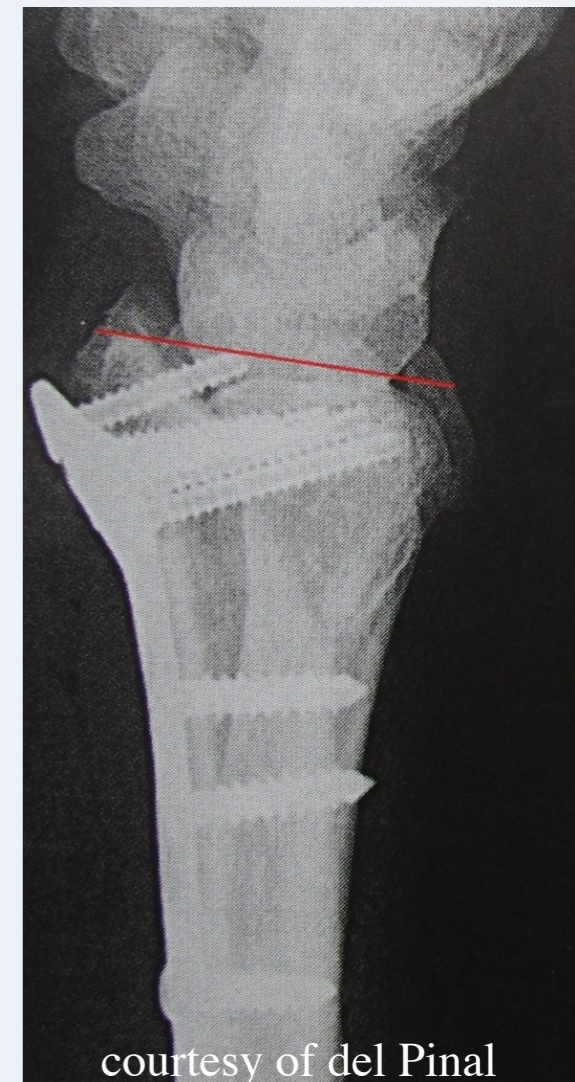
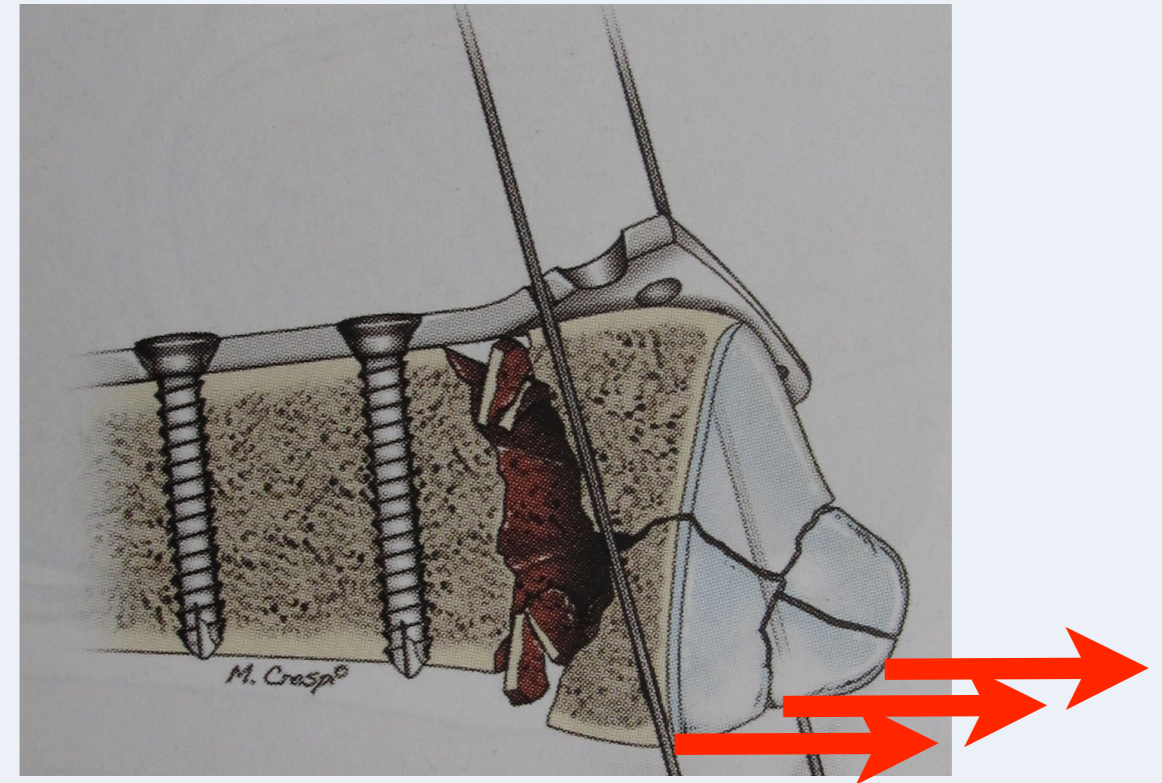
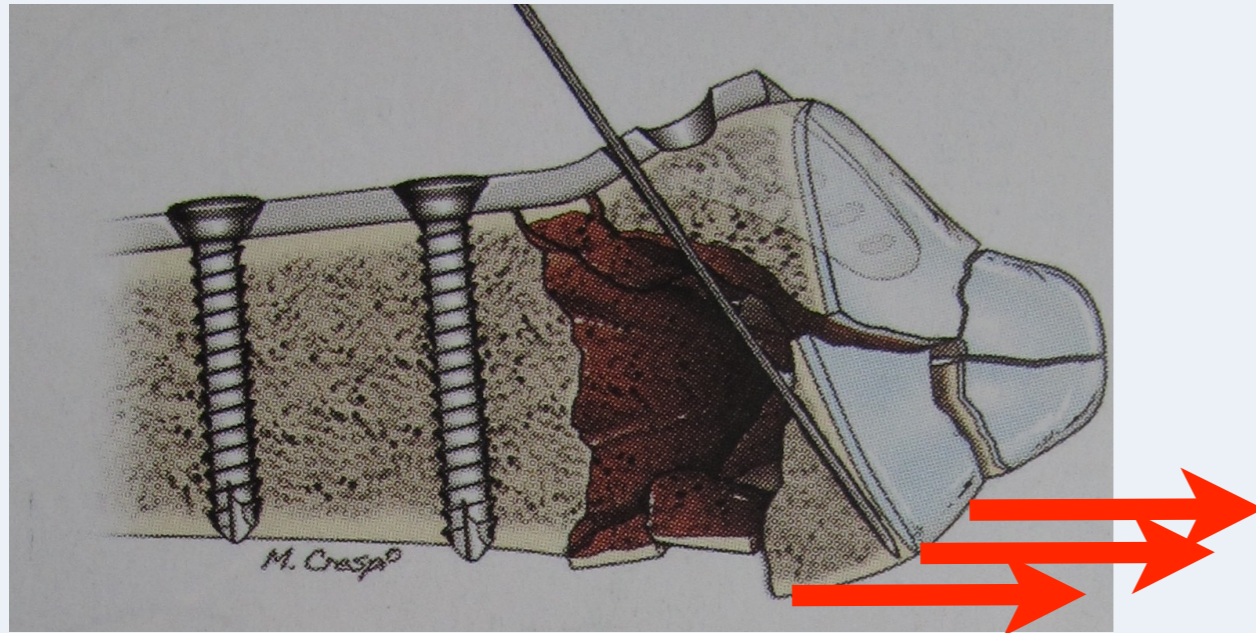


Horizontal and Vertical Traction System in DRFs

How to get easier the dorsally displaced distal Radius anatomic reduction ?



The Horizontal Traction System..

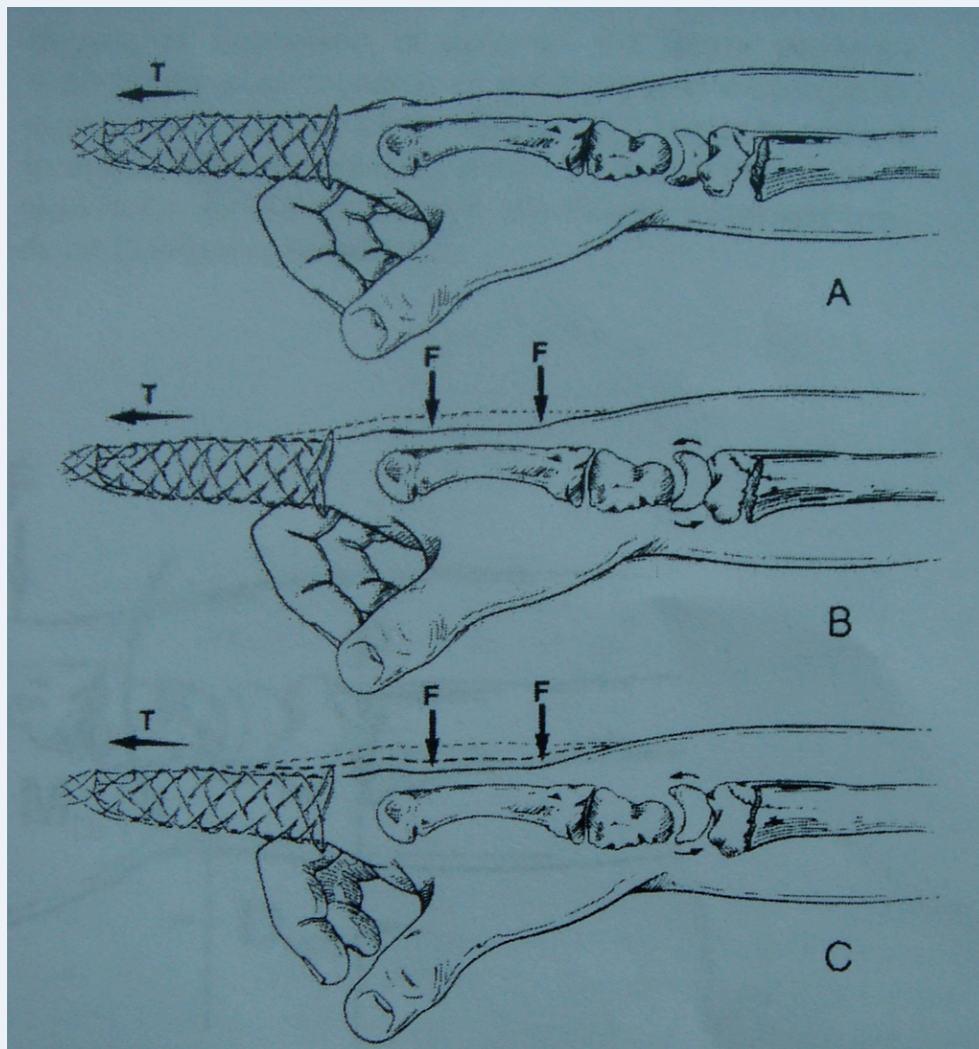
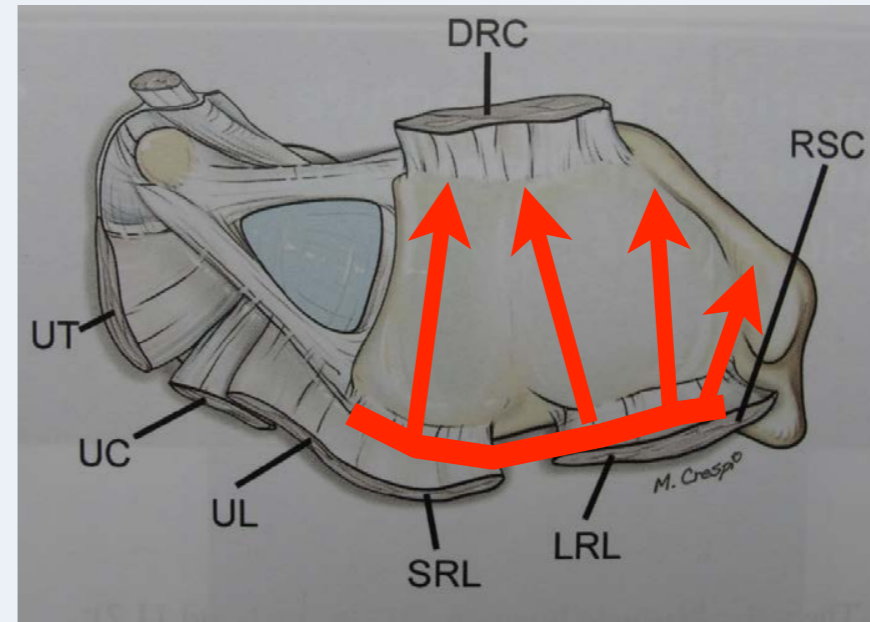


...takes advantage of the multiplanar ligamentotaxis of Agee..

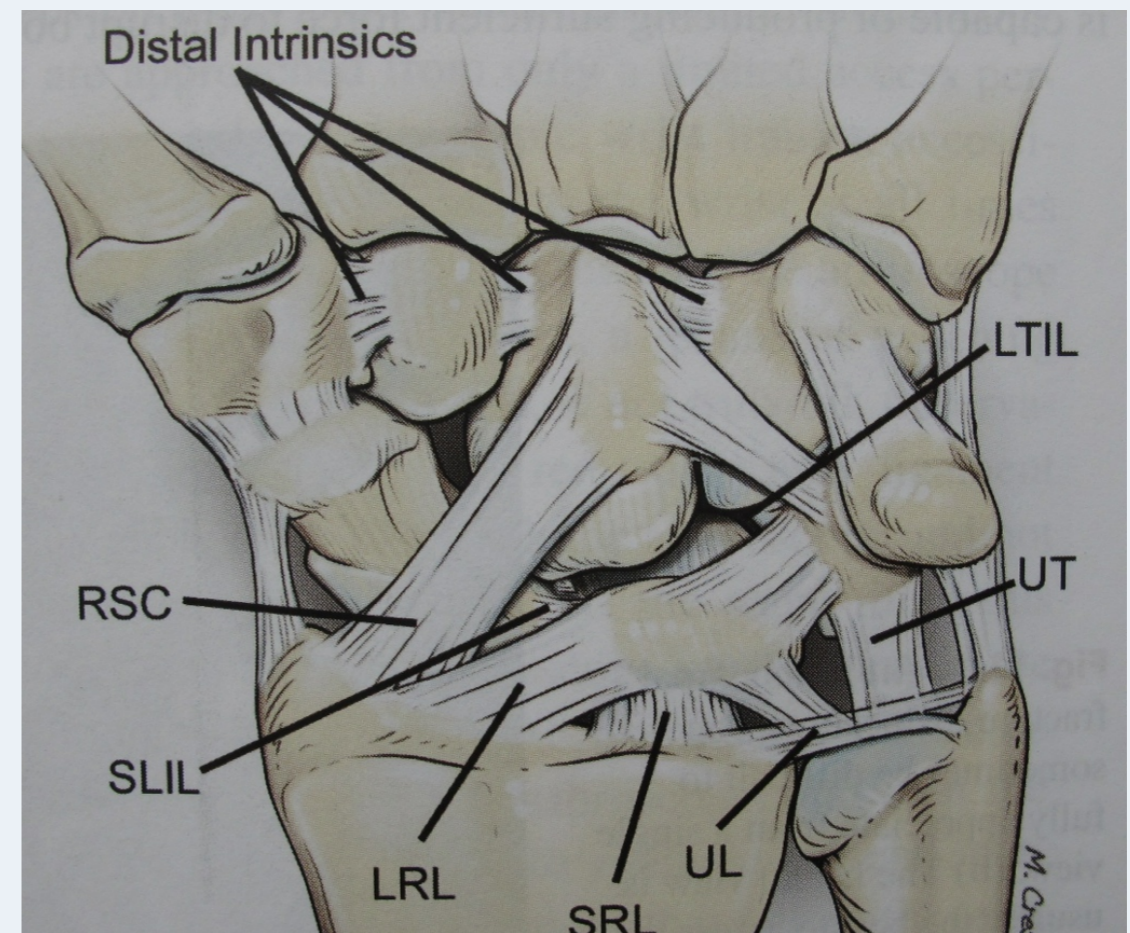
DISTAL RADIUS FRACTURES

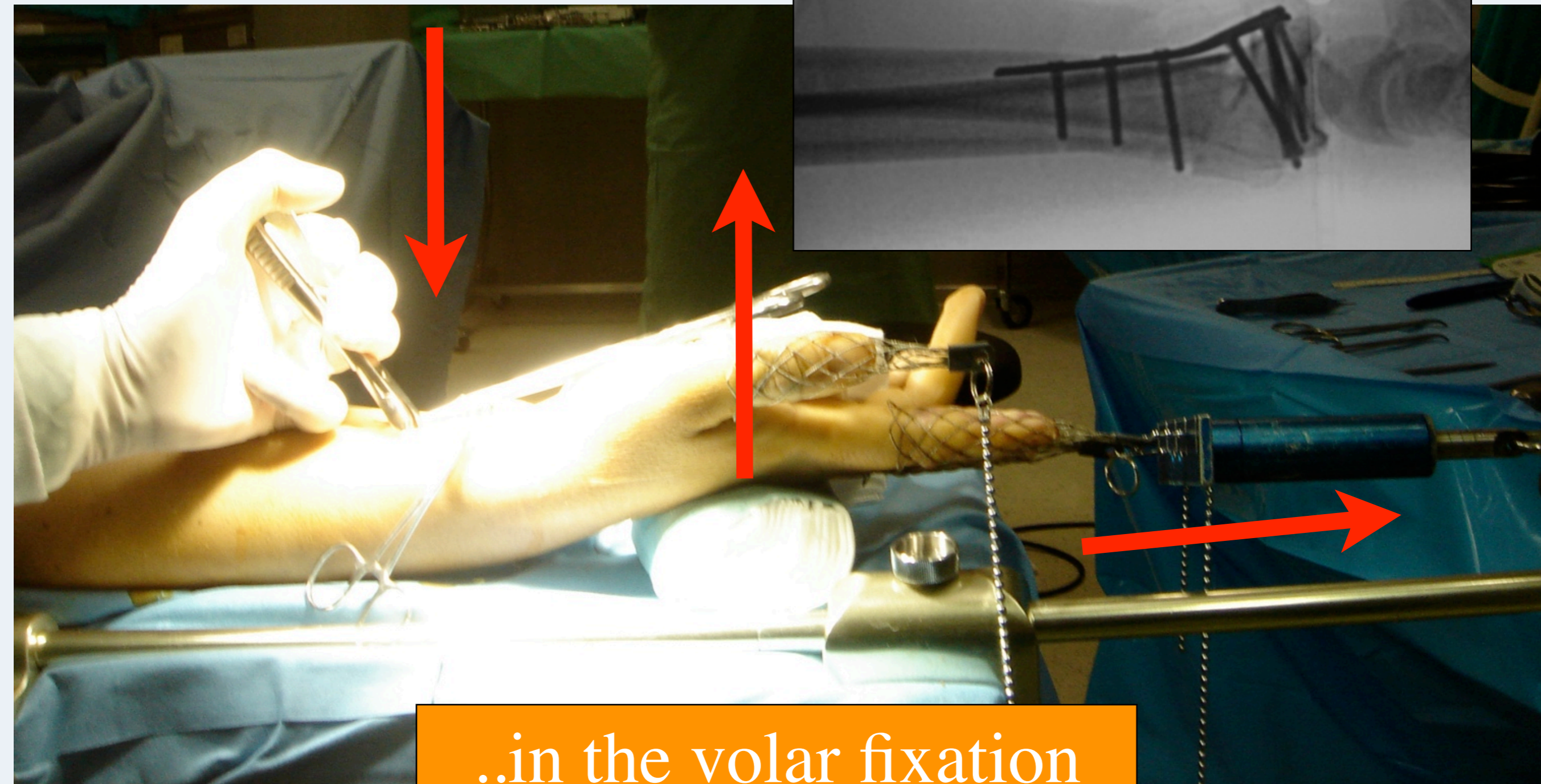
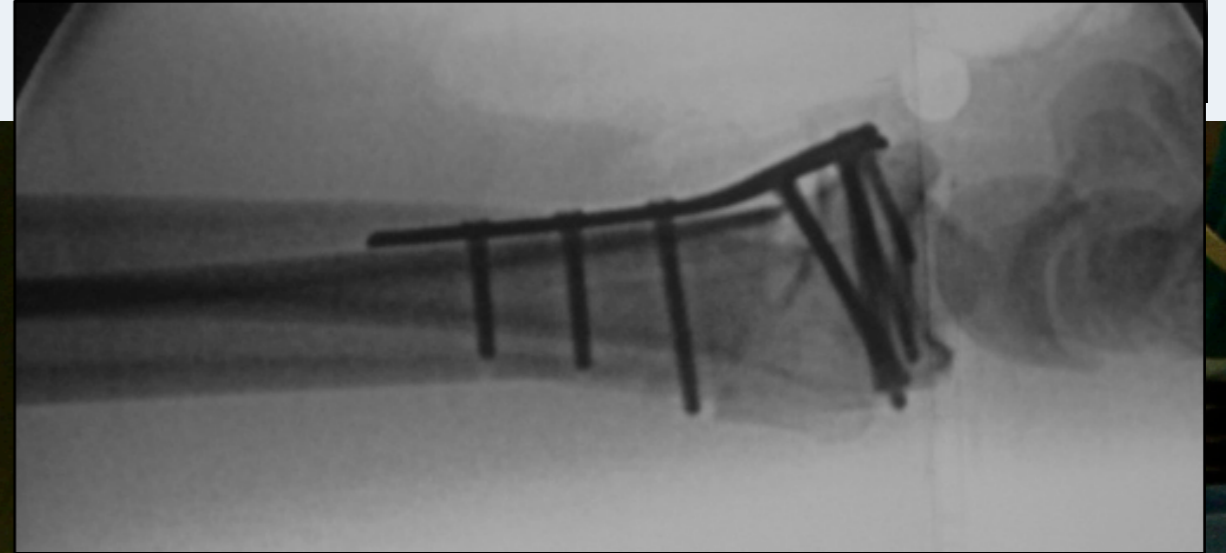
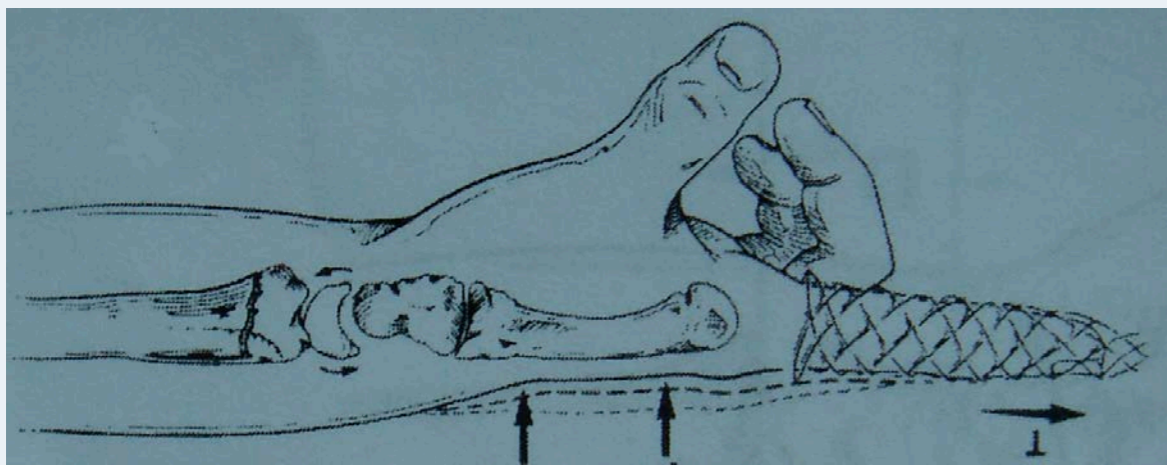
Multiplanar Ligamentotaxis

John M. Agee, MD



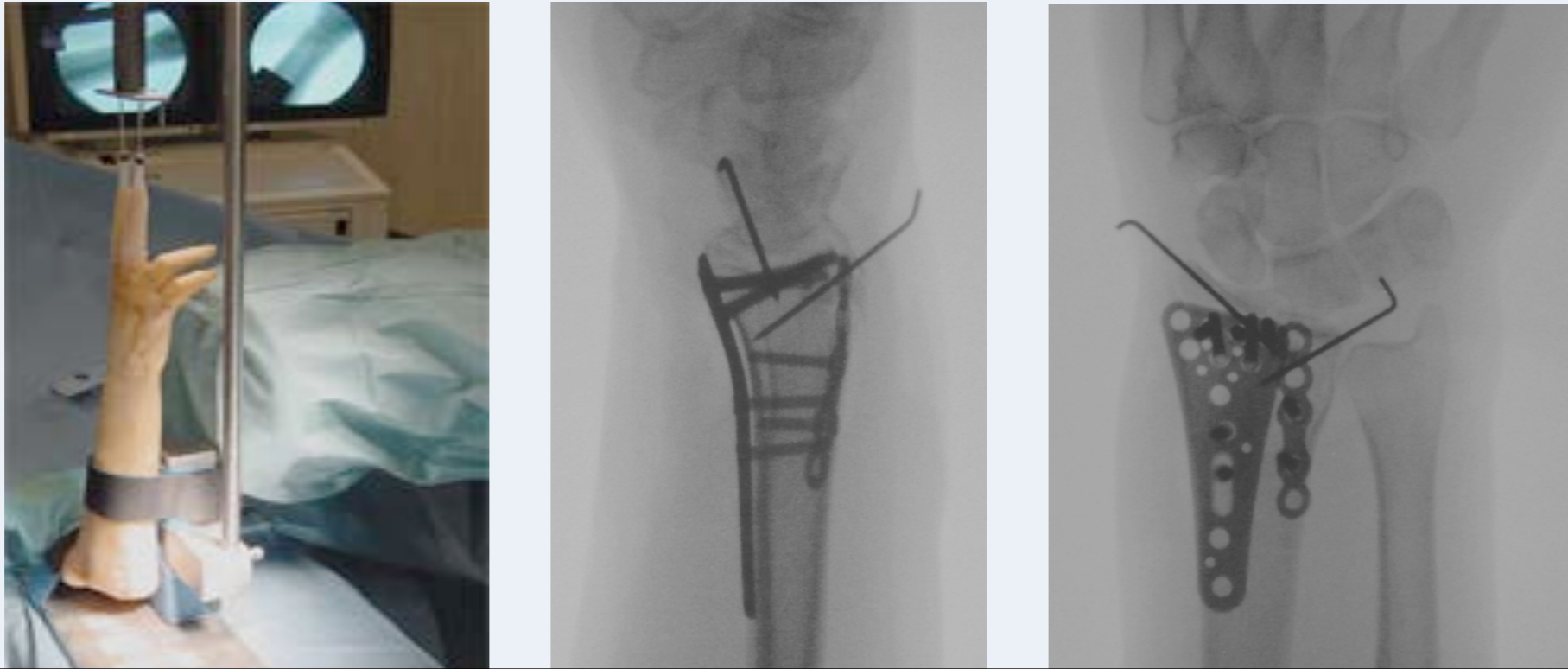
1992



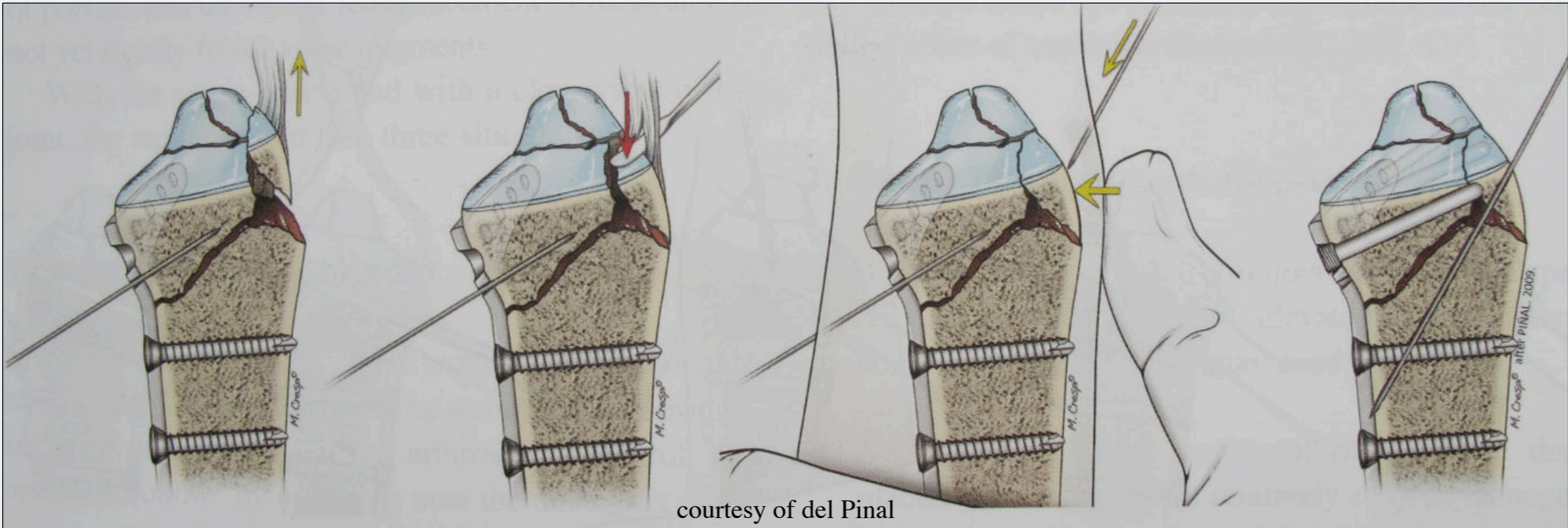


..in the volar fixation

The vertical Traction System..



