MANAGEMENT OF FRACTURE DISTAL RADIUS WITH UNIPLANER EXTERNAL FIXATOR.

Orthopaedic

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ABSTRACT

BACKGROUND: The fracture of distal radius is one of the most common skeletal injury treated by an orthopaedic surgeon and these injuries usually occur due to fall on outstretched hand. There are various methods for treating these fractures varying from closed reduction and plaster application, percutaneous K-wire fixation, uniplaner fixator, plate fixation or combination of these. In this study, we treated these fractures by application of uniplaner external fixator.

MATERIAL AND METHOD: Total 32 patients were treated in dept of orthopedics, JLN medical college, Ajmer during May 2006 to October 2007. Age group from 21 to 70 yrs. 20 patients were male and 12 patients were female and most common cause of injury is fall on outstretched hand. All the patients reported in emergency room with pain and swelling over wrist and painful wrist movement. The x-ray done in both AP and lateral view of wrist and initially a plaster slab is applied and analgesics given. All patients admitted and properly evaluated for operation. All the patients were treated by the application of uniplaner external fixator and results evaluated by means of regaining of wrist movement, persistent of pain, any residual deformity at wrist. The 8 patients had excellent results, 18 patients had good results and 6 patients had poor results.

COMPLICATIONS: The complications included pin tract infection in 2 pt, pin loosening in 5 pt, sudecks dystrophy in 1 pt and residual pain at DURJ in 12 pt.

CONCLUSION: The application of uniplaner fixator is a very good option for treatment of fracture distal end radius. It provides excellent reduction; early mobilization of pt and chances of loss of reduction is very less.

KEYWORDS:
POST OPERATIVE XRAY OF PATIENT AFTER FIXATOR REMOVAL SHOWS SOLID BONY UNION

CLINICAL PHOTOGRAPH OF PATIENT SHOWING FULL FUNCTION OF WRIST AFTER REMOVAL OF FIXATOR