II, 12; Type IIIA, 22; Type IIIB and no Type IIIC. (Gustilo, Mendosa, Williams Classification (1984).

Associated injuries occured in 15 patients (10%) and included an abdominal injury a second long bone fracture etc.

The fractures were classified according to the AO classification. There were 7-A1, 12-A2, 41-A3 fractures; 6B1, 7 B2, 14 B3 fractures and 9 C1, 32 C2, 26 C3 fracturers. Accomanying fractures of the fibula occurred in 112 fractures (73%).

The patients were randomly selected for one of three operative procedures:

I. Open reduction and internal fixation ORIF = 84 cases (45%)

II. External fixation or skeletal calcaneal traction with principles of ligamentotaxis and limited internal fixation = 70 cases (55%).

Results: Were evaluated based on a subjective and objective rating. Serial radiographs were made during follow-up visits at the clinic to determine displacement of the fracture fragments, loss of fixation, residual varus or valgus angulations, healing of the fracture, subsequent operative procedures, and progression of post-traumatic osteoarthrosis.

Results of the Group I = ORIF-84 cases. All fractures united (the average time to healing 4.6 months); 19 cases =TypeA1-A3; 16(84%)=good to excellent; 3 cases=fair result (high-energy trauma); 22 cases-Type B1-B3=13 cases (60%) good to excellent results; 43 fractures-Type C1-C3; 6C1 Type=good-excellent; 37 C2-C3 cases=18 case (44%)=good to excellent, 9 cases=fair, 10=poor results).

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