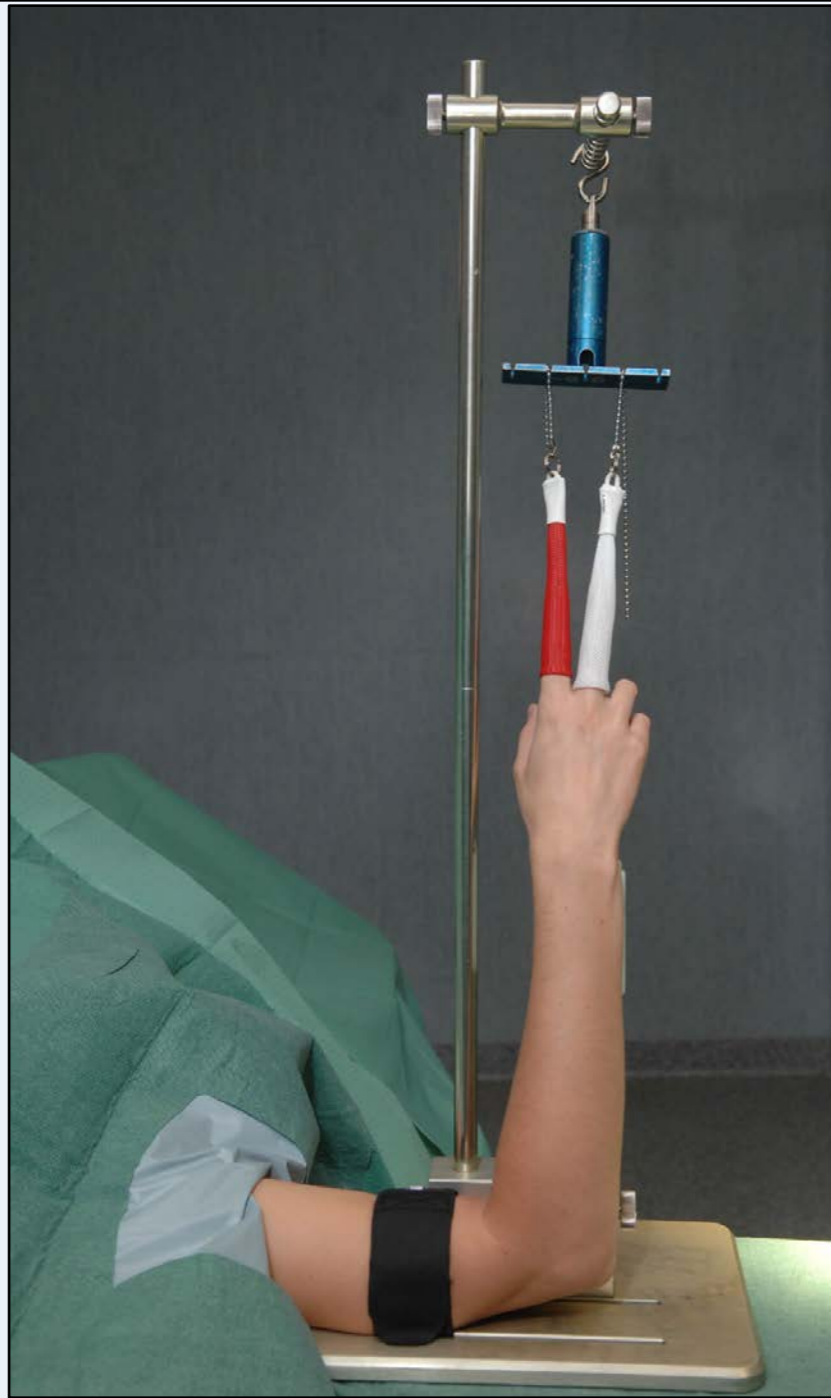
get easier the dorsal open or arthroscopic assisted reduction/ fixation !





courtesy of M. Henry

VERTICAL TRACTION SYSTEM



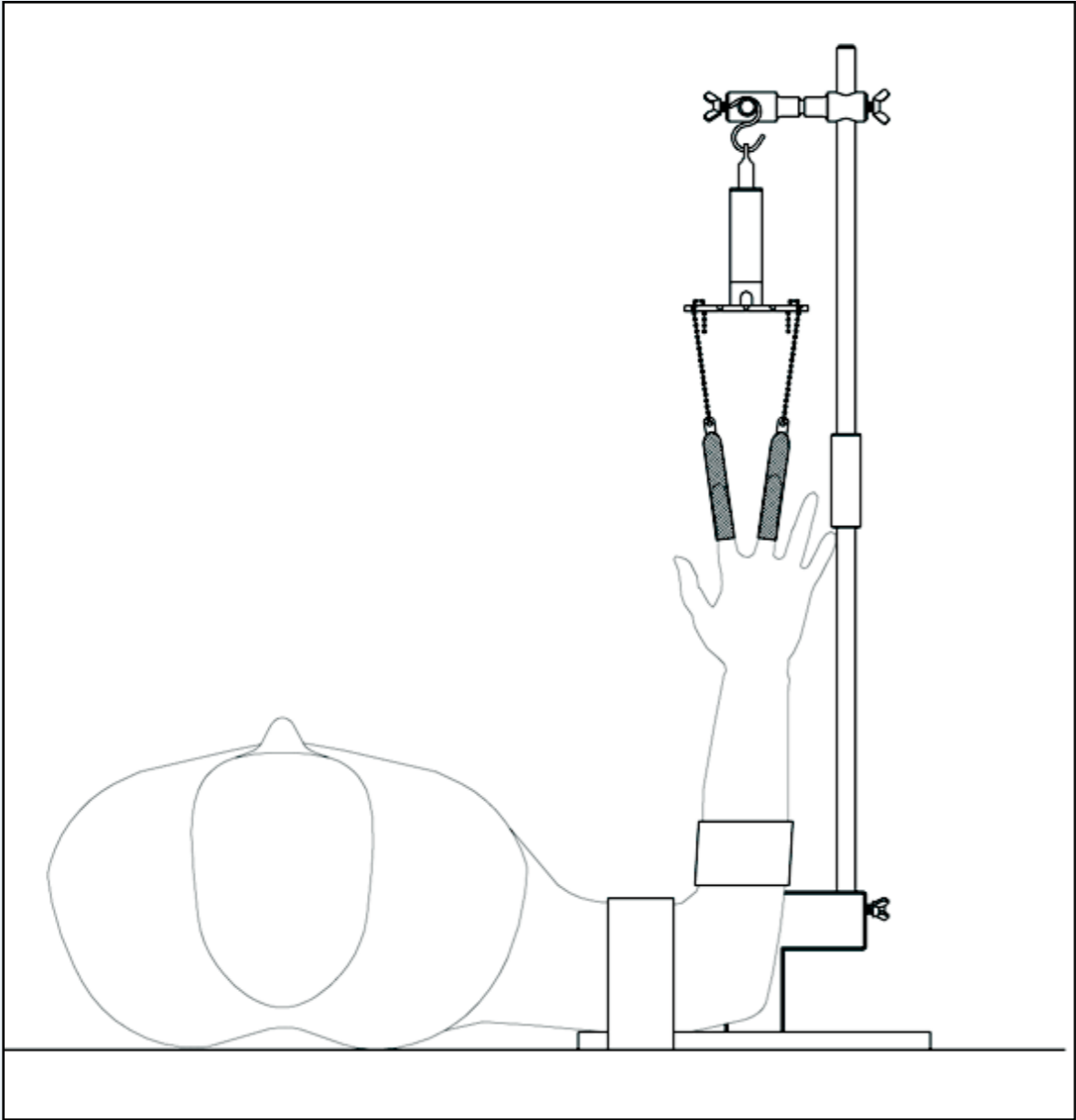
HORIZONTAL TRACTION SYSTEM



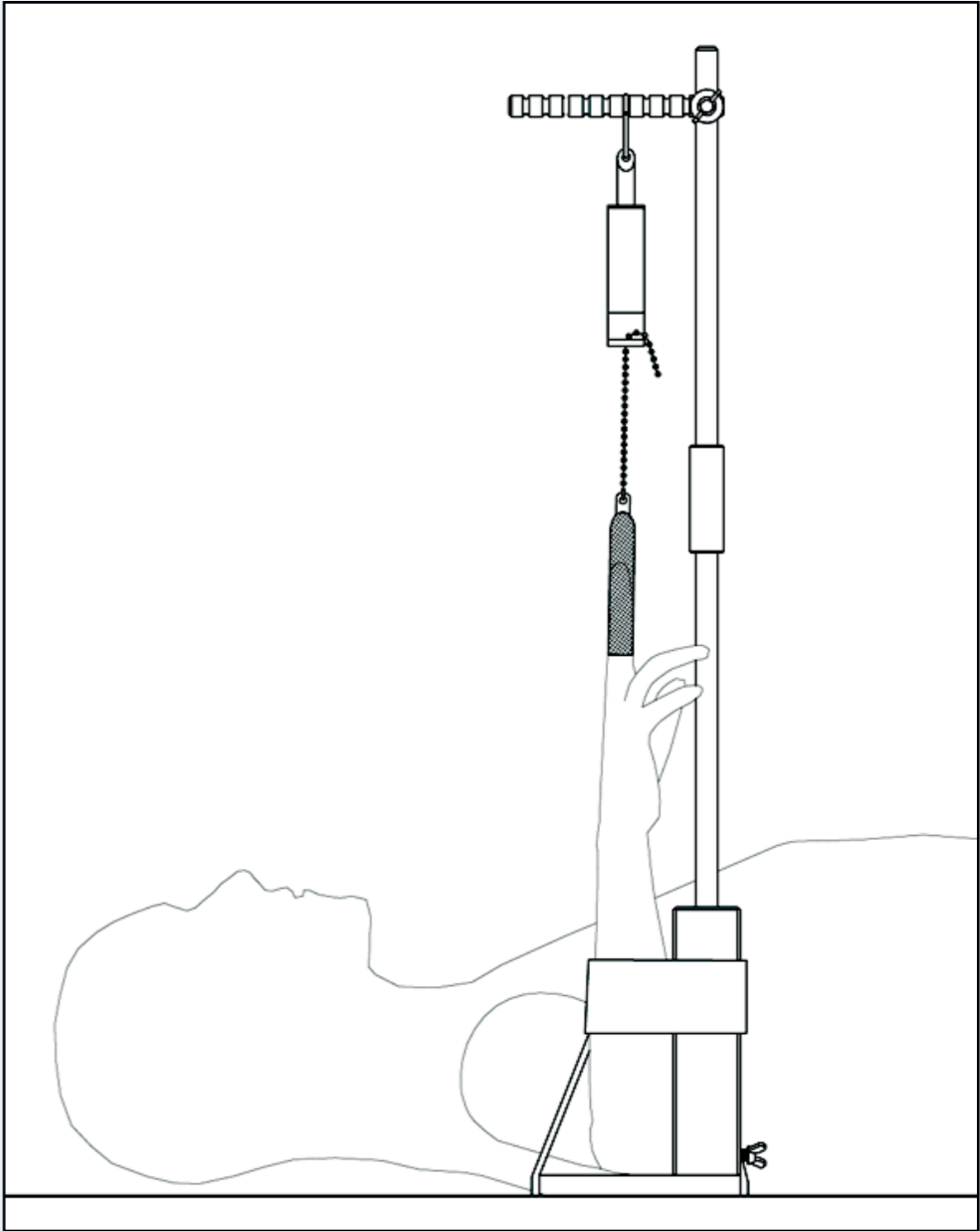
X-RAY IN P.A./L.L. VIEWS

* NO RADIOLOGICAL EXPOSURE !

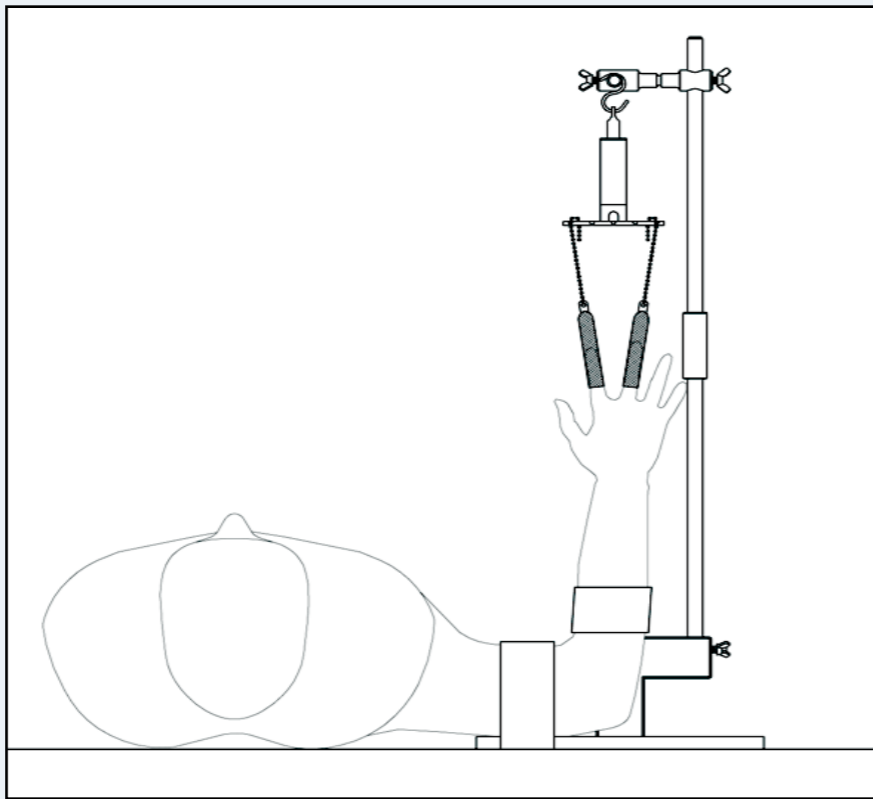
ECCENTRIC TOWER



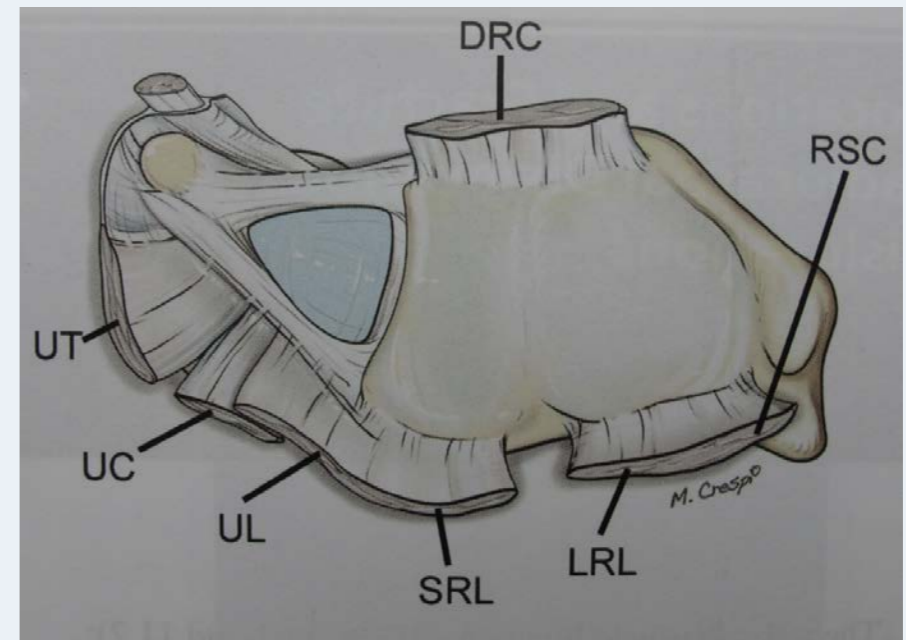
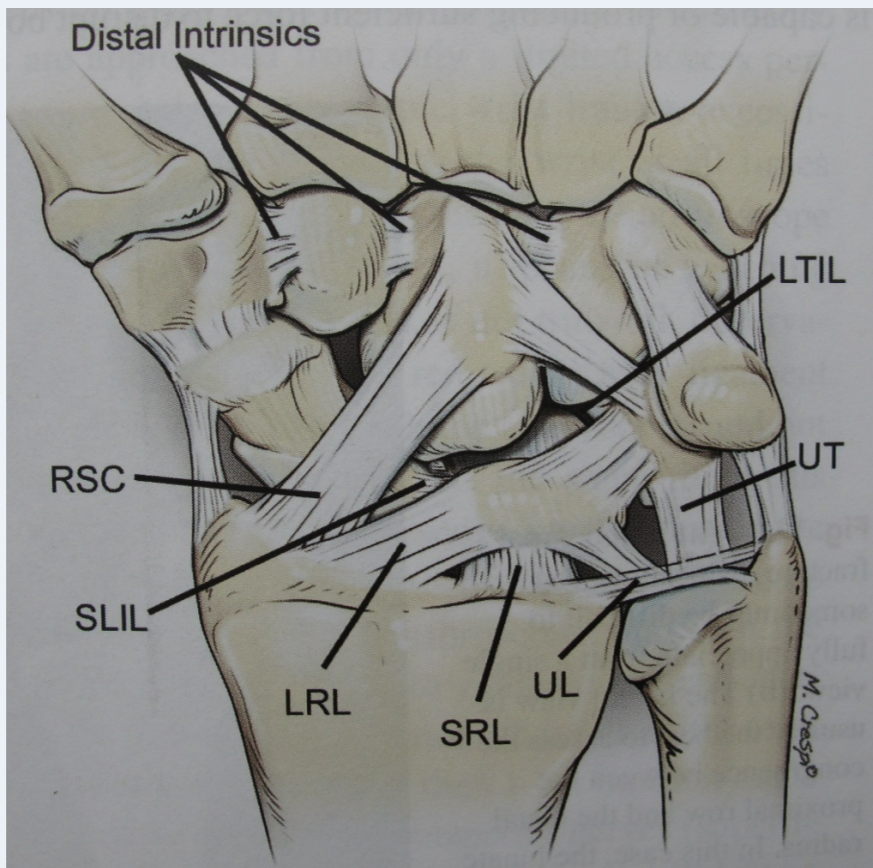
FRONTAL PLANE



LATERAL PLANE

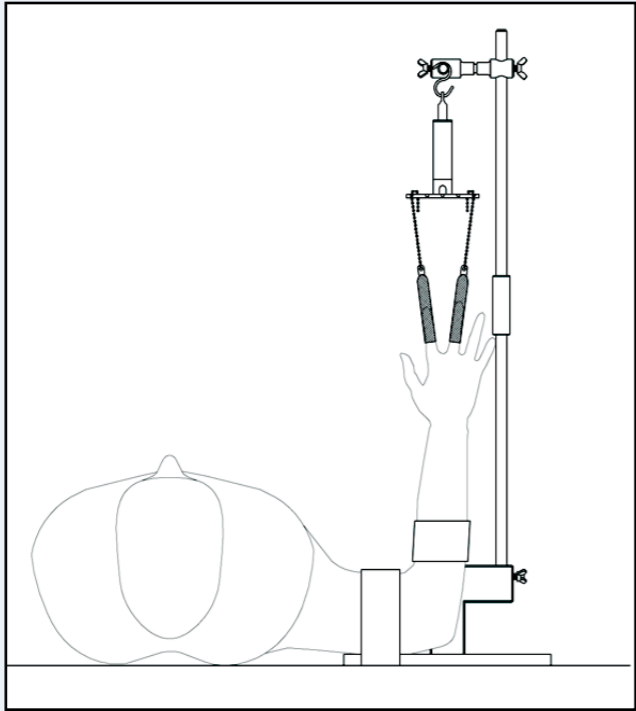


LIGAMENTOTAXIS

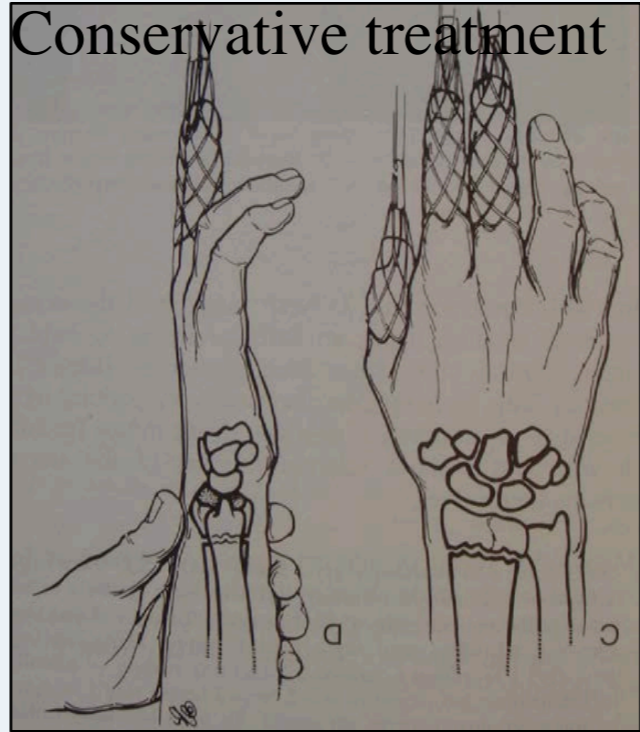


A Vertical Traction for a better understanding of fracture pattern

10 min.
Local
anesthesia



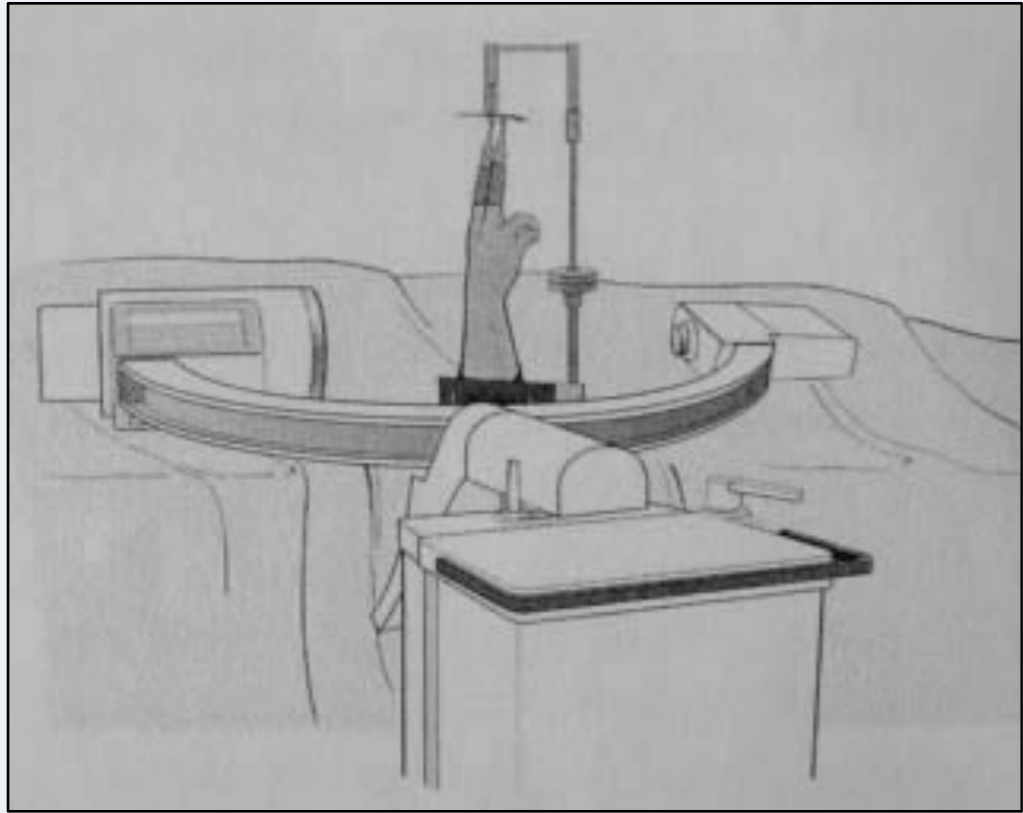
Conservative treatment



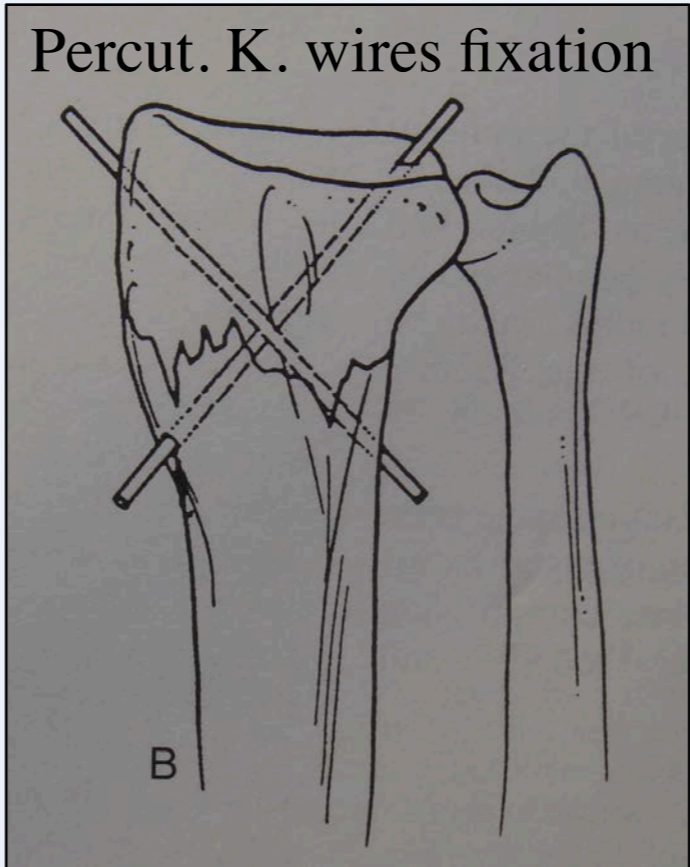
stress view !!

Unstable fracture ?

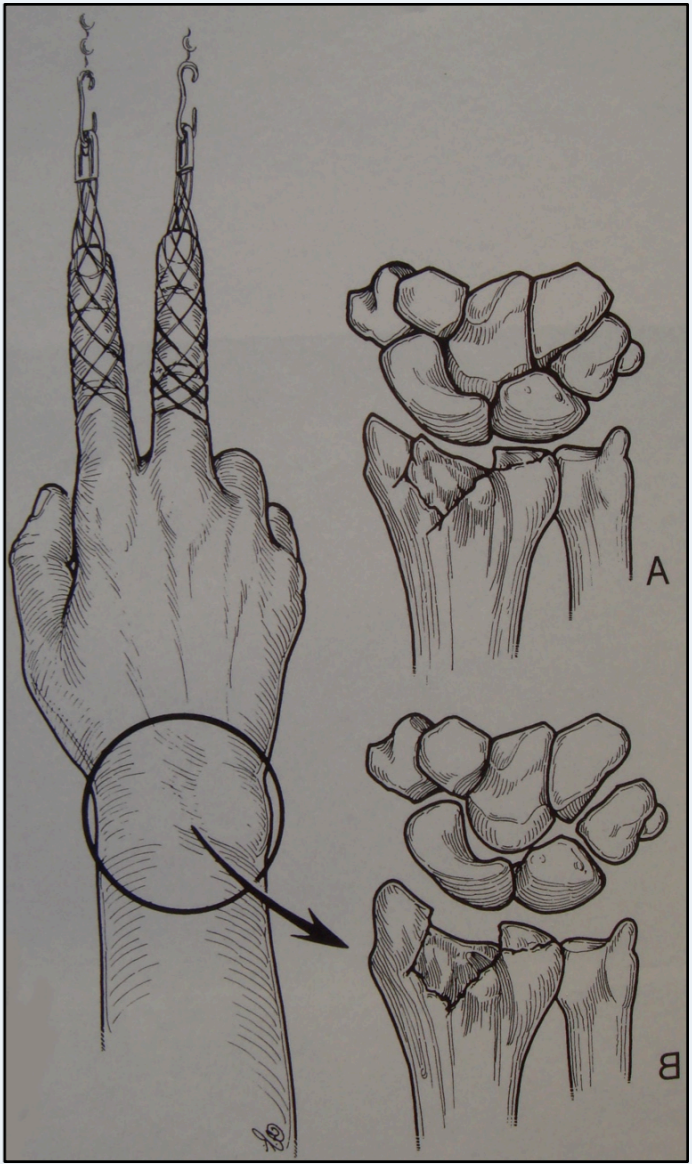
Extraarticular Fracture



Percut. K. wires fixation



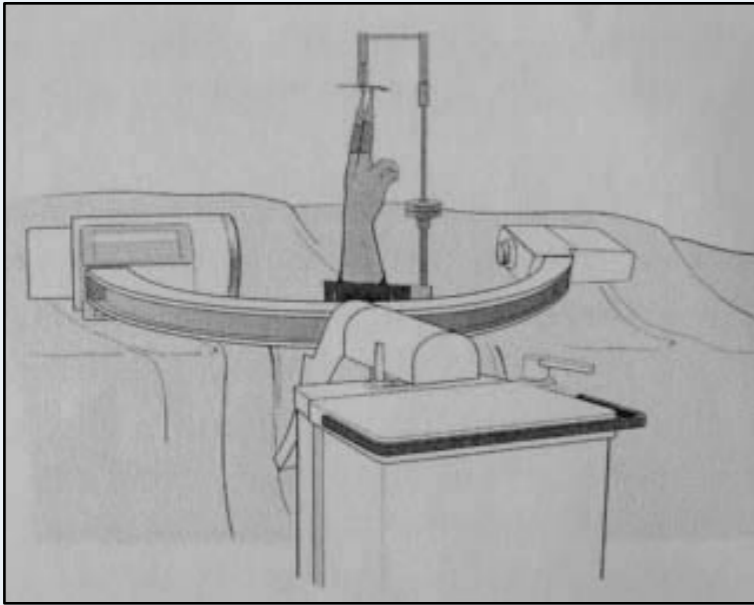
Intraarticular Fracture



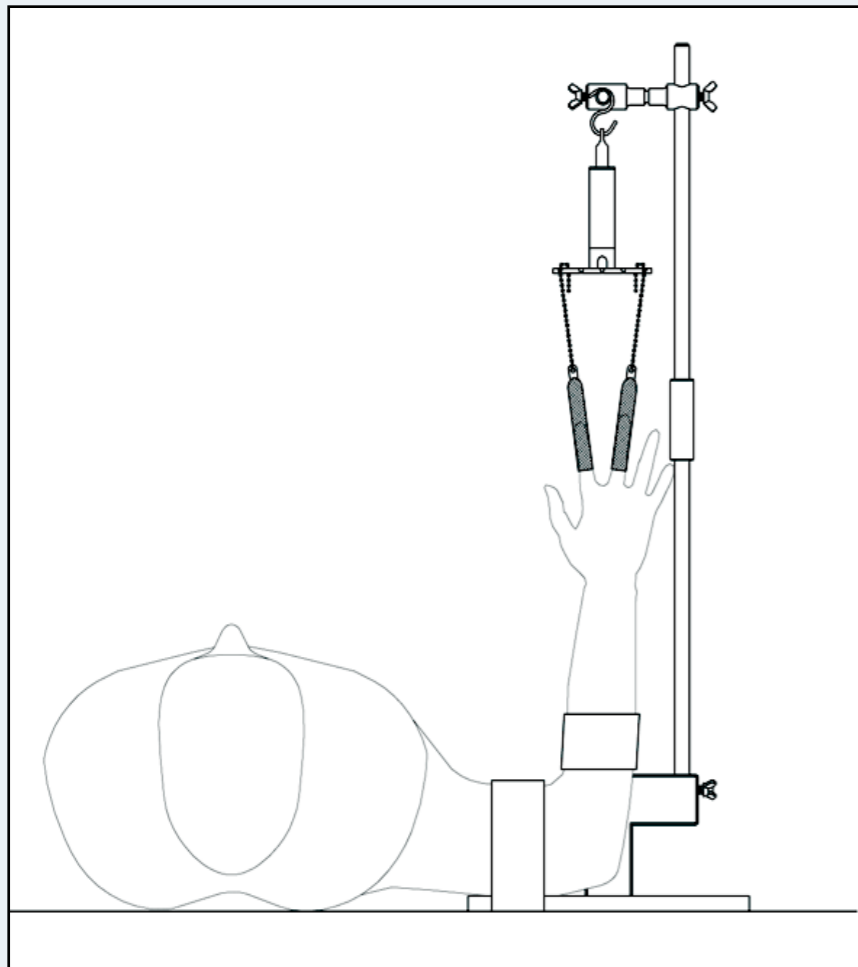
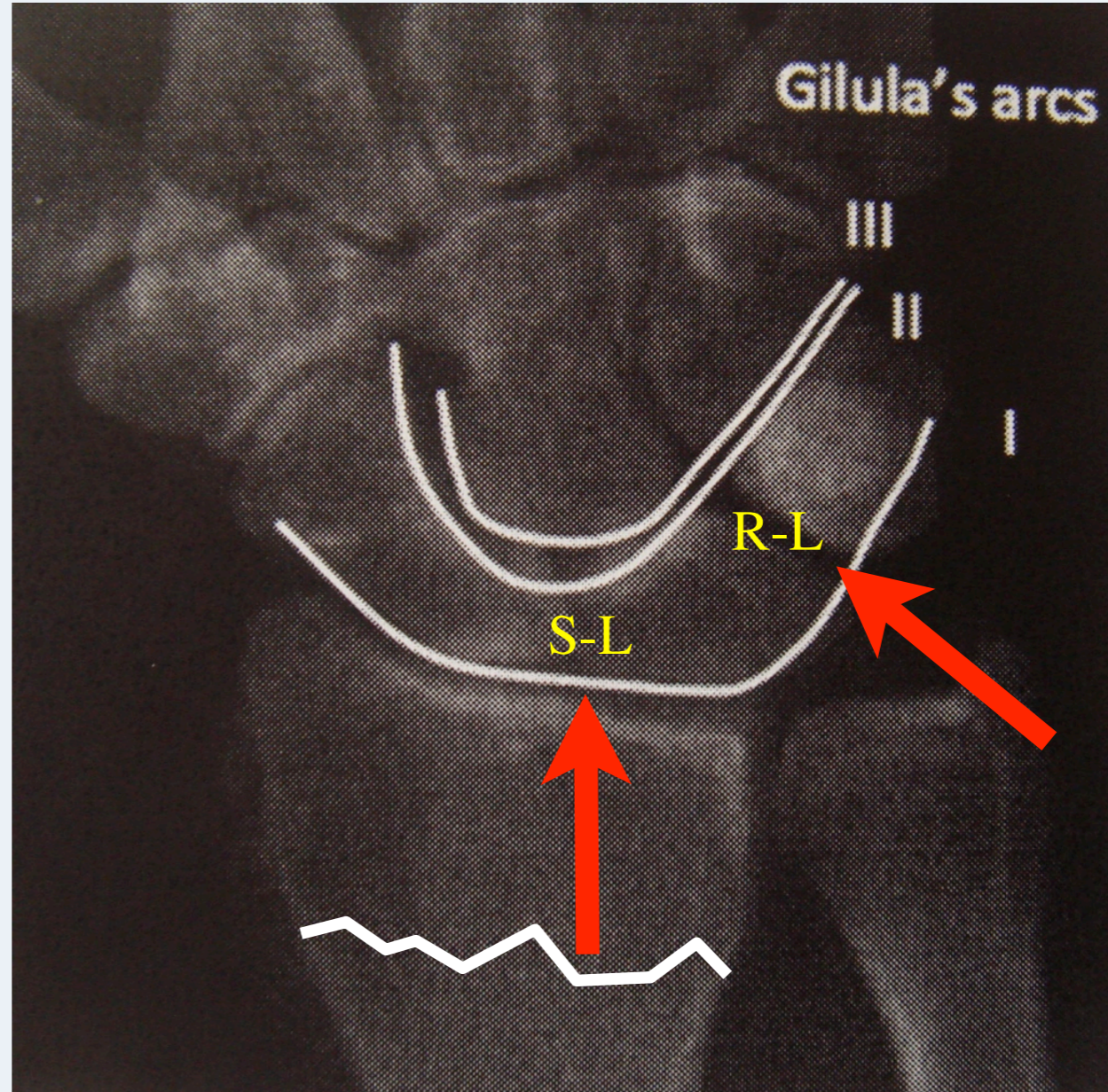
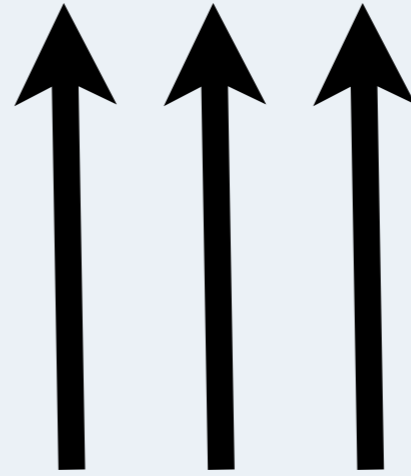
Open or ARS
assisted fixation

A Vertical Traction for a better understanding of associated injuries !

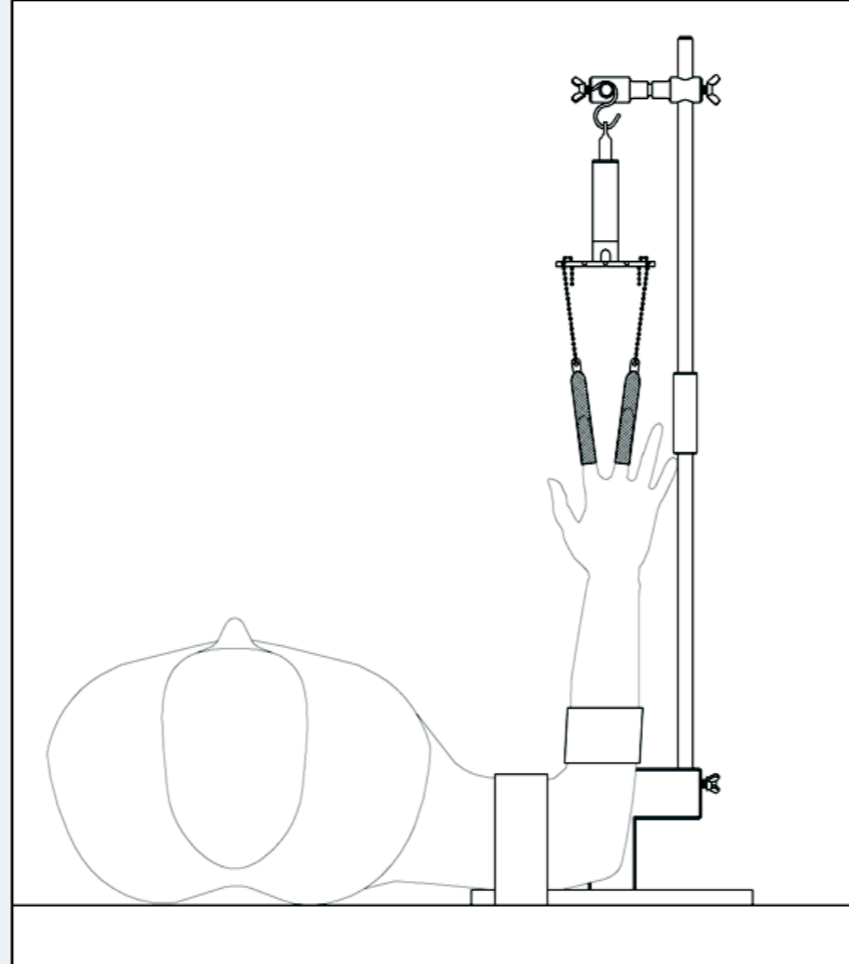
STRESS VIEW !!!



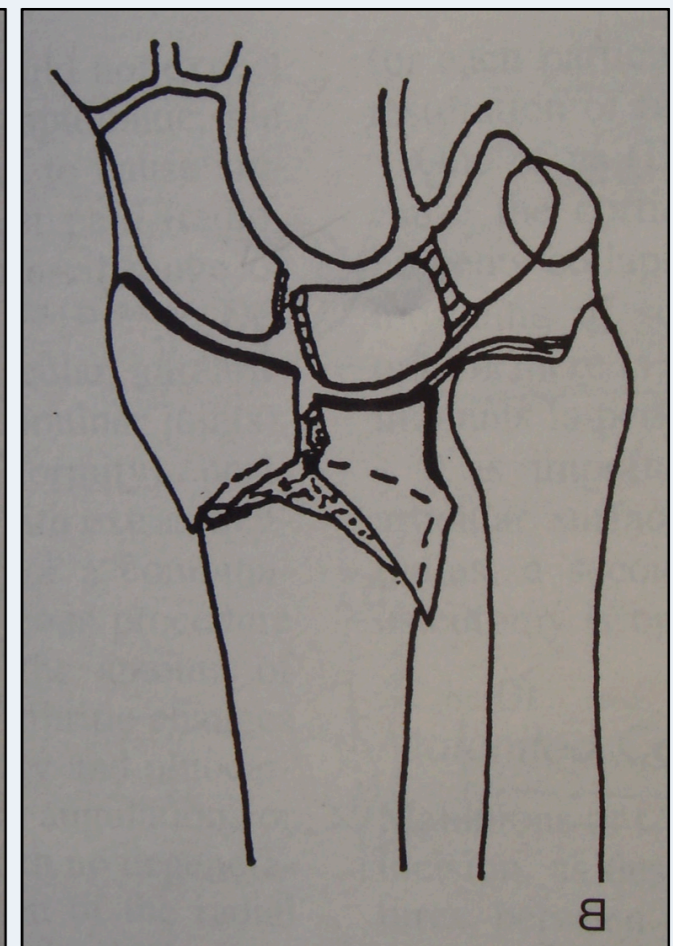
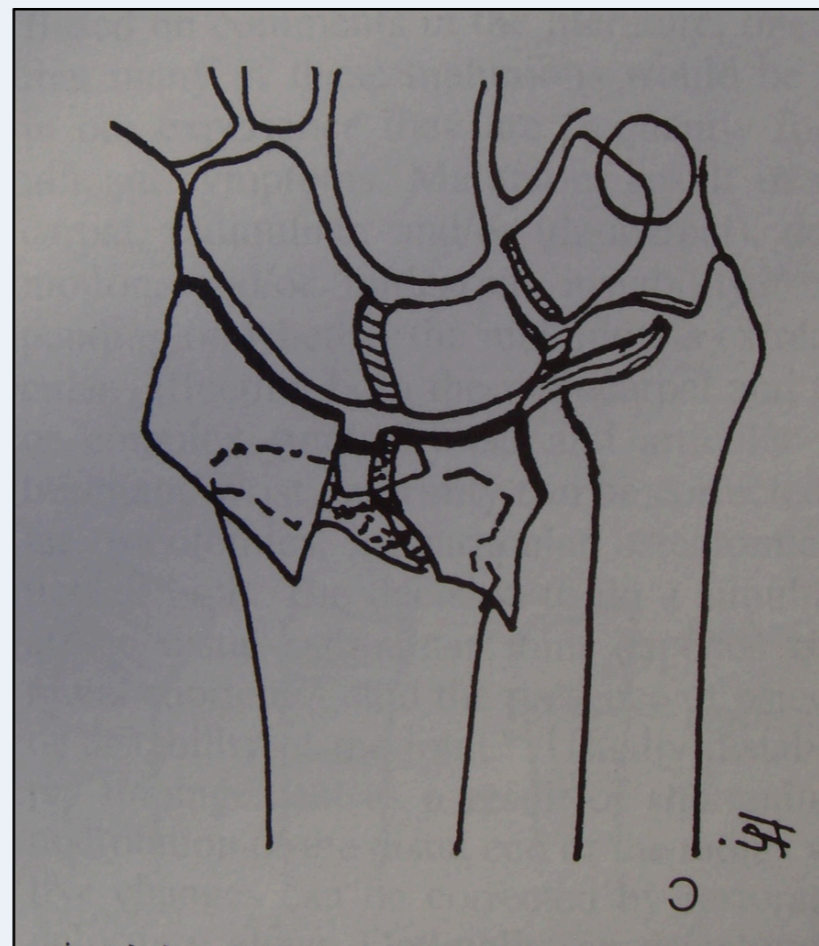
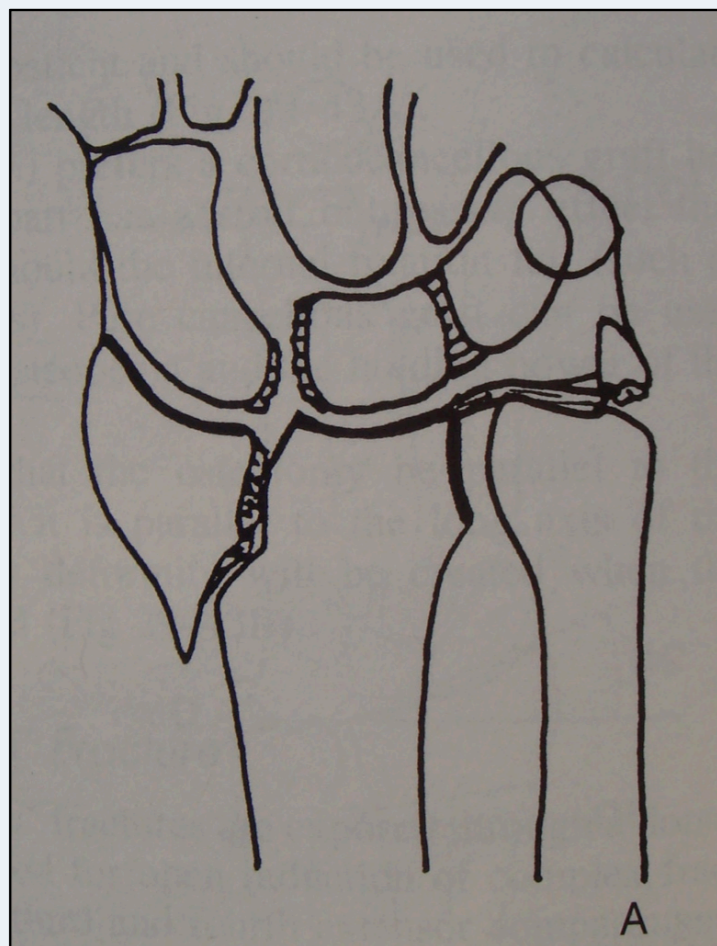
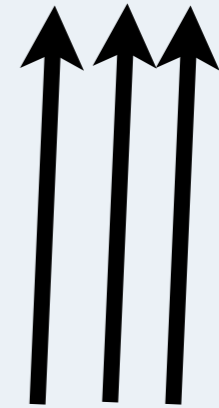
TRACTION



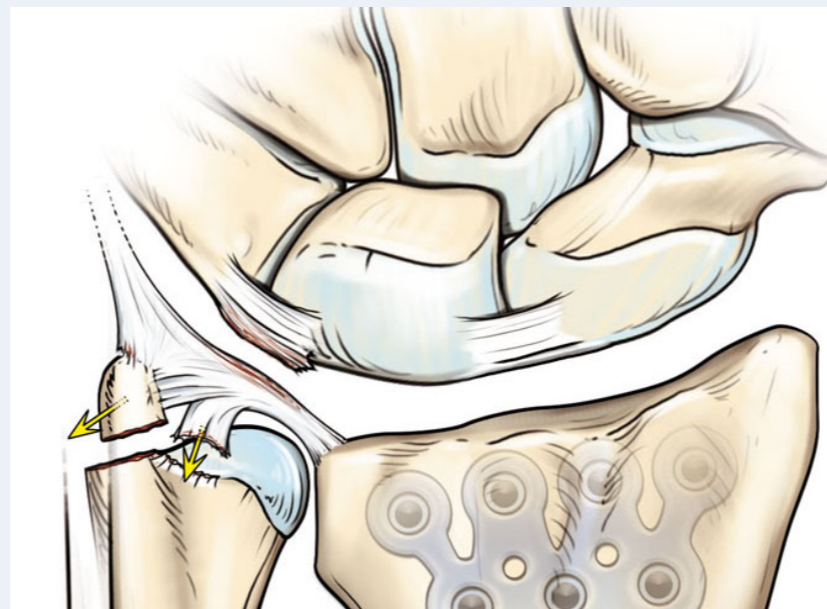
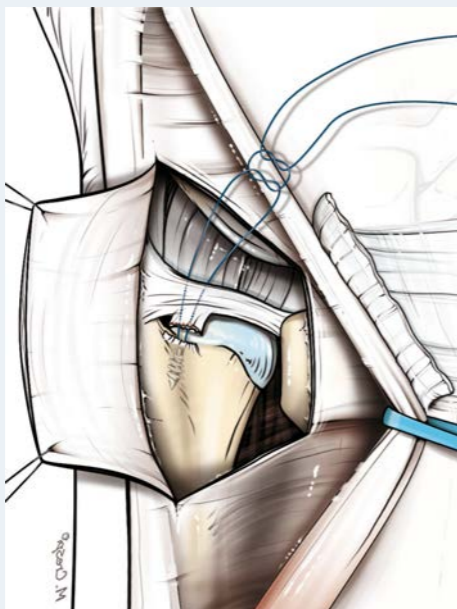
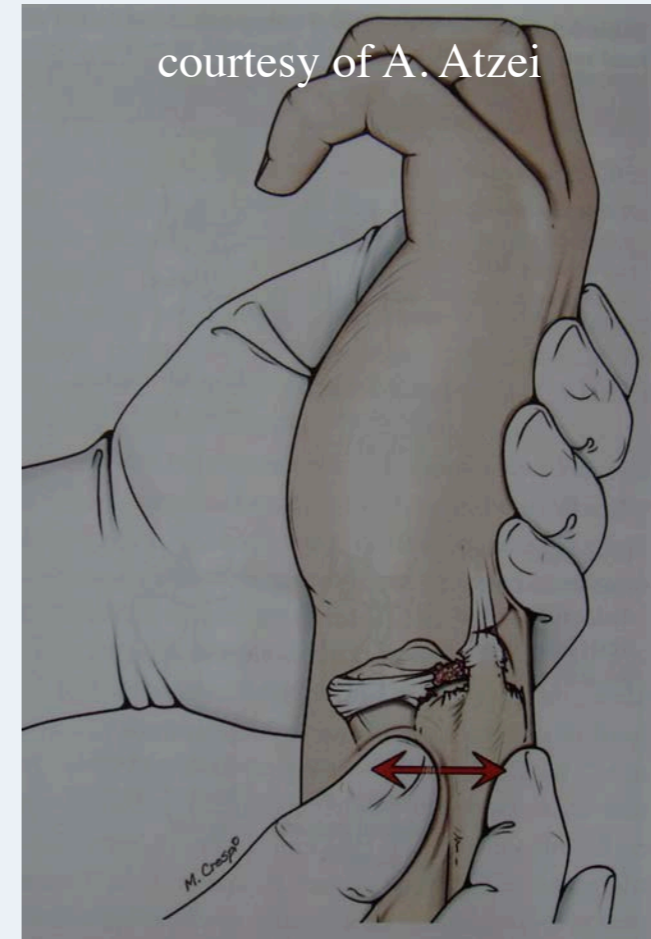
A Vertical
Traction for a
better
understanding
of complex
fractures



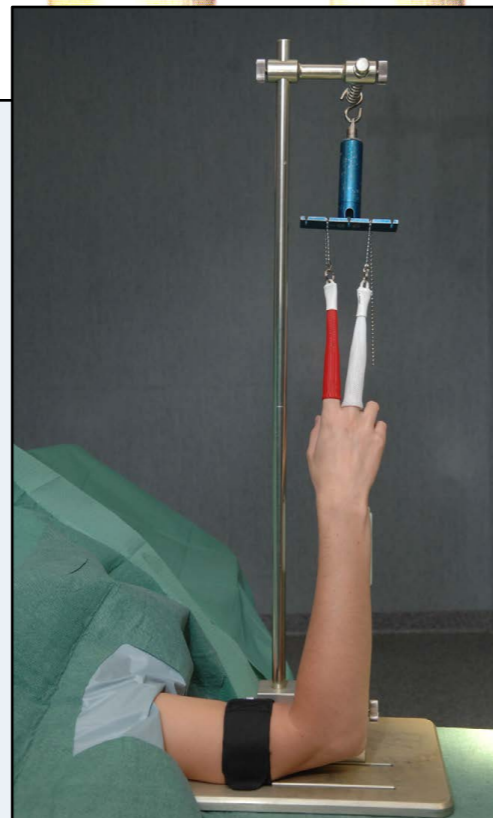
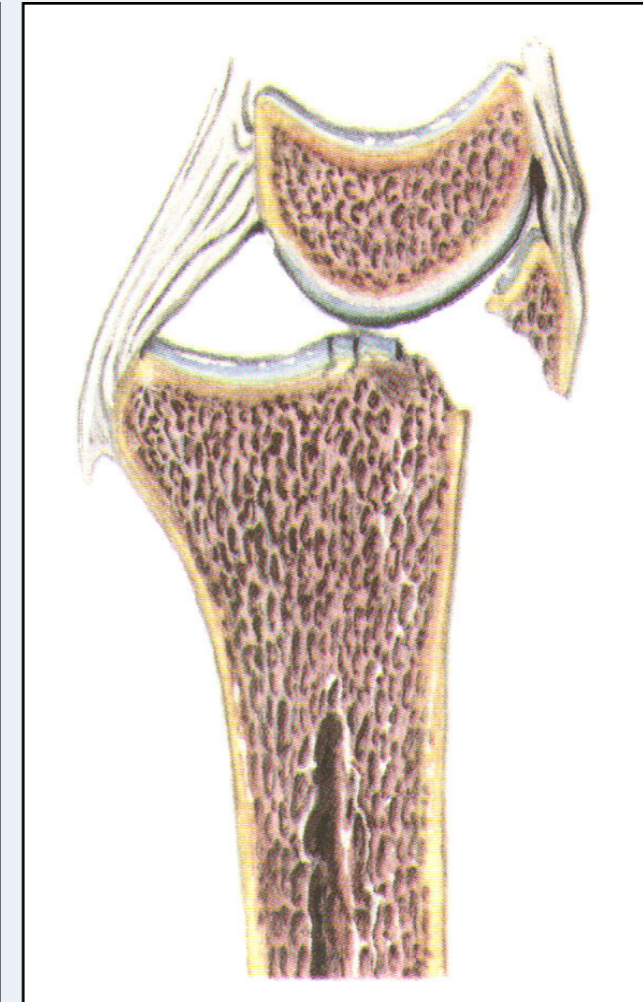
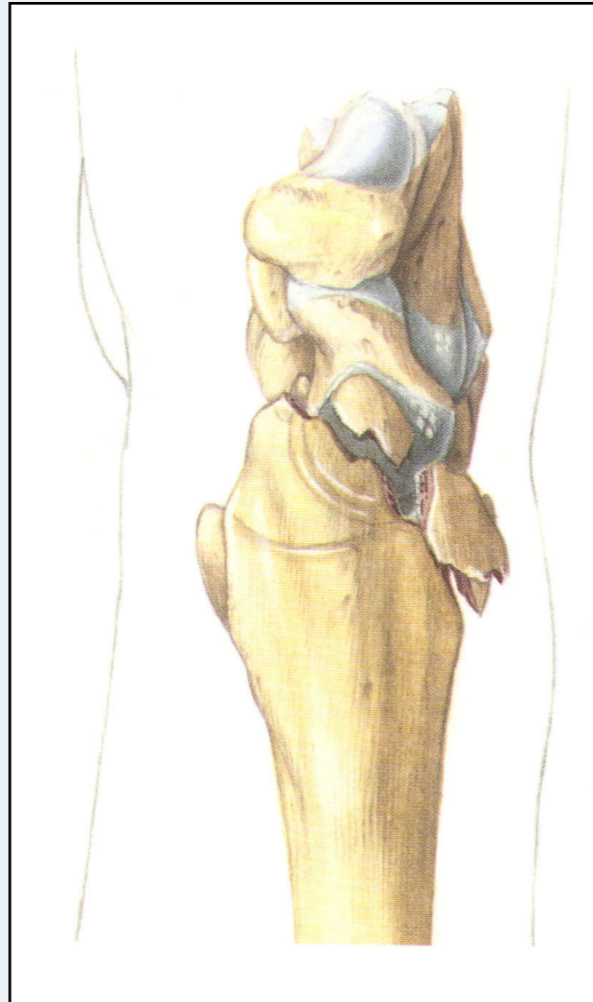
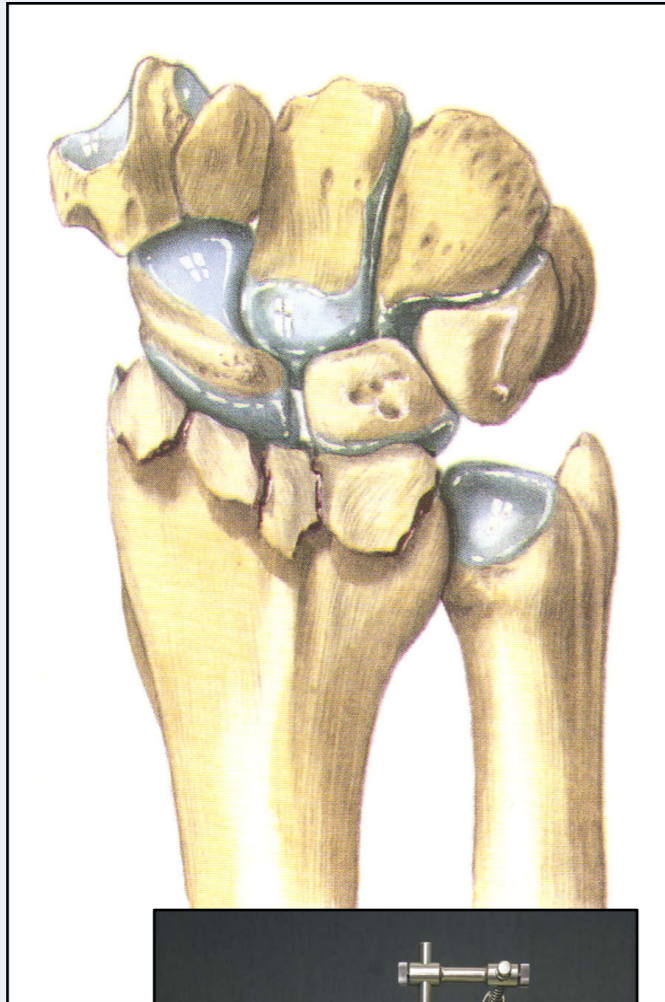
TRACTION



A Vertical Traction for a better understanding of DRUJ associated injuries preop. and intraop.

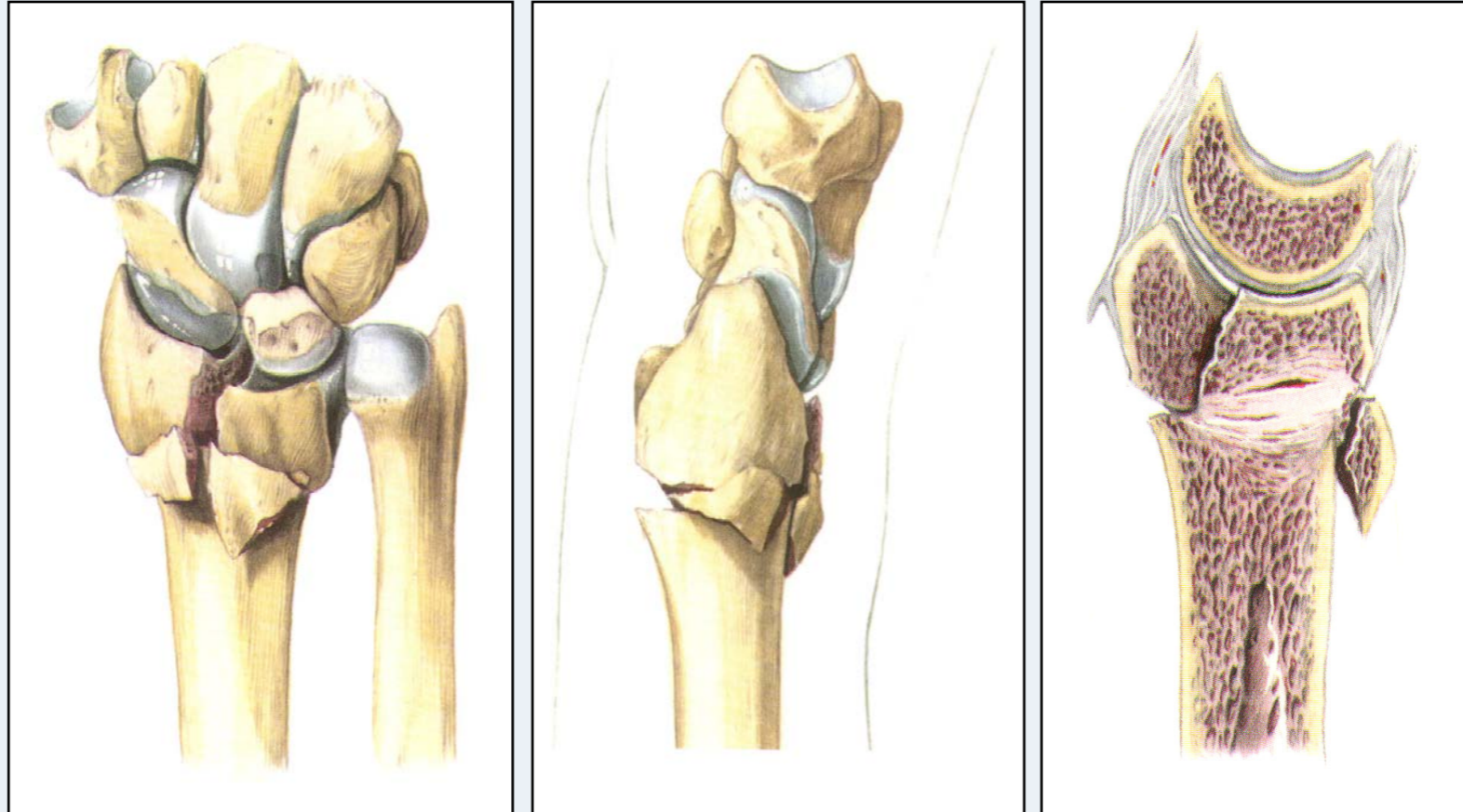


PECHLANER 1988



DORSAL APPROACH

PECHLANER 1988

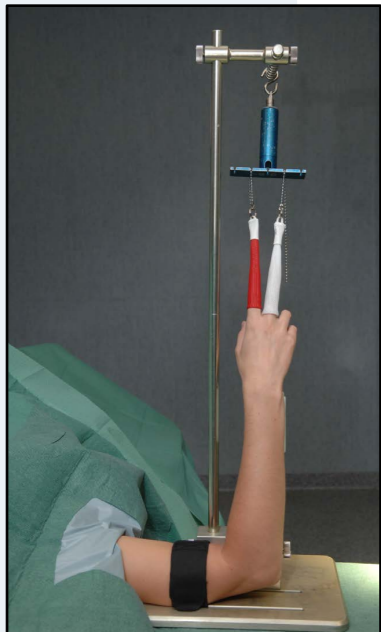
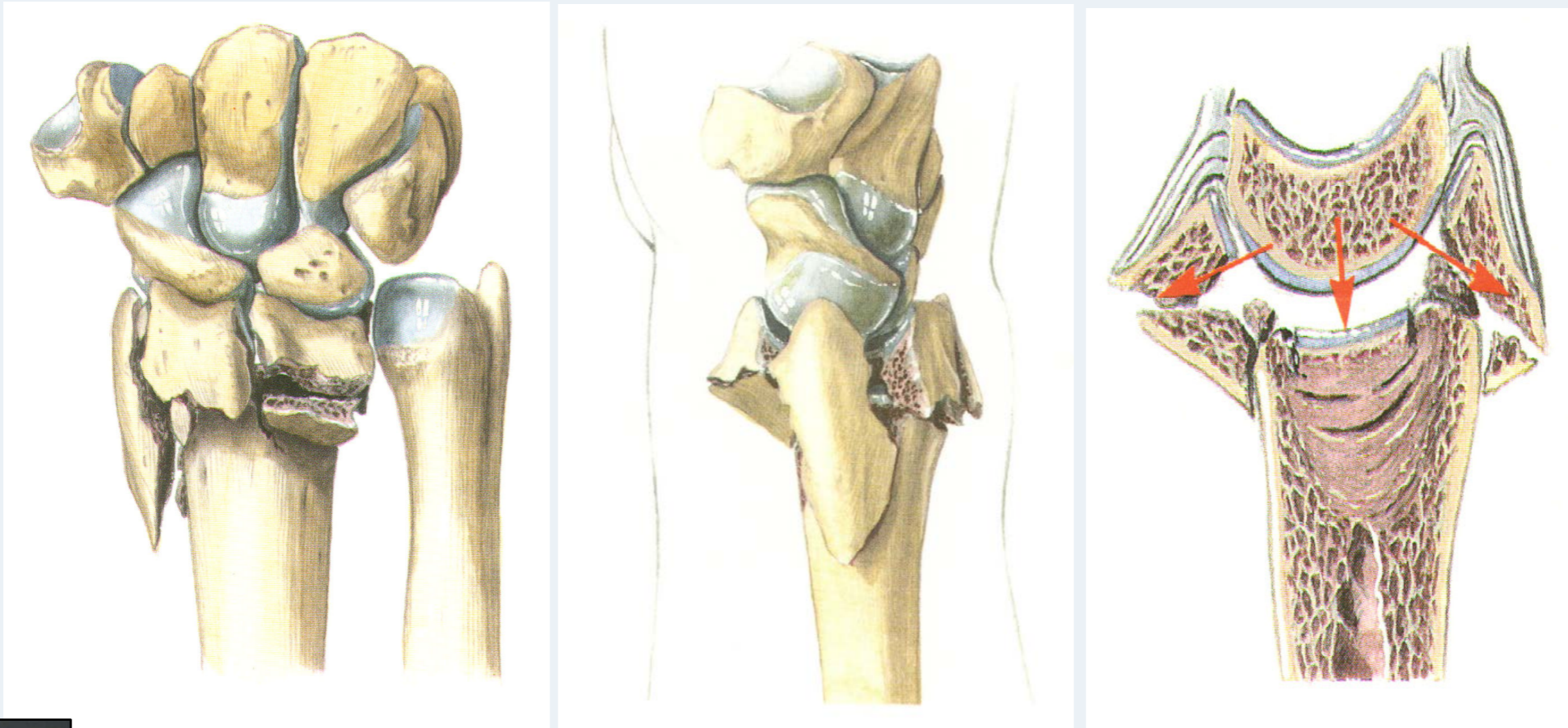


MOST DORSALLY DISPLACED FRACTURE



VOLAR APPROACH

PECHLANER 1988



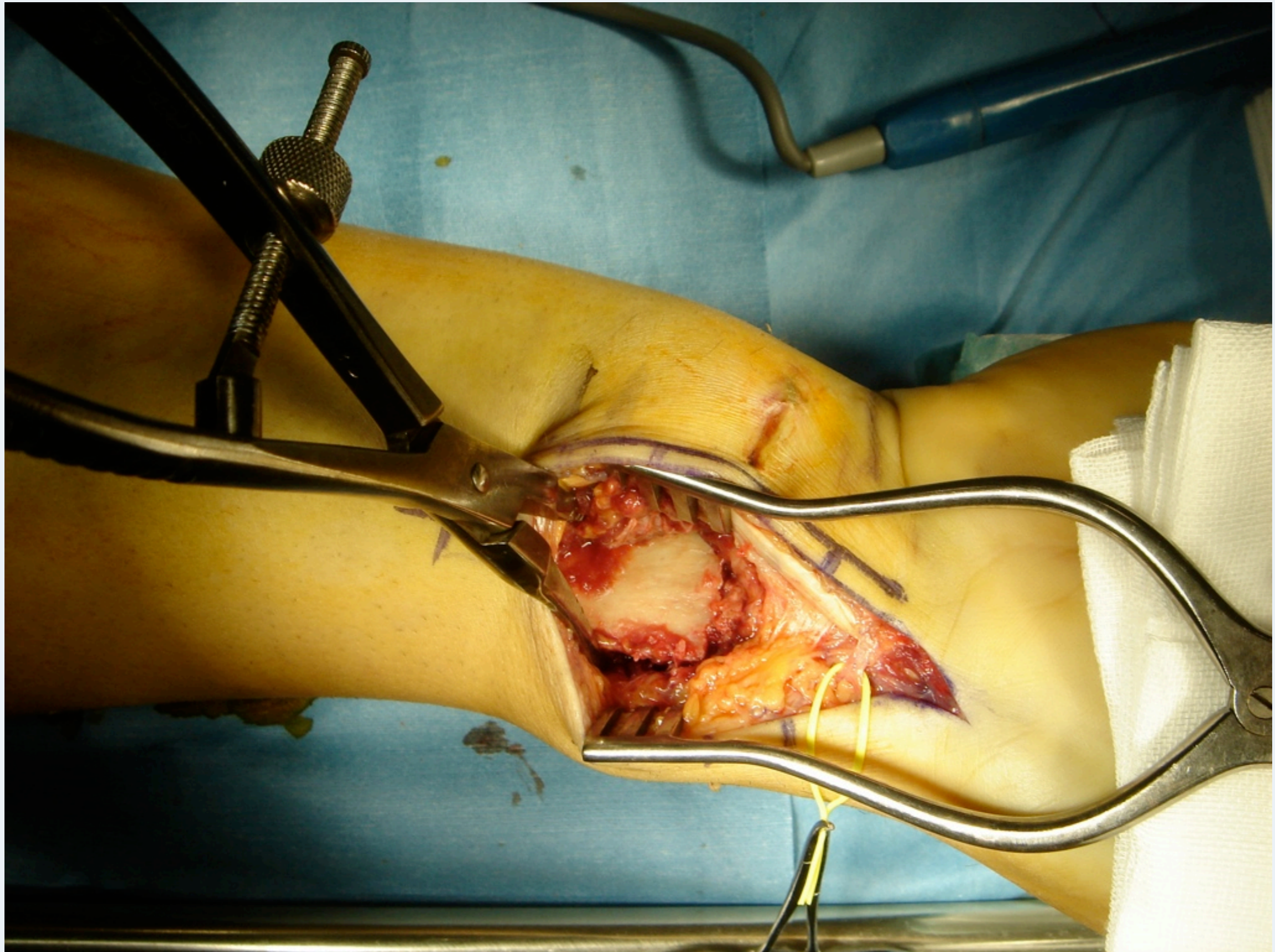
COMBINED APPROACH !

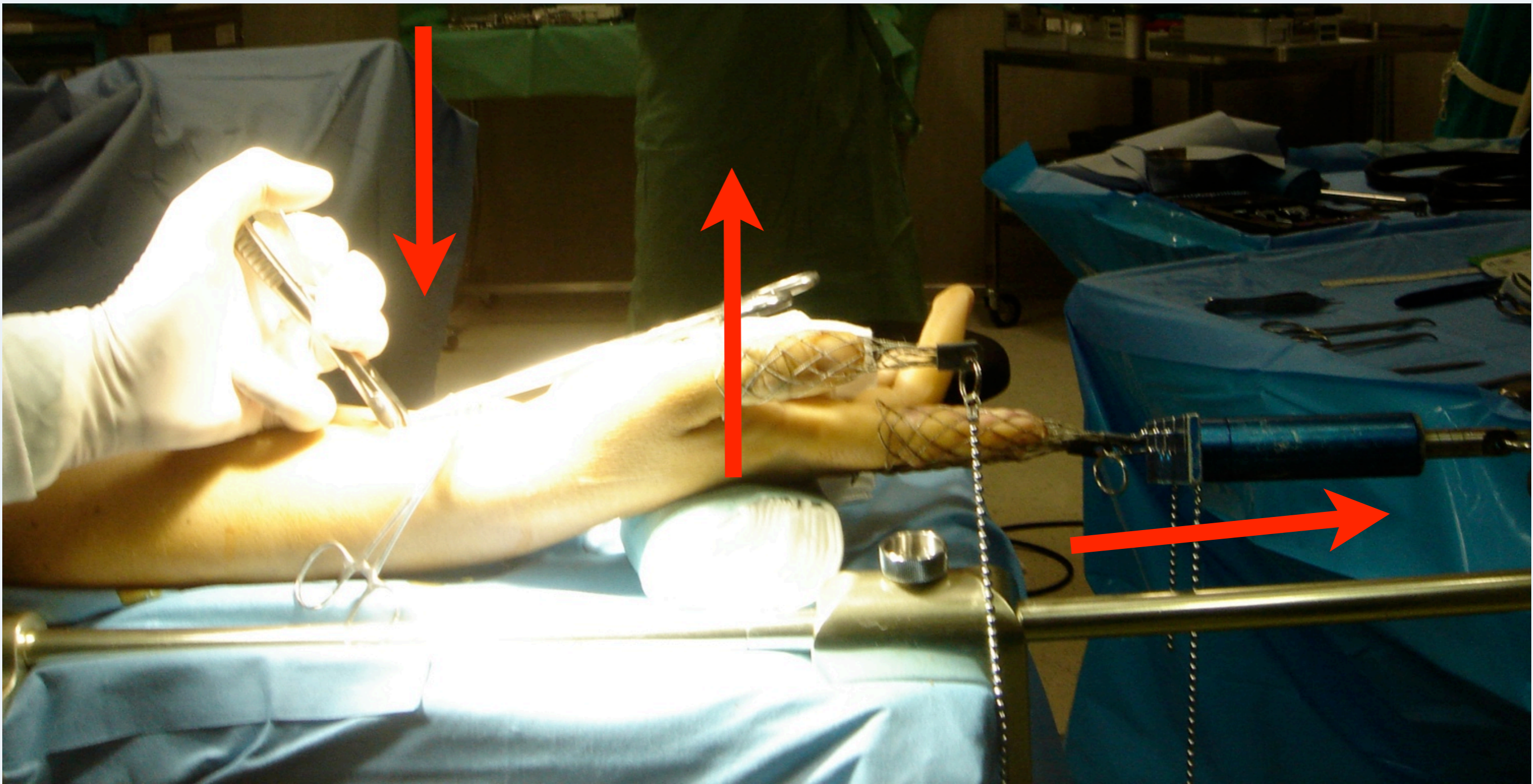
OPEN VOLAR FIXATION !



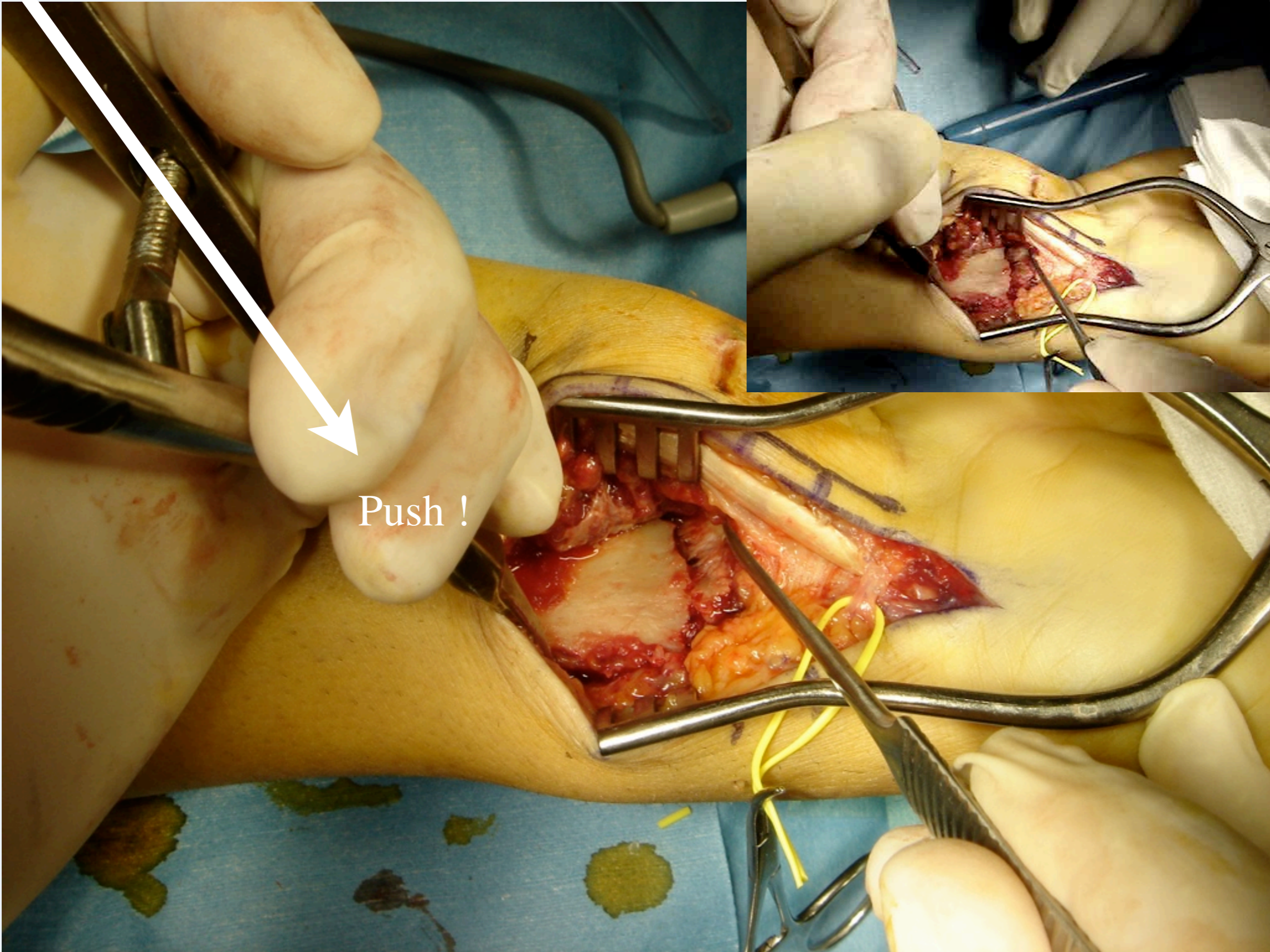
Man, 45 y.

1 SURGEON !





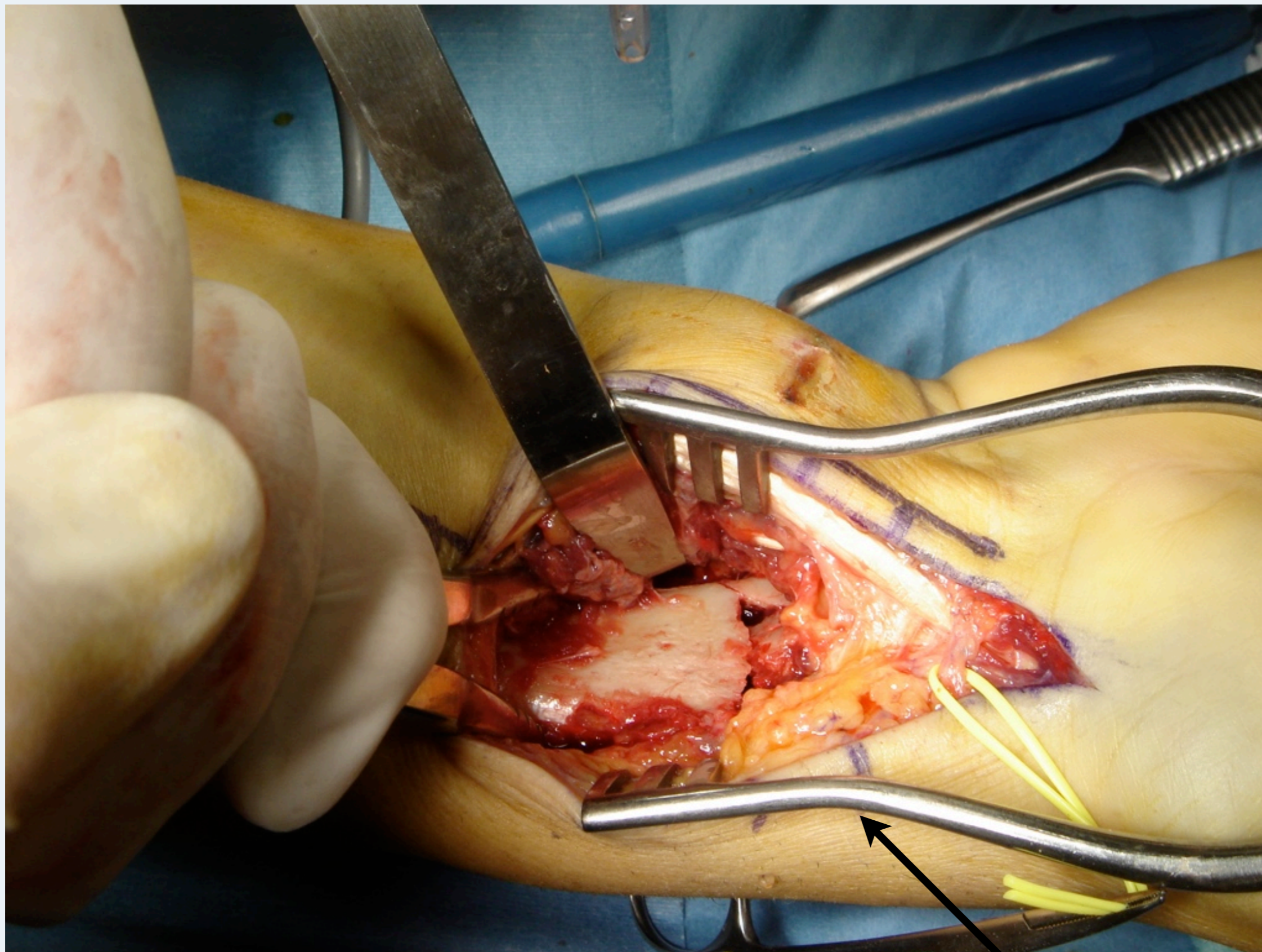
Left hand



Push !

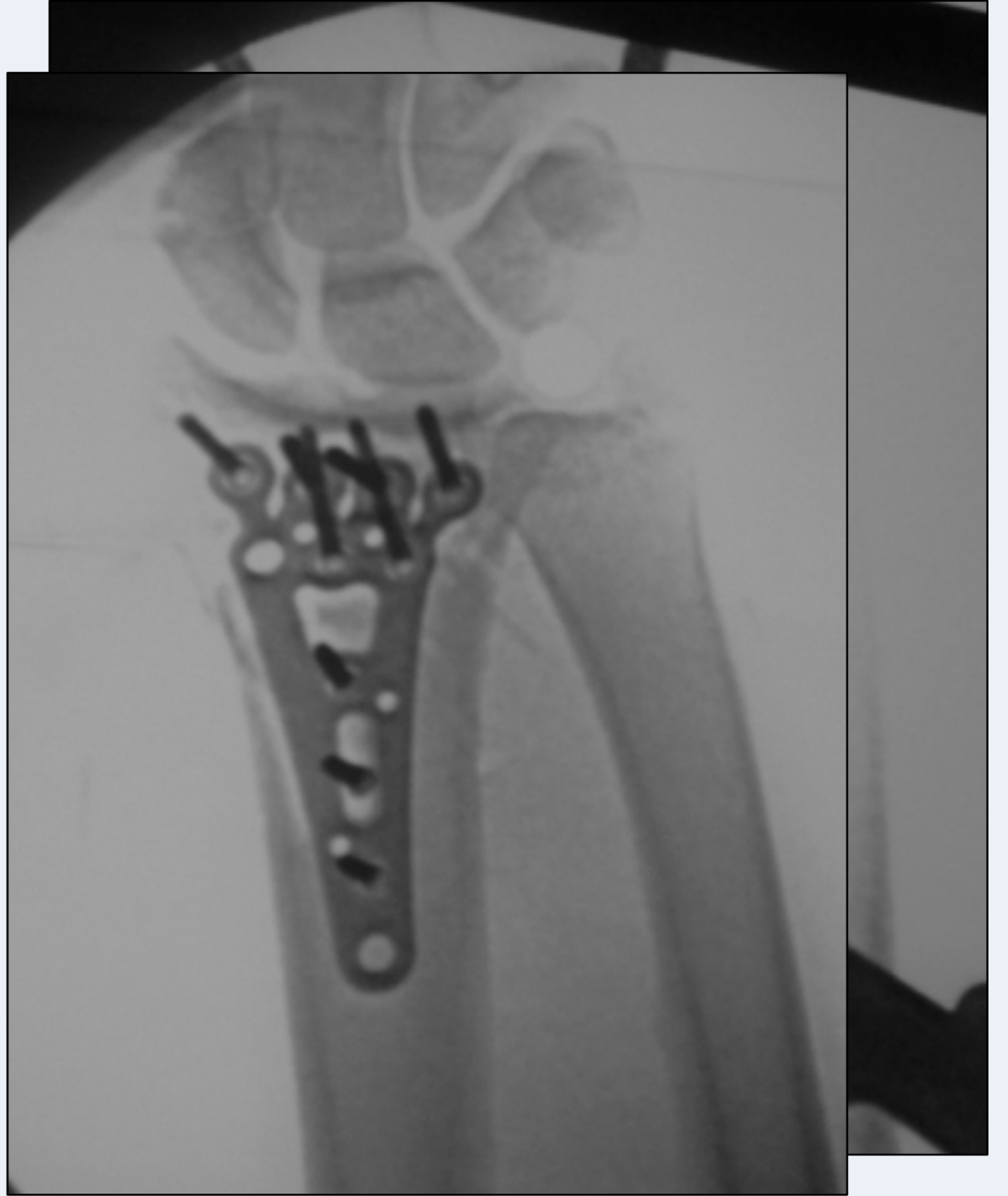
1 SURGEON !

Right hand

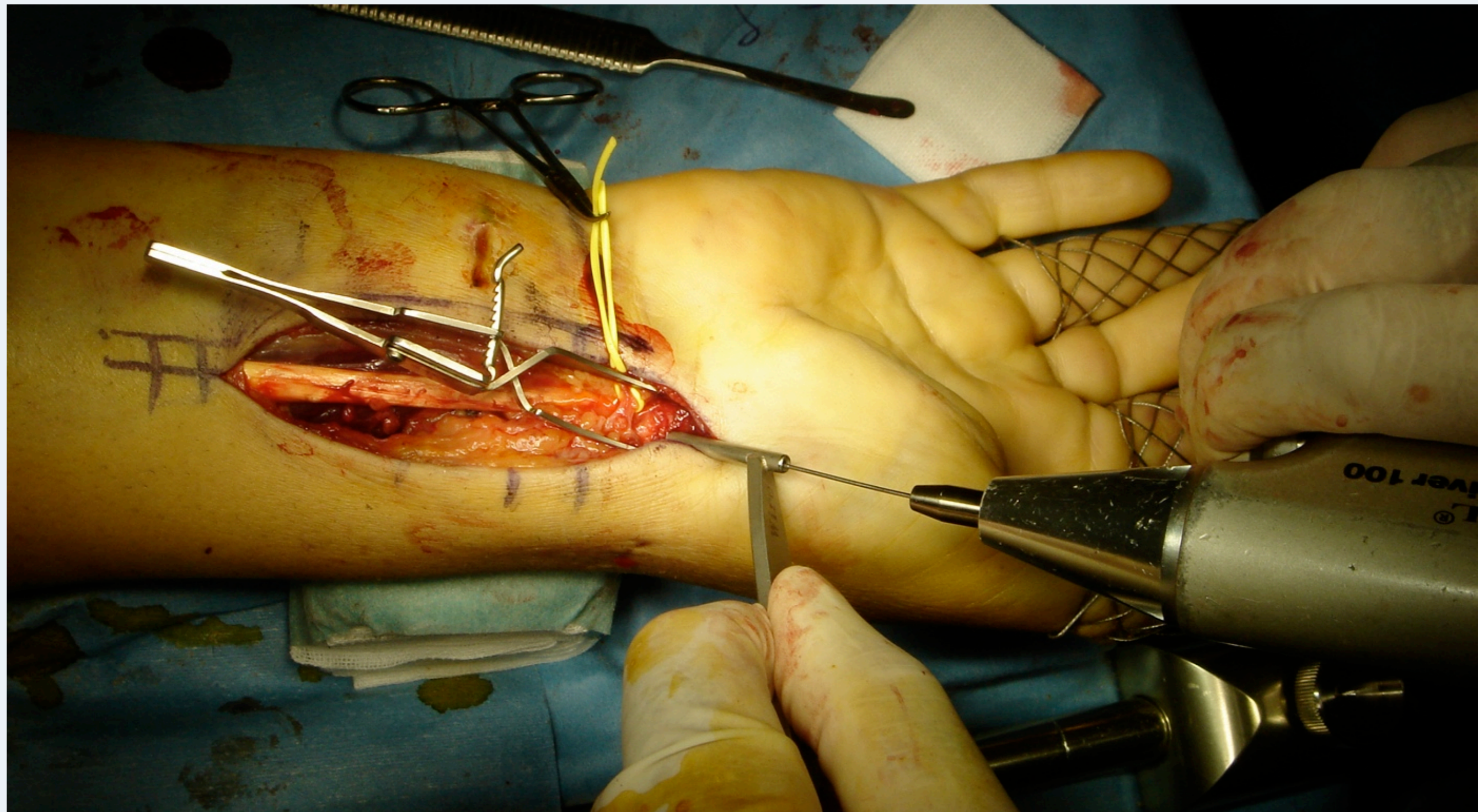


1 SURGEON !

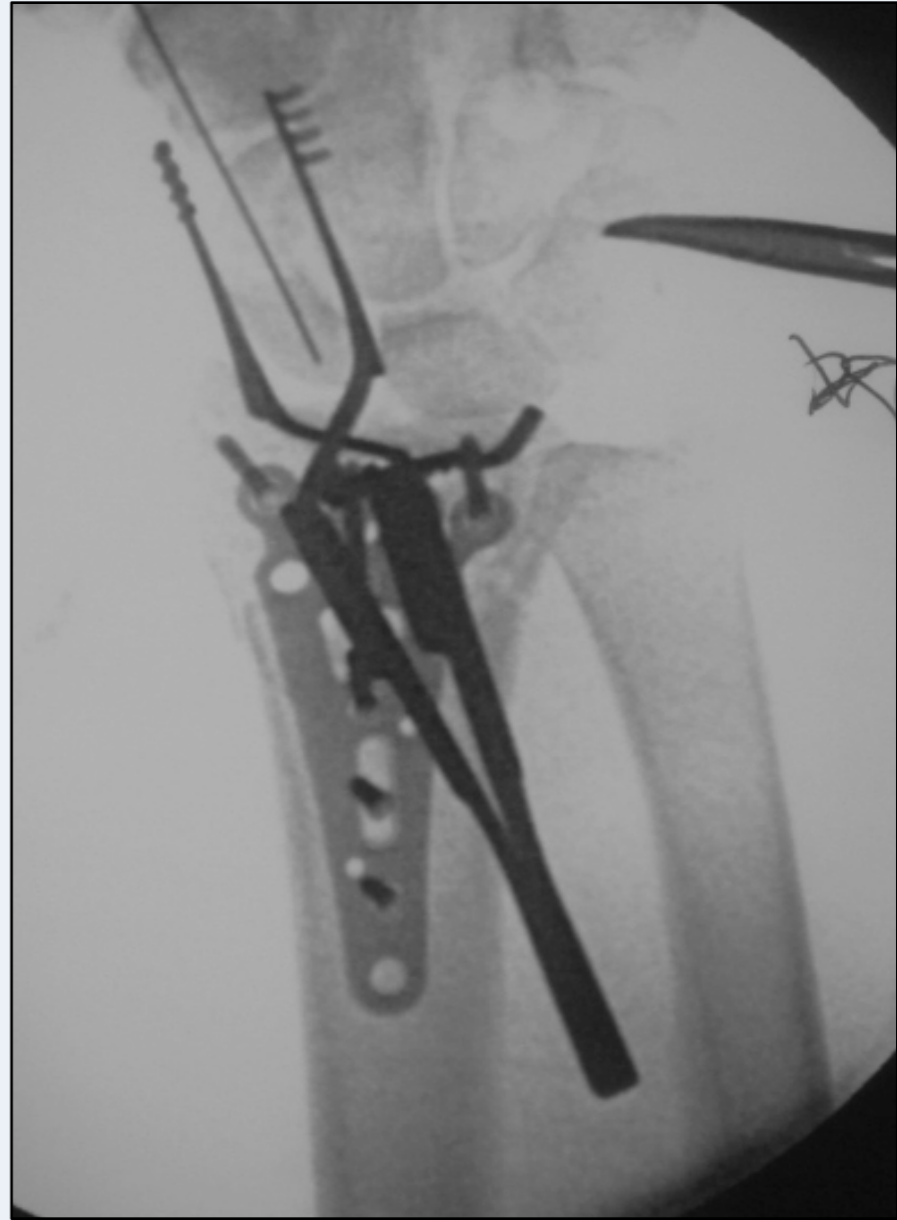
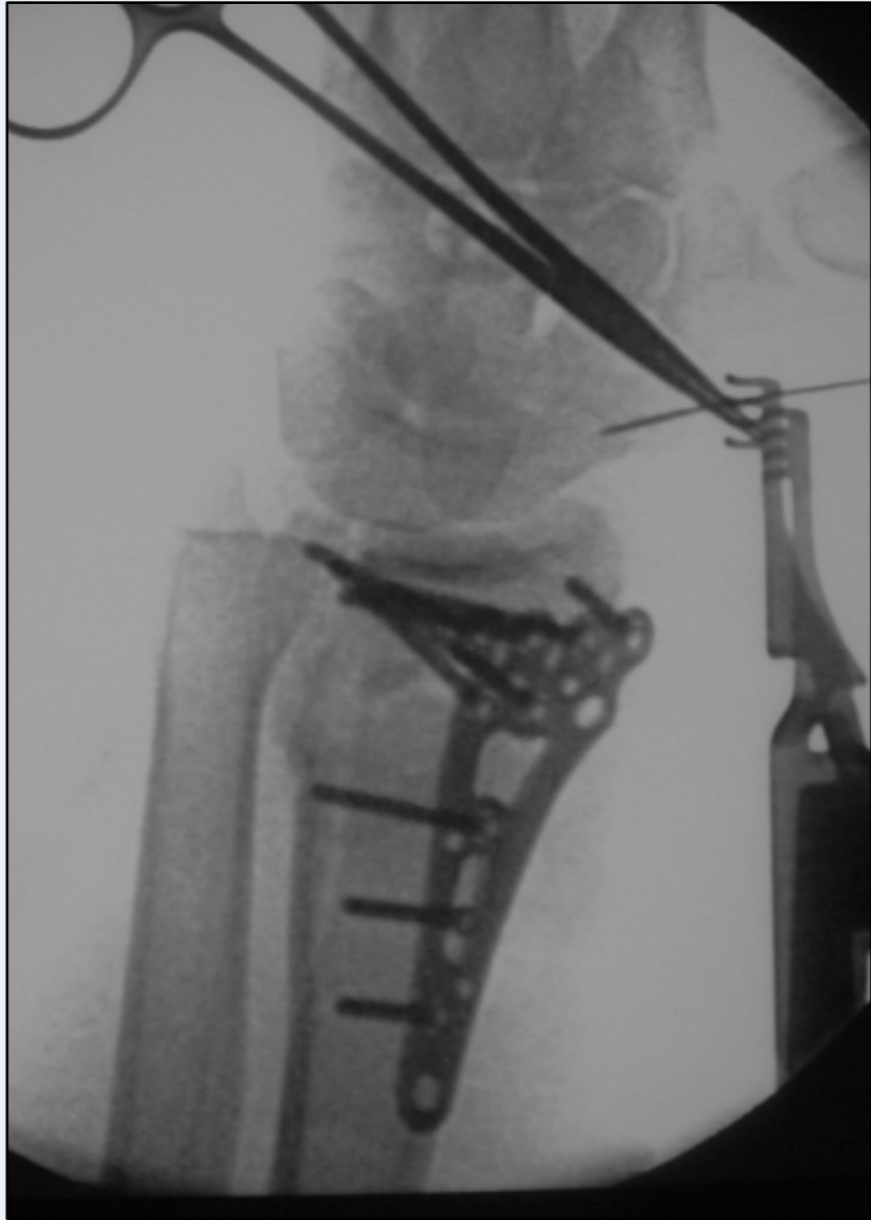
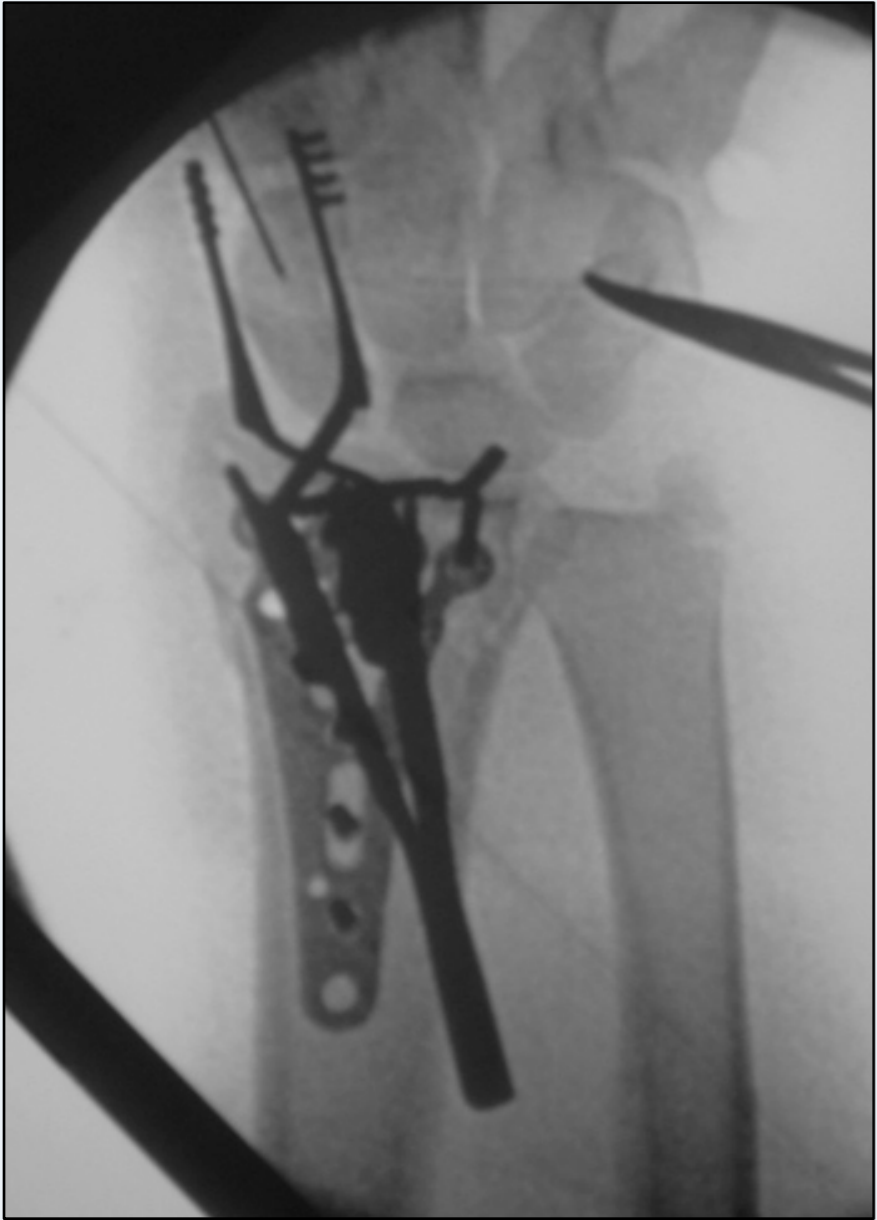
K. wire temporary fixation !

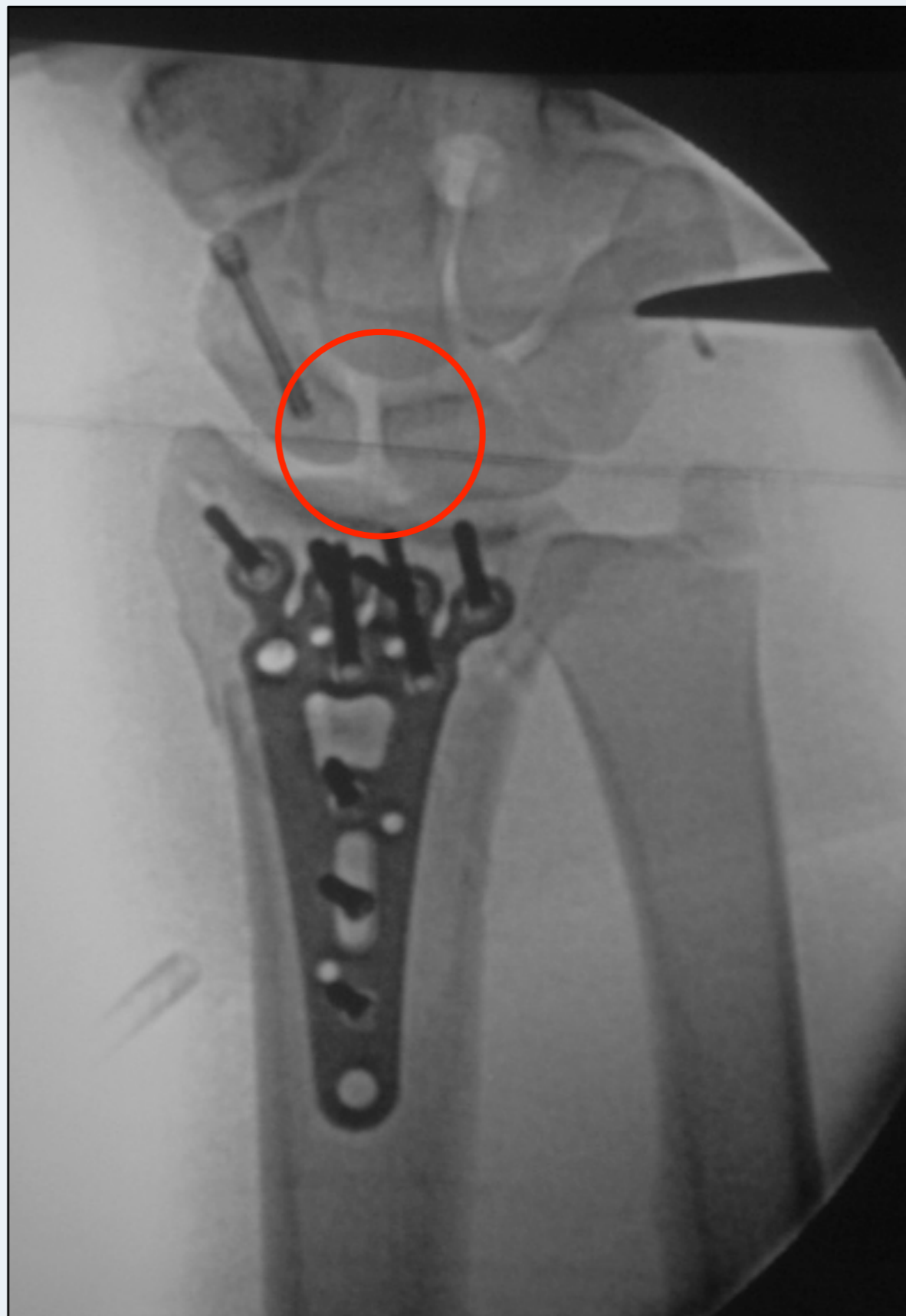


The Horizontal System stabilizes the wrist in extension !

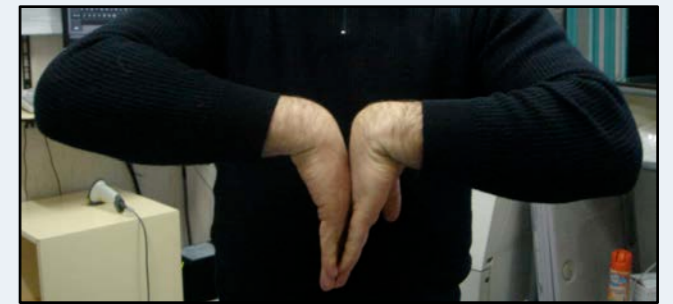


1 SURGEON !





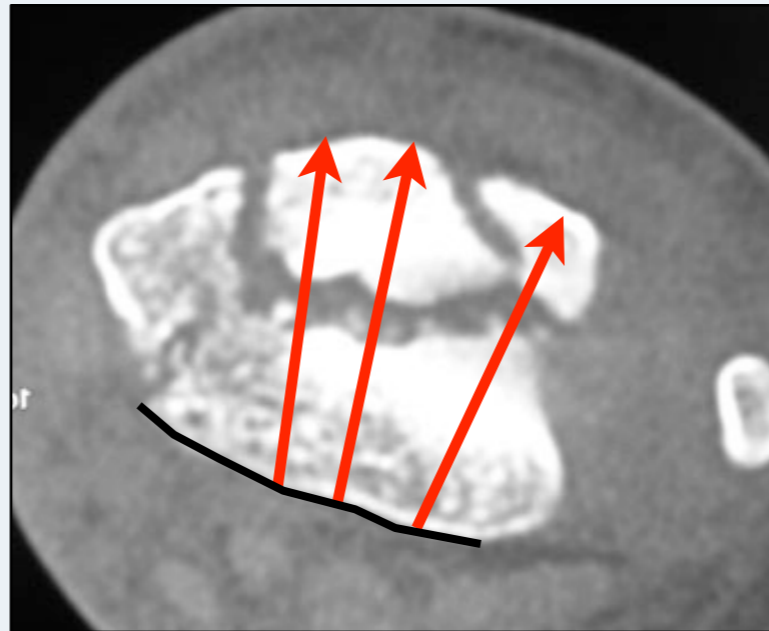
EARLY REHABILITATION ?



2 months

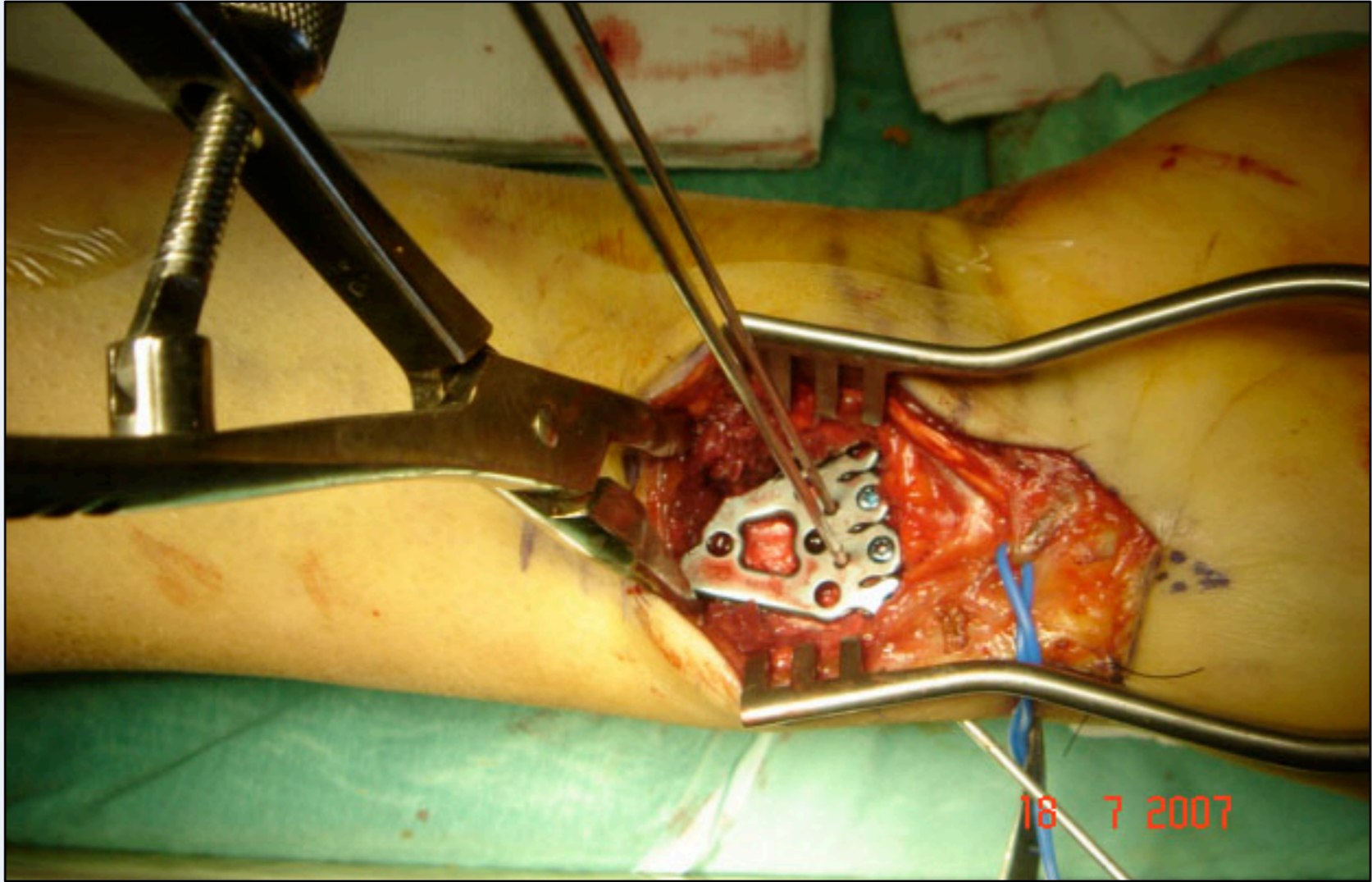


COMBINED OPEN FIXATION ?
ARS ASSISTED FIXATION ?

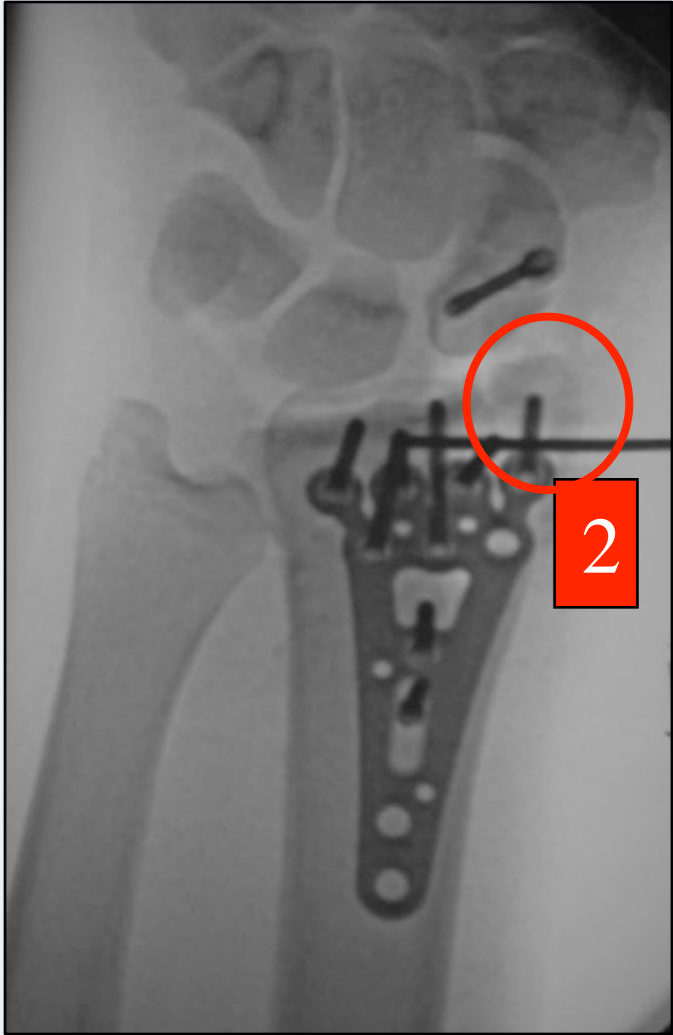


Volar approach

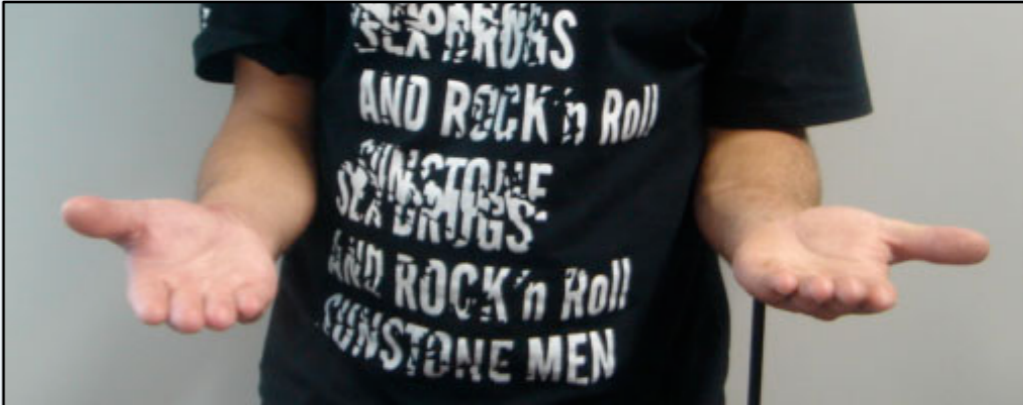




2 SURGEONS !



ARTHROSCOPIC ASSISTED RADIAL STYLOID FIXATION !



5 WEEKS



BACK TO WORK !

COMMINUTED METAPHYSEAL FRACTURE

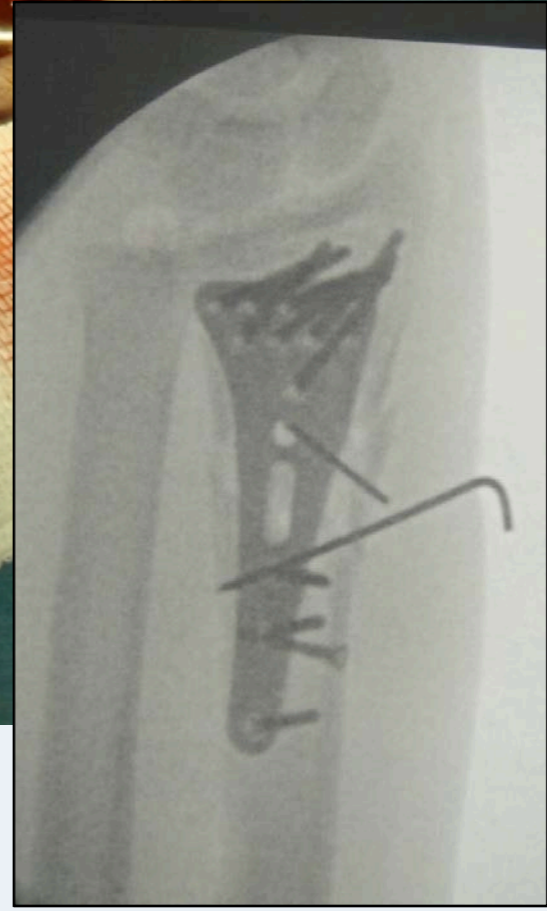
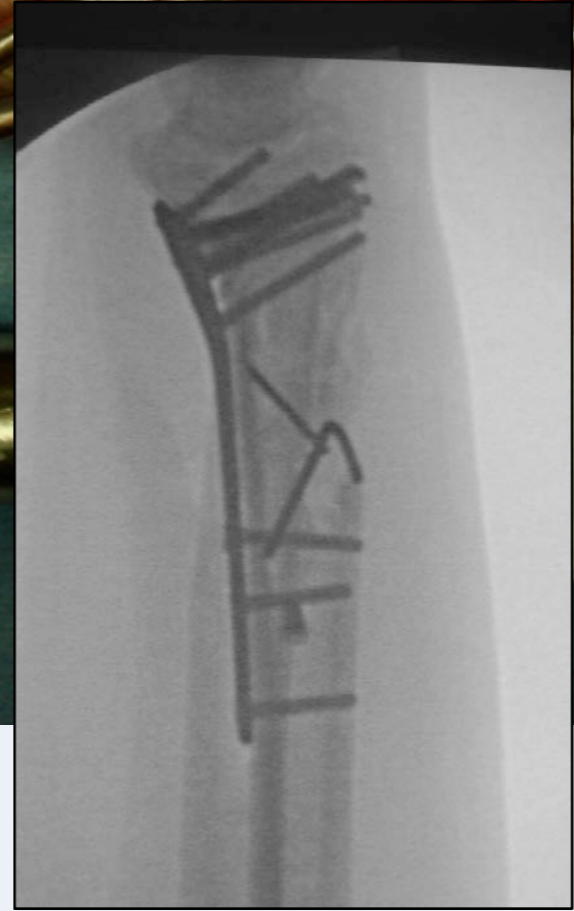
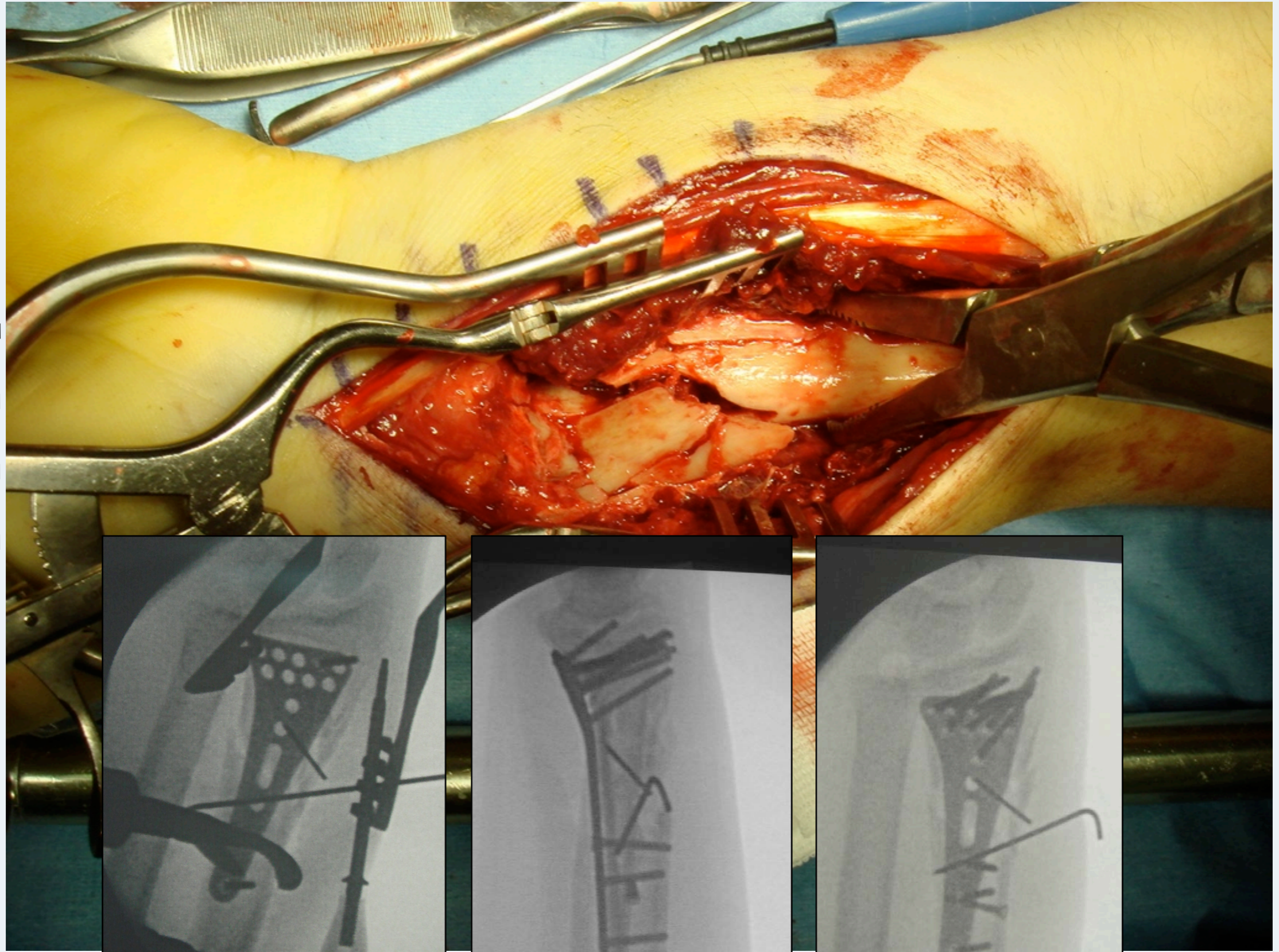
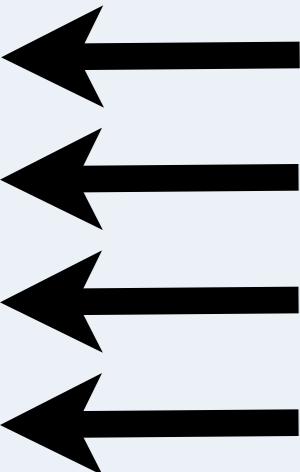


DRUJ INSTABILITY !



Horizontal traction get easier reduction !

1 SURGEON !

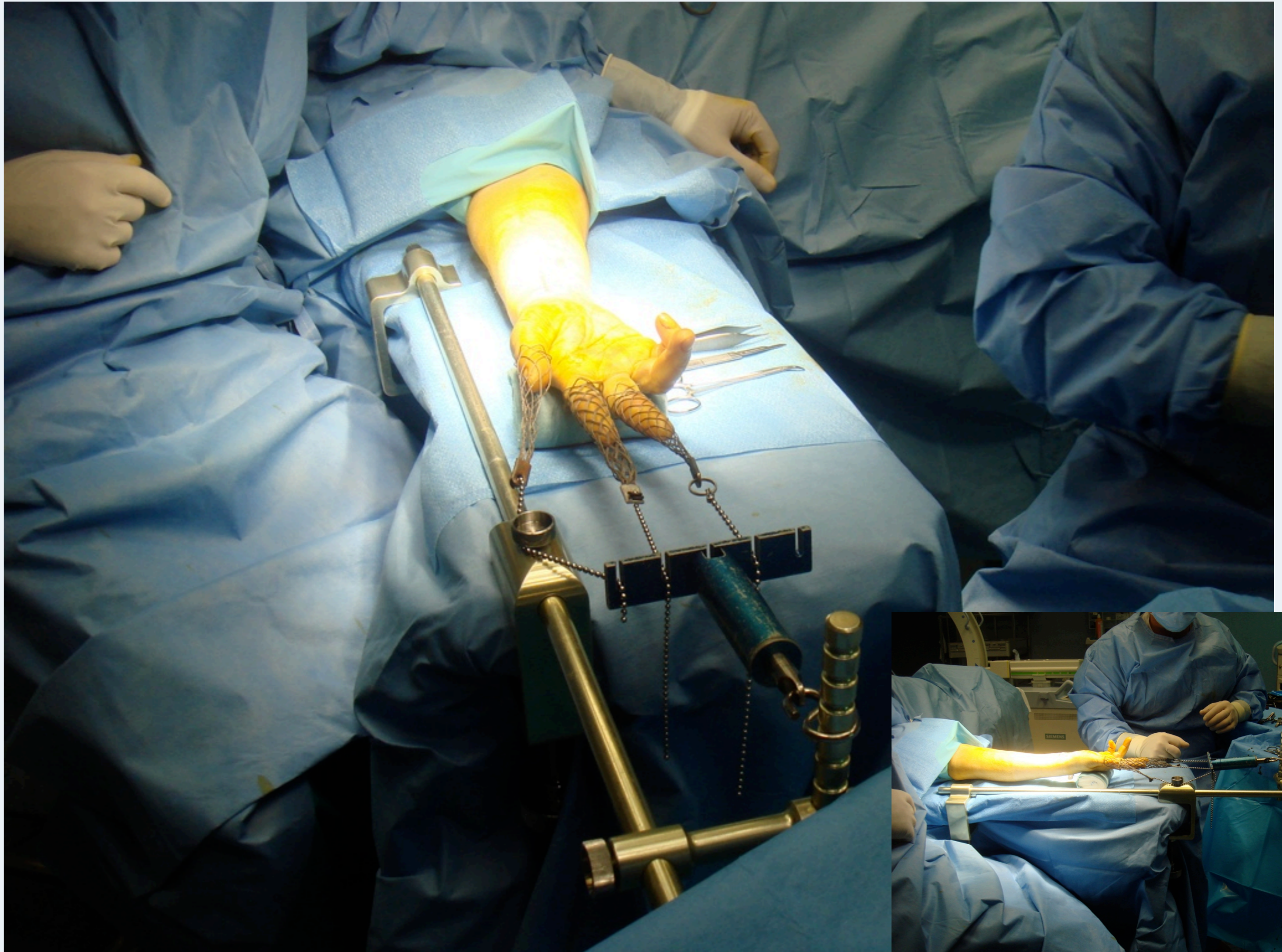


COMBINED APPROACH

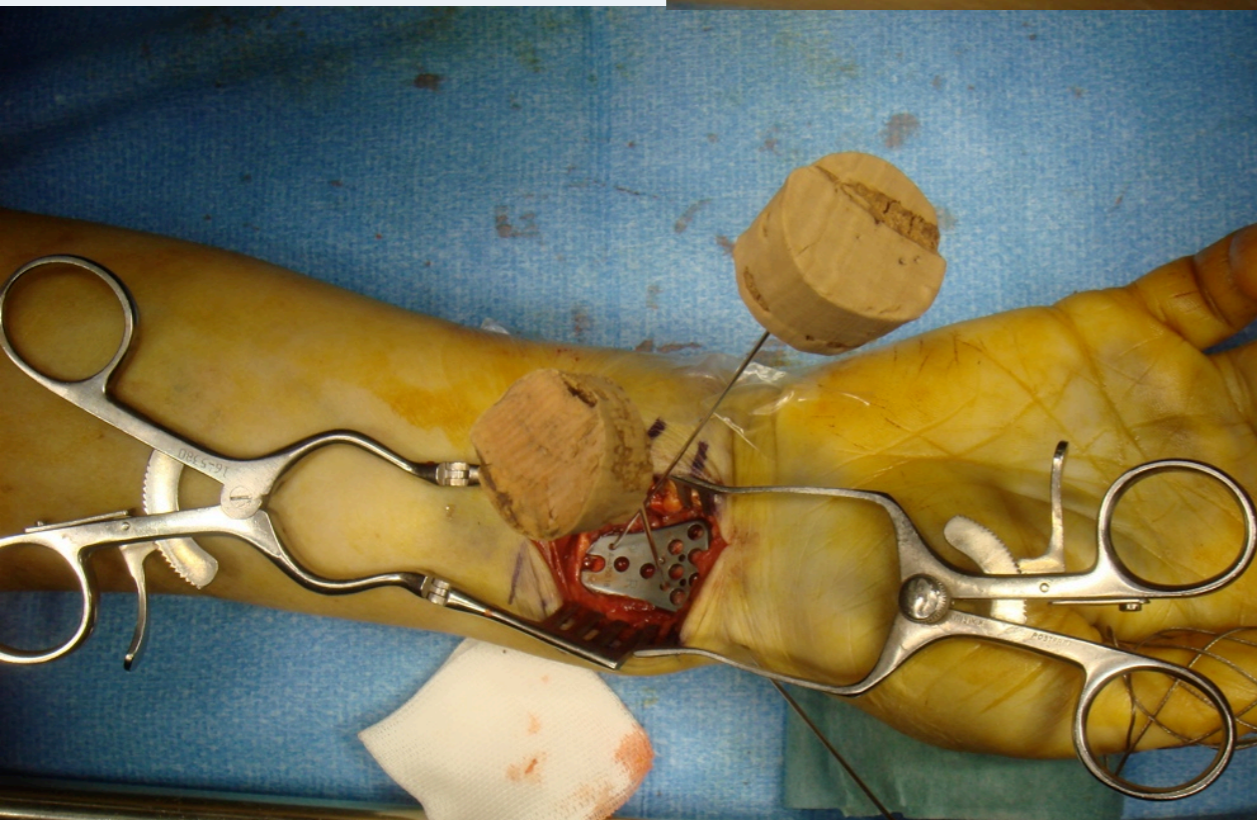
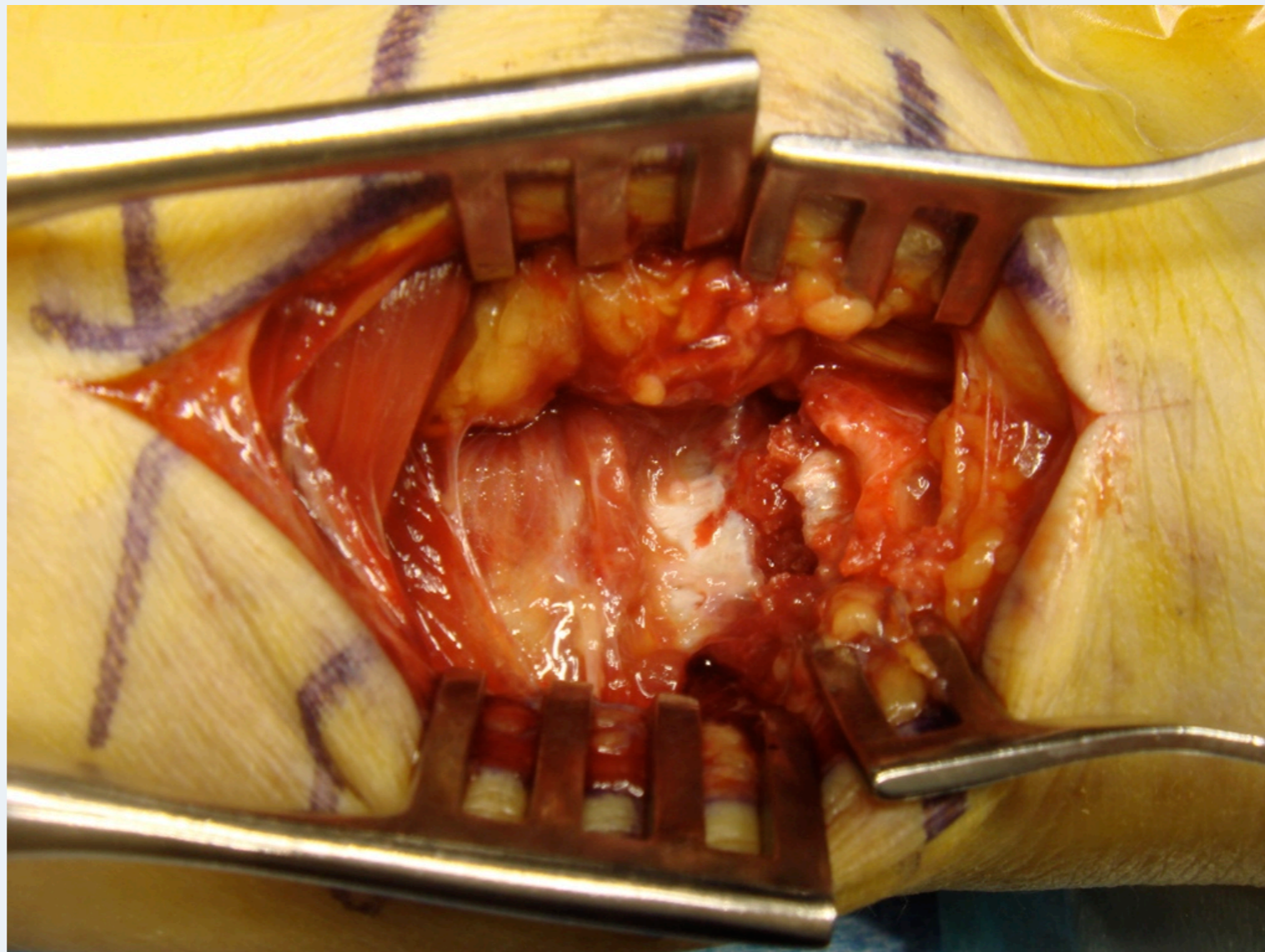
even in elder patients when needed !
75 yo women



Volar Plate placement is the first step !

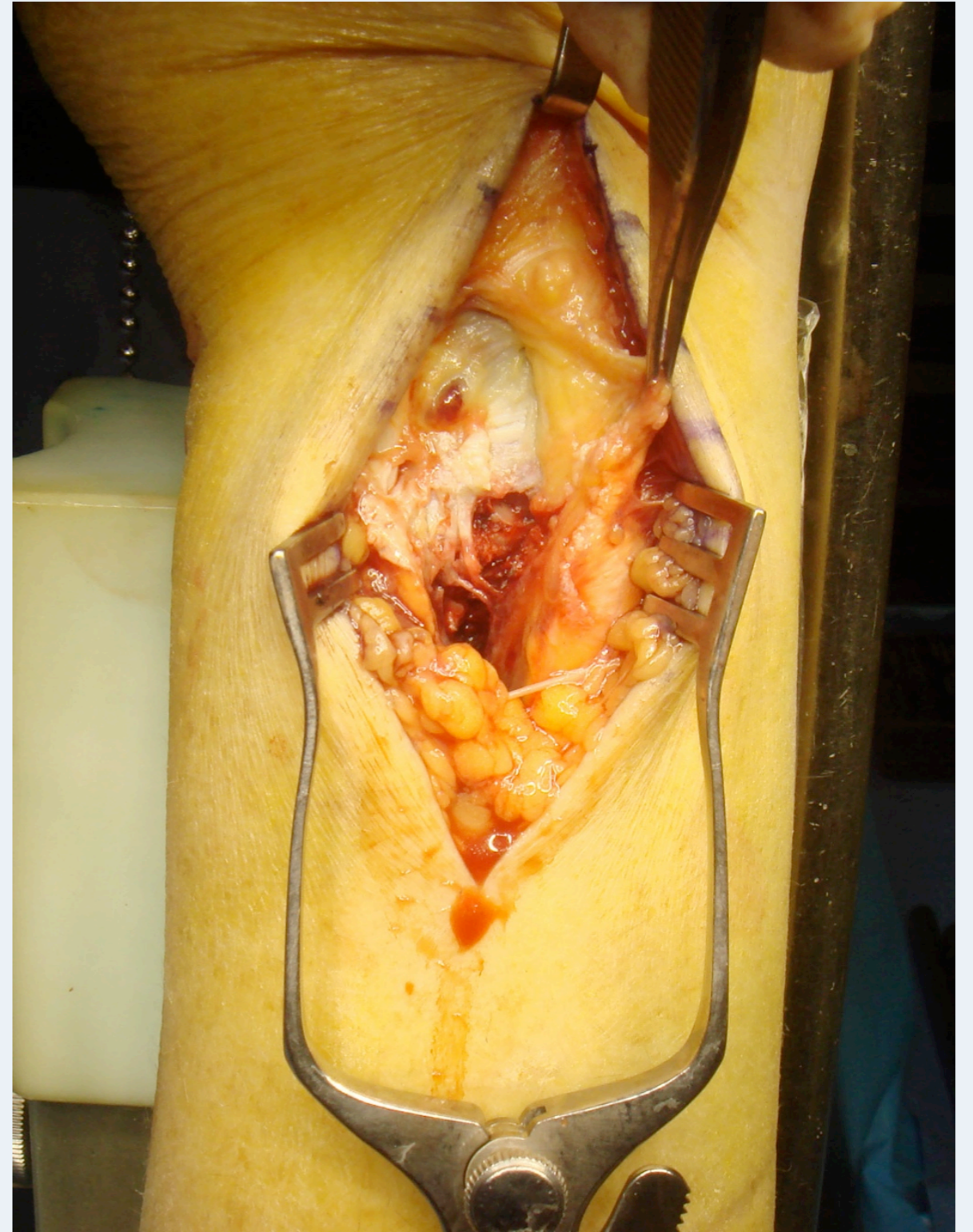


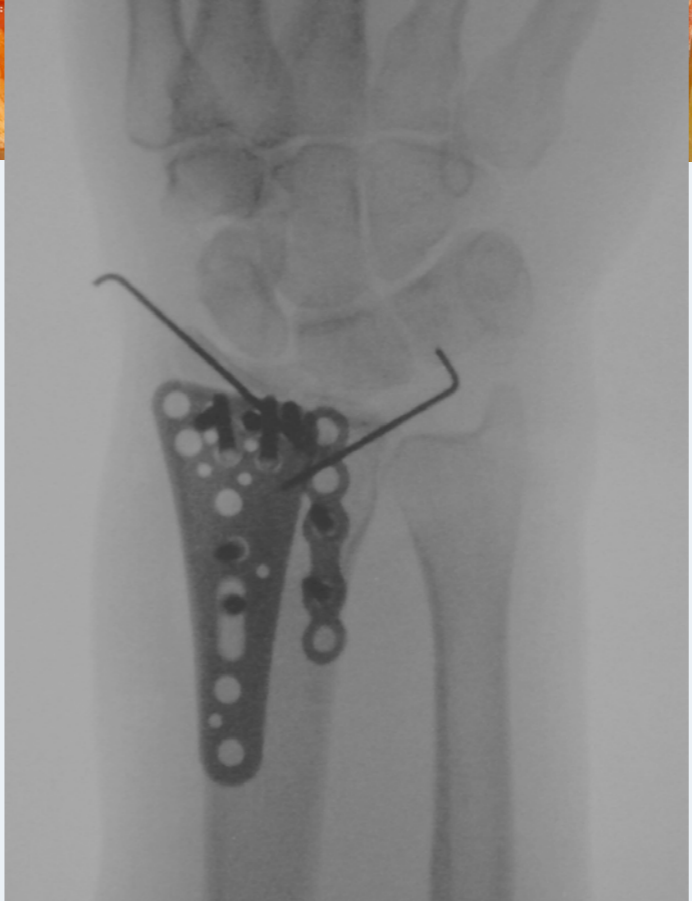
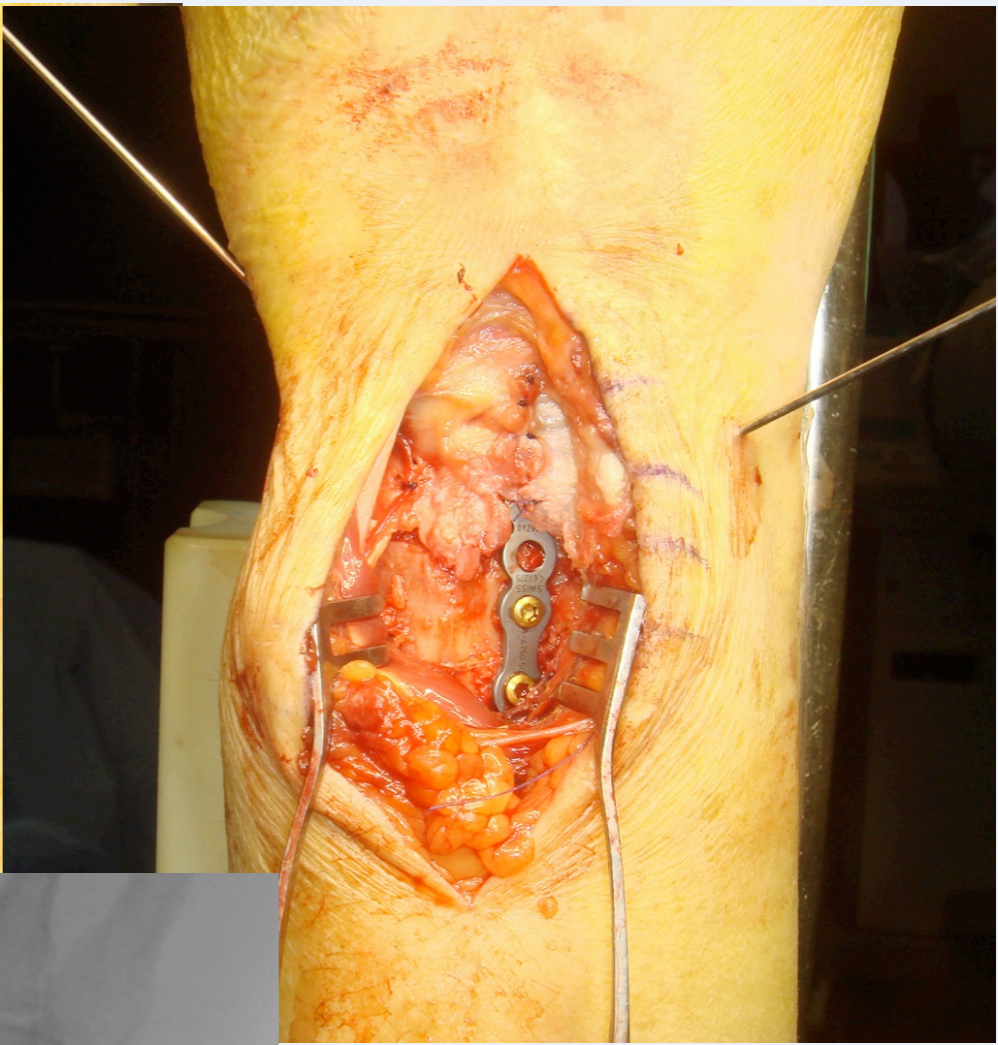
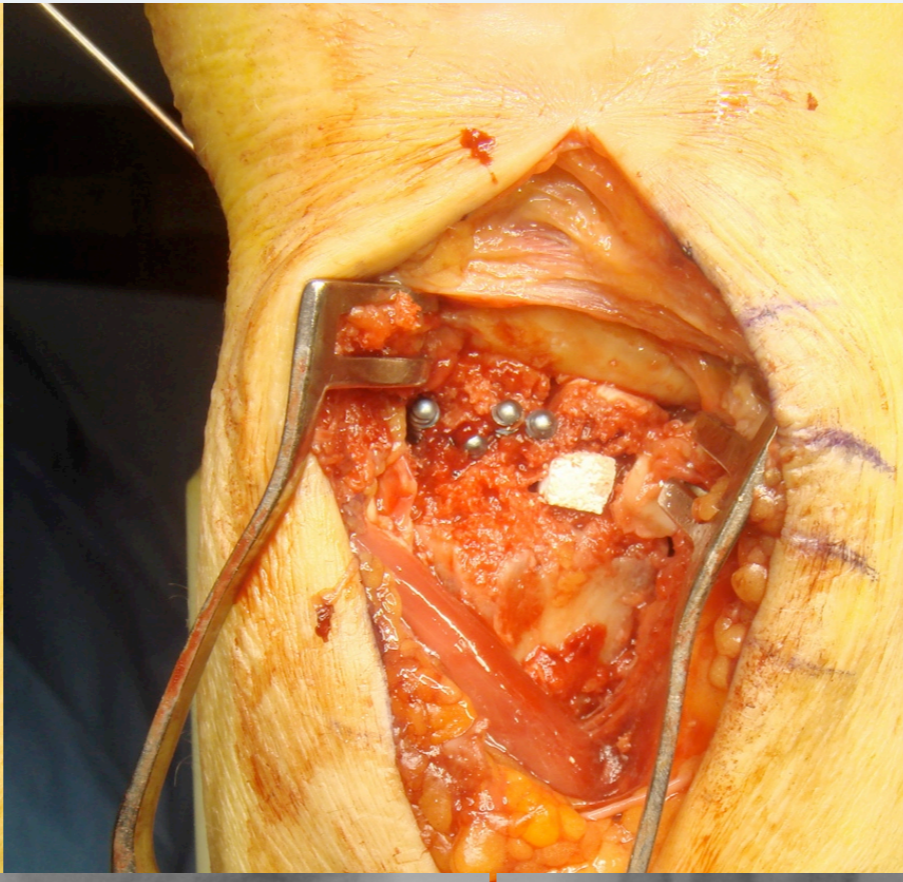
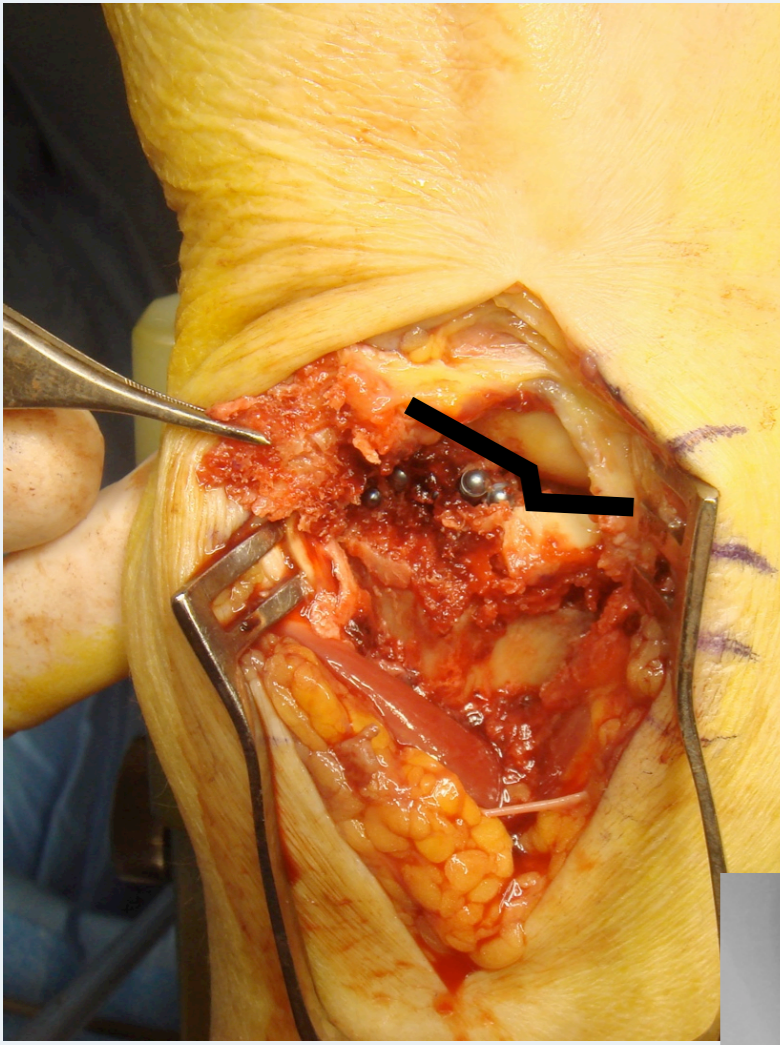
Wrist in
Horizontal
position:
temporary
plate
fixation,
1st step !

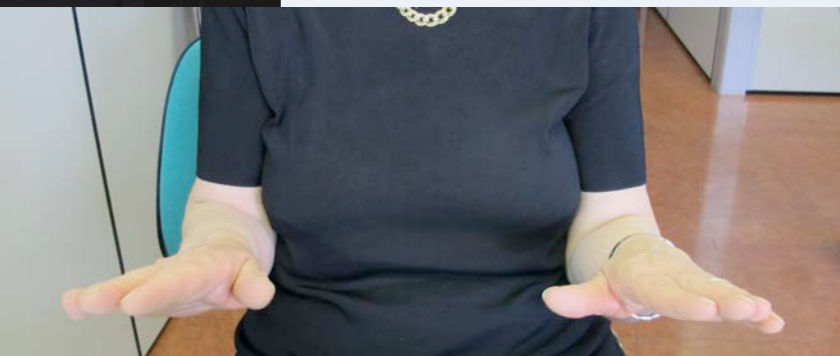
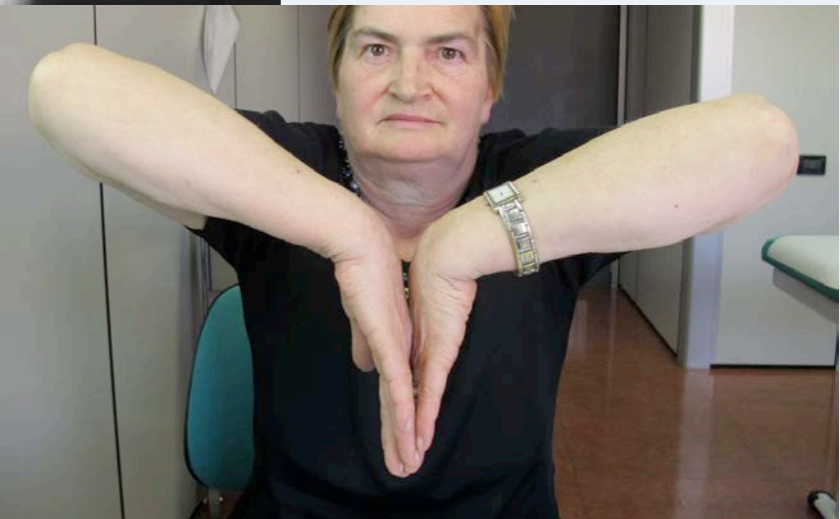
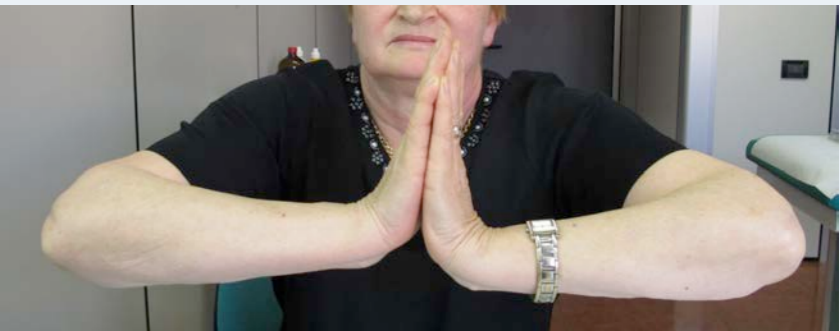


Wrist in
vertical
position:
2nd step !









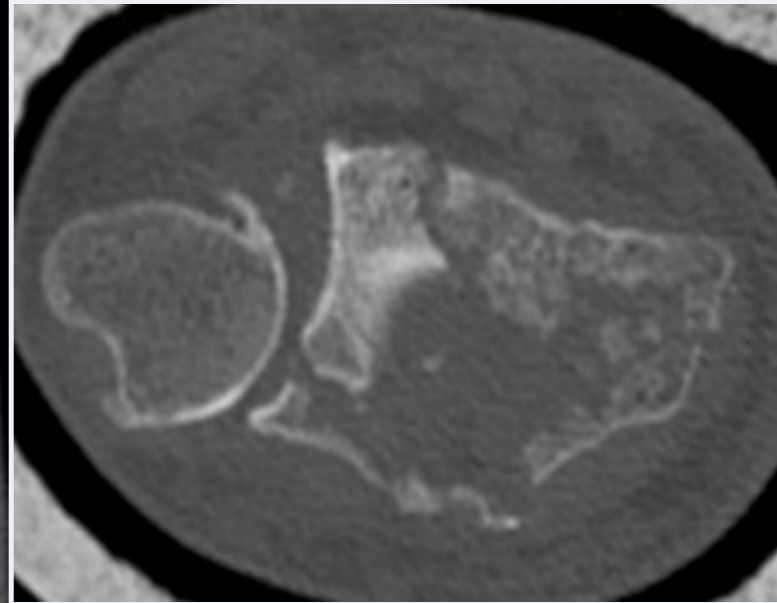
DORSAL APPROACH

Can this fracture be managed through a single DORSAL APPROACH ??



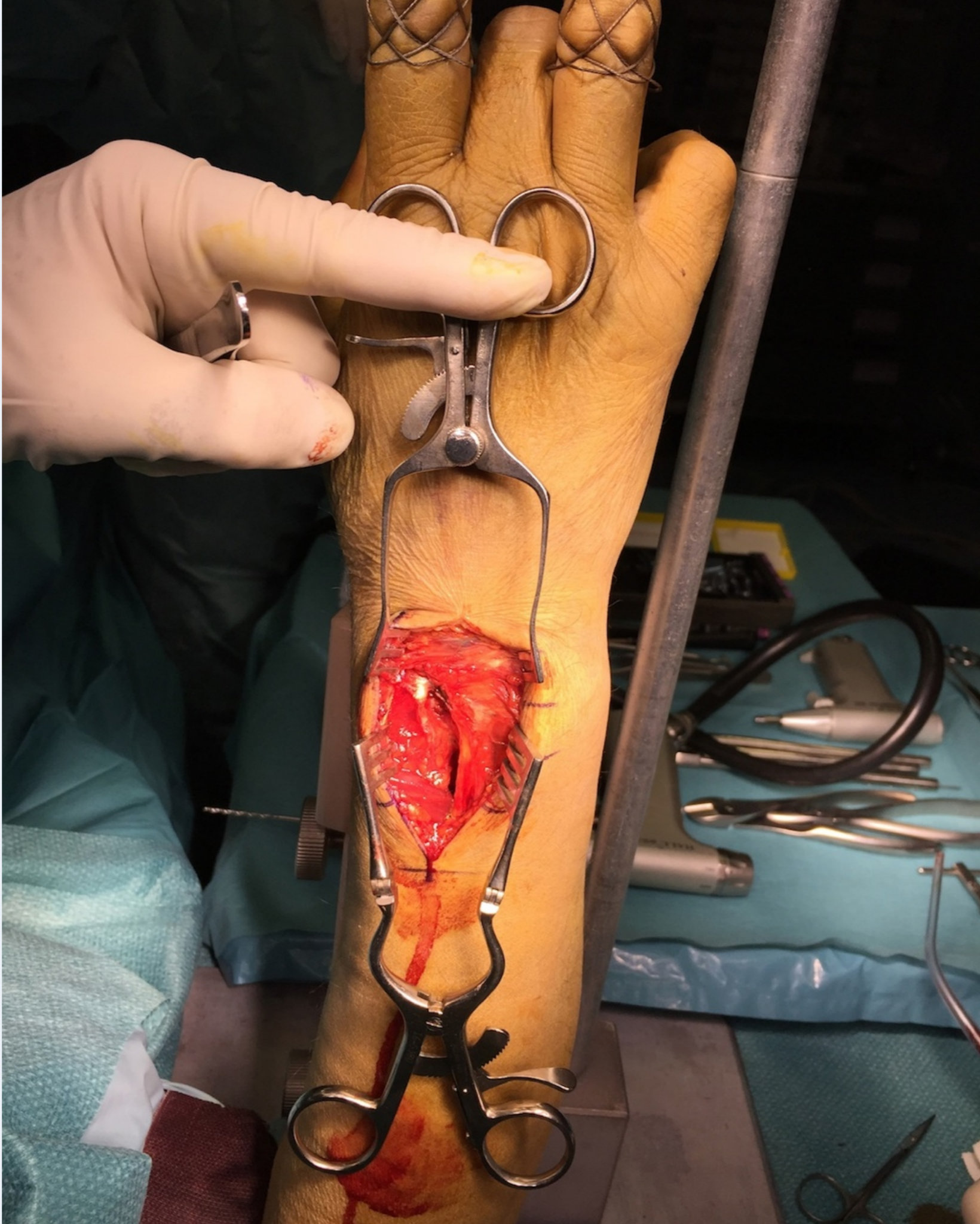
50 yo, dominant hand

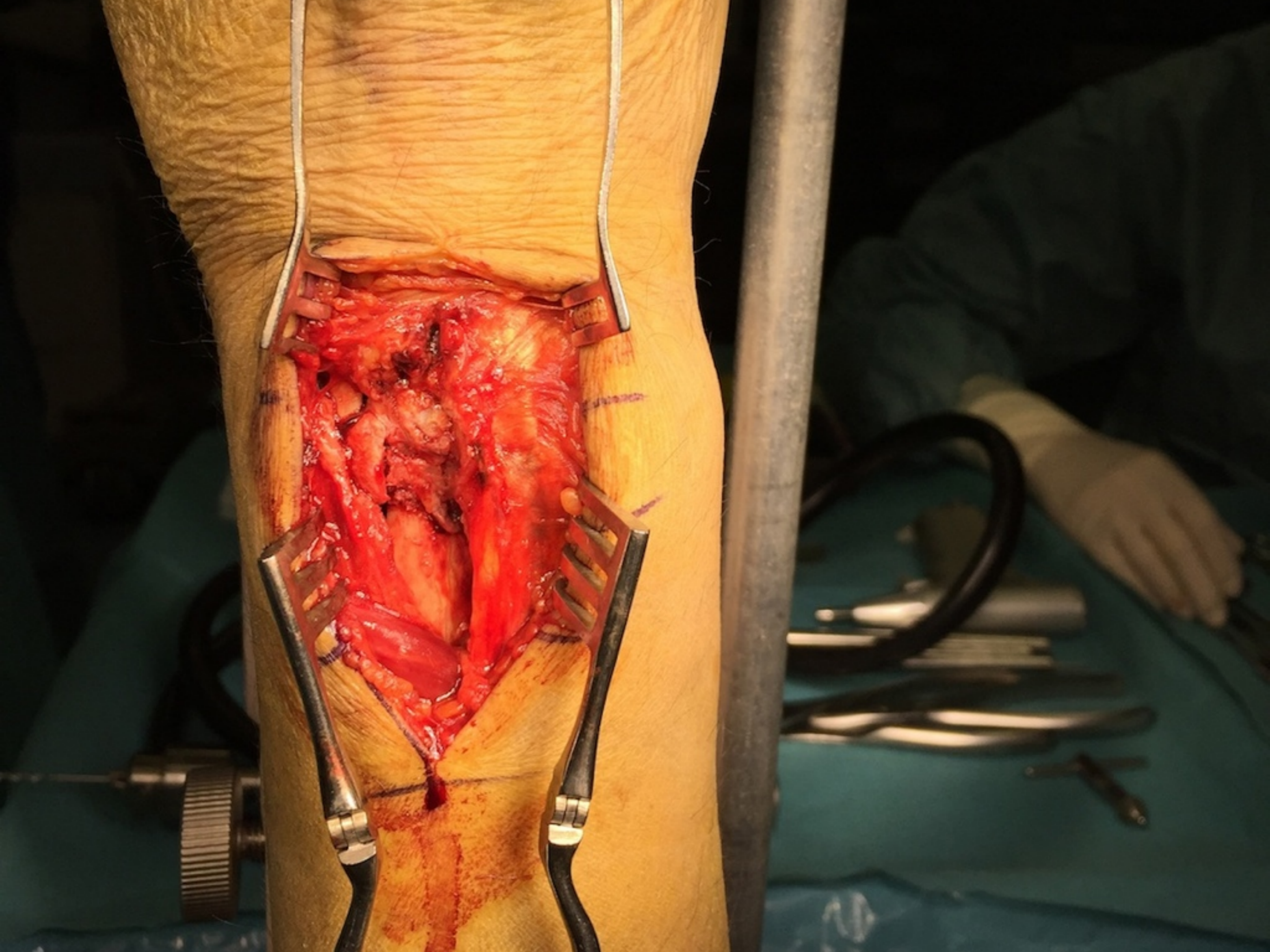
PALMAR APPROACH ??

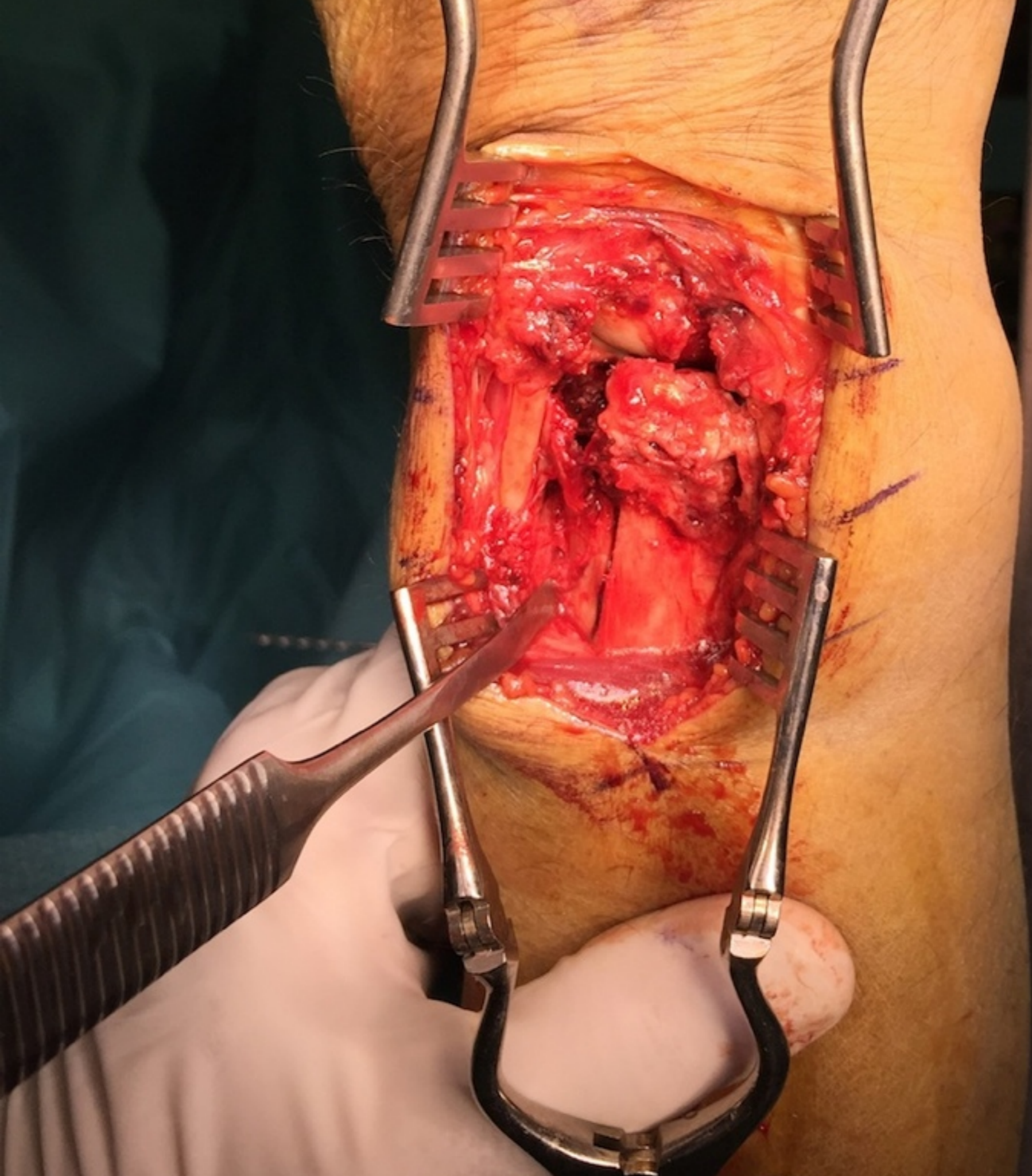


**Dorsal
Approach !**

I Surgeon !







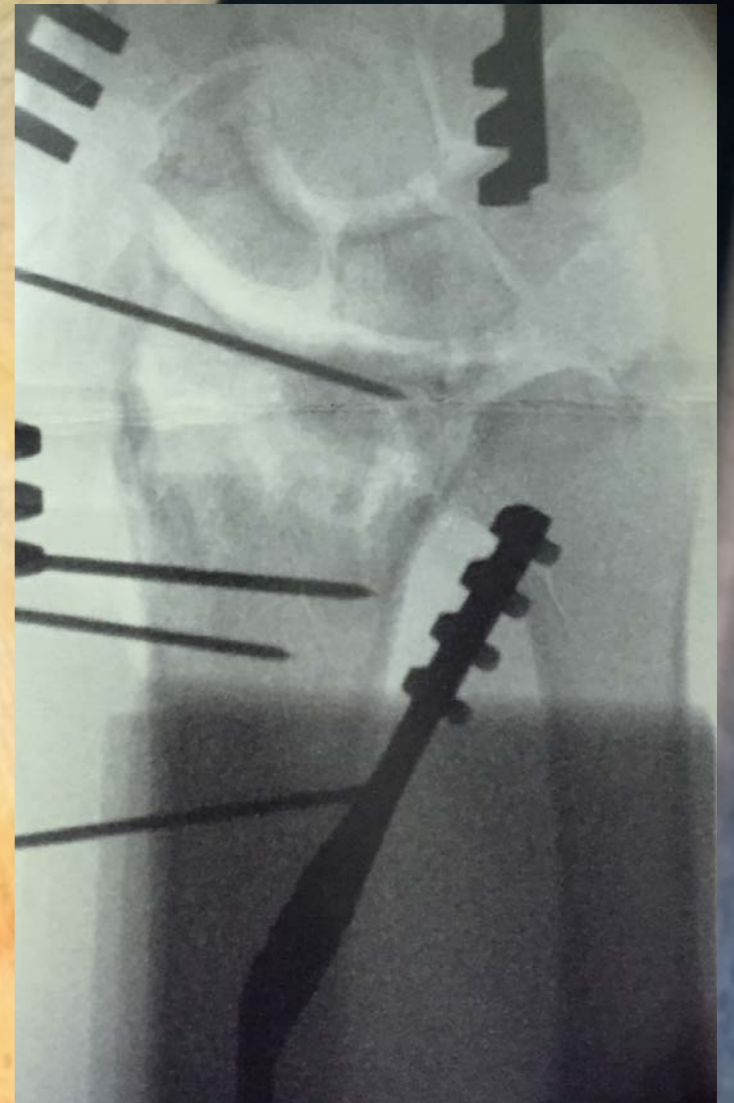
An anatomical model of a shoulder joint is shown, with a large surgical incision exposing the joint surfaces. Several surgical instruments are in use: a large pair of forceps at the top, a retractor system on the left, and a long-handled instrument on the right. The joint surfaces are visible, and temporary Kirschner wires are used for fixation. The background is a dark blue surgical drape.

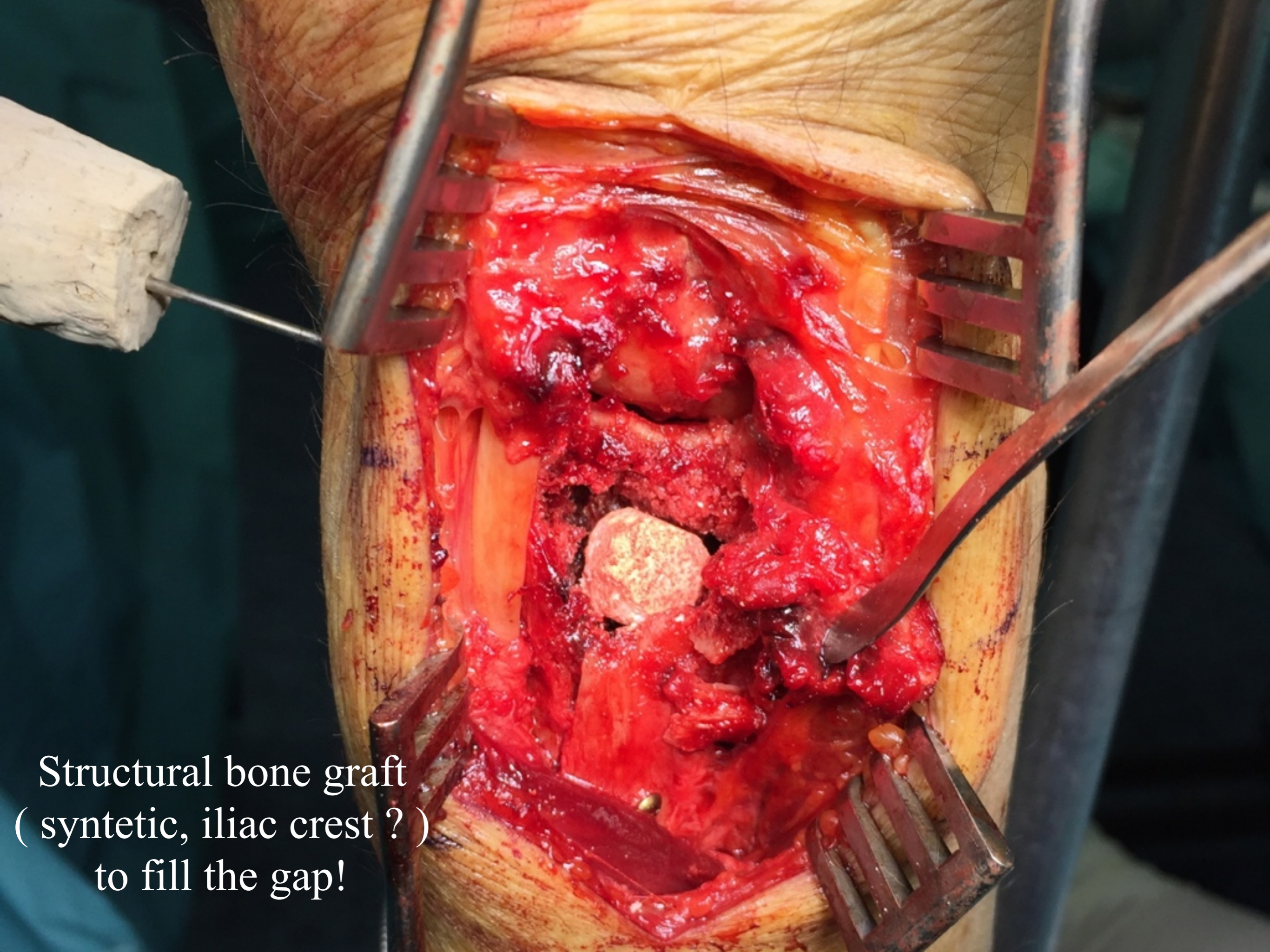
Precise joint surface
anatomic reduction !!

Temporary
K. wires fixation !

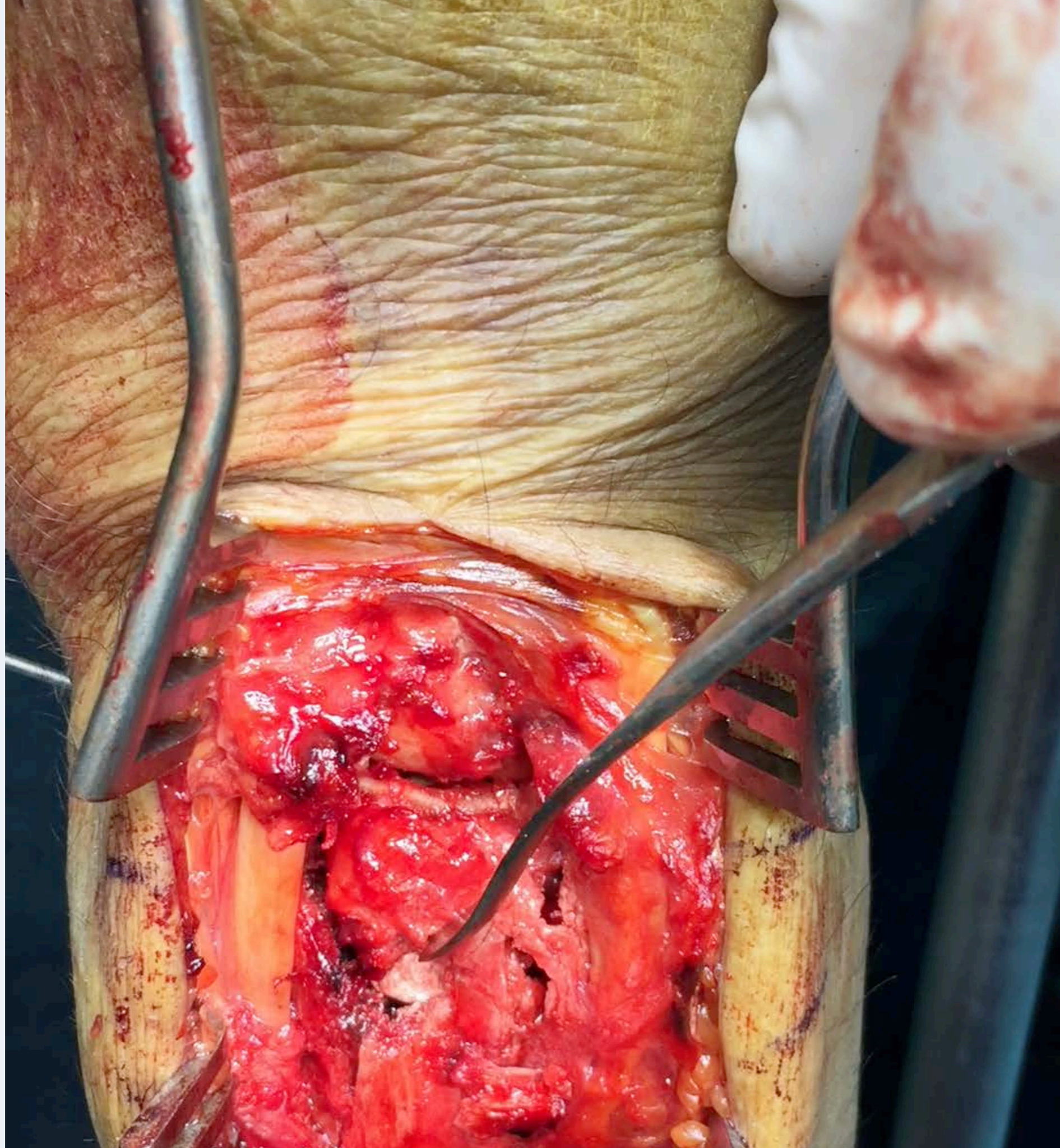
Precise joint surface
anatomic reduction !!

Temporary
K. wires fixation !





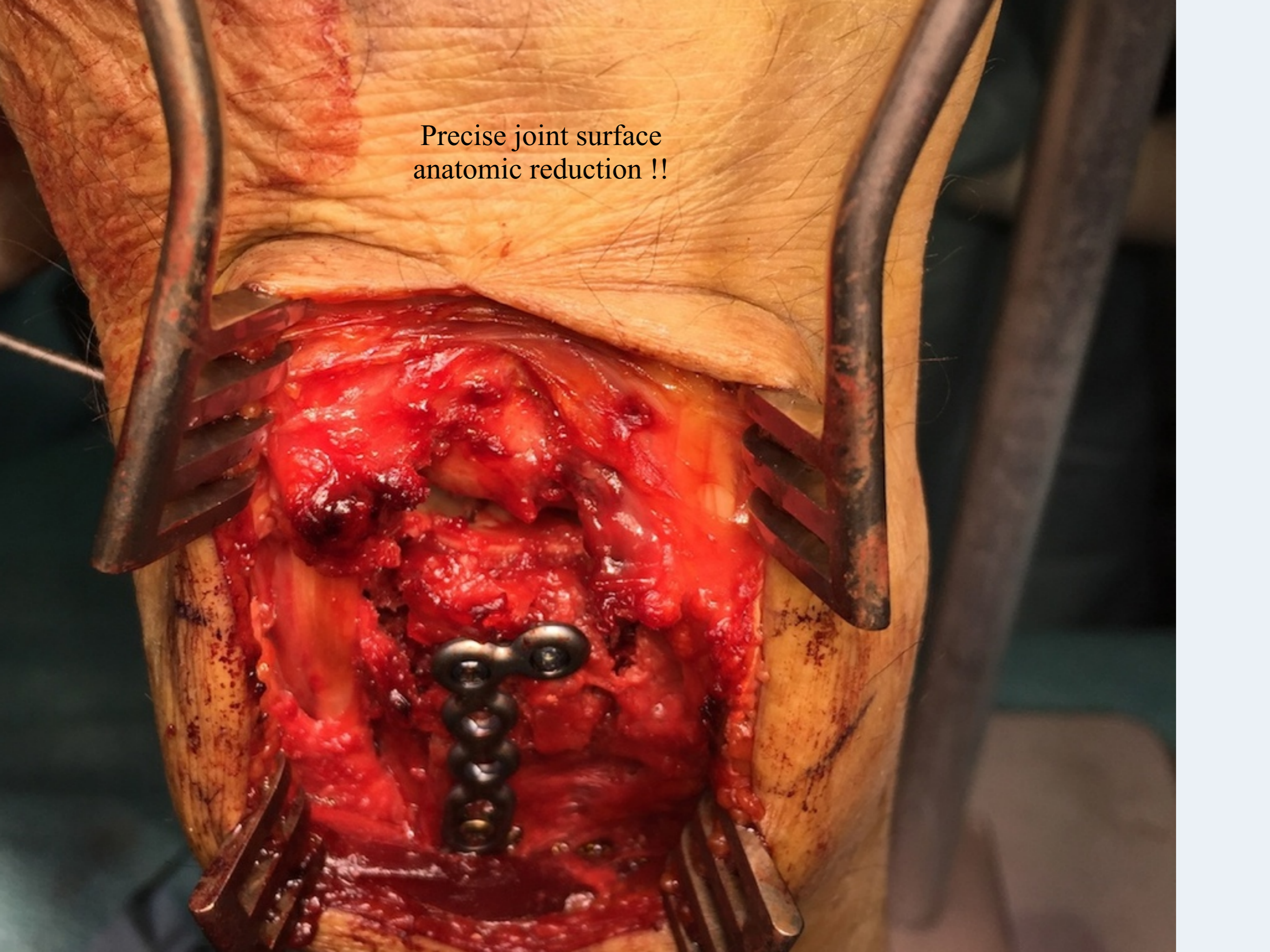
Structural bone graft
(syntetic, iliac crest ?)
to fill the gap!





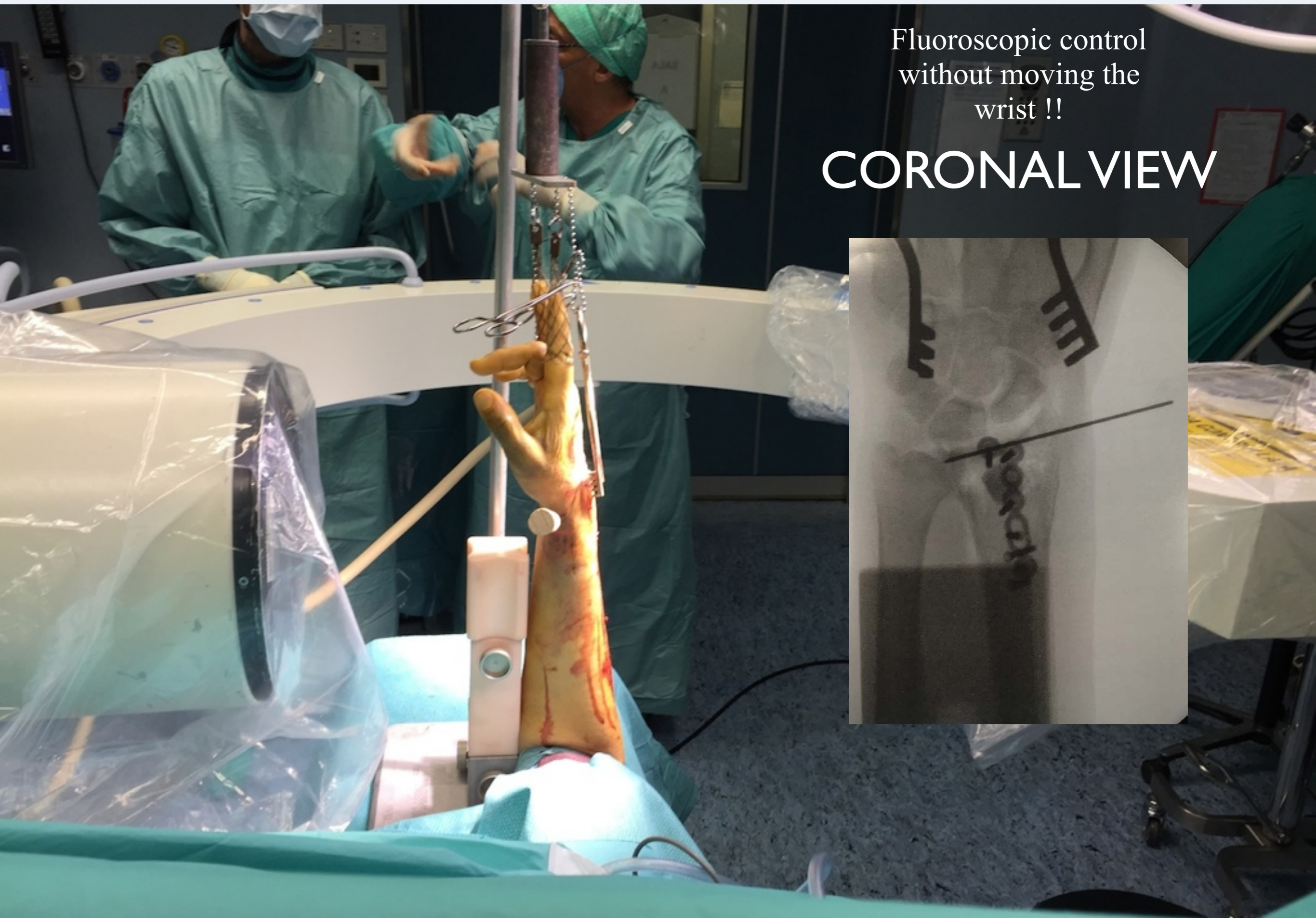


Precise joint surface
anatomic reduction !!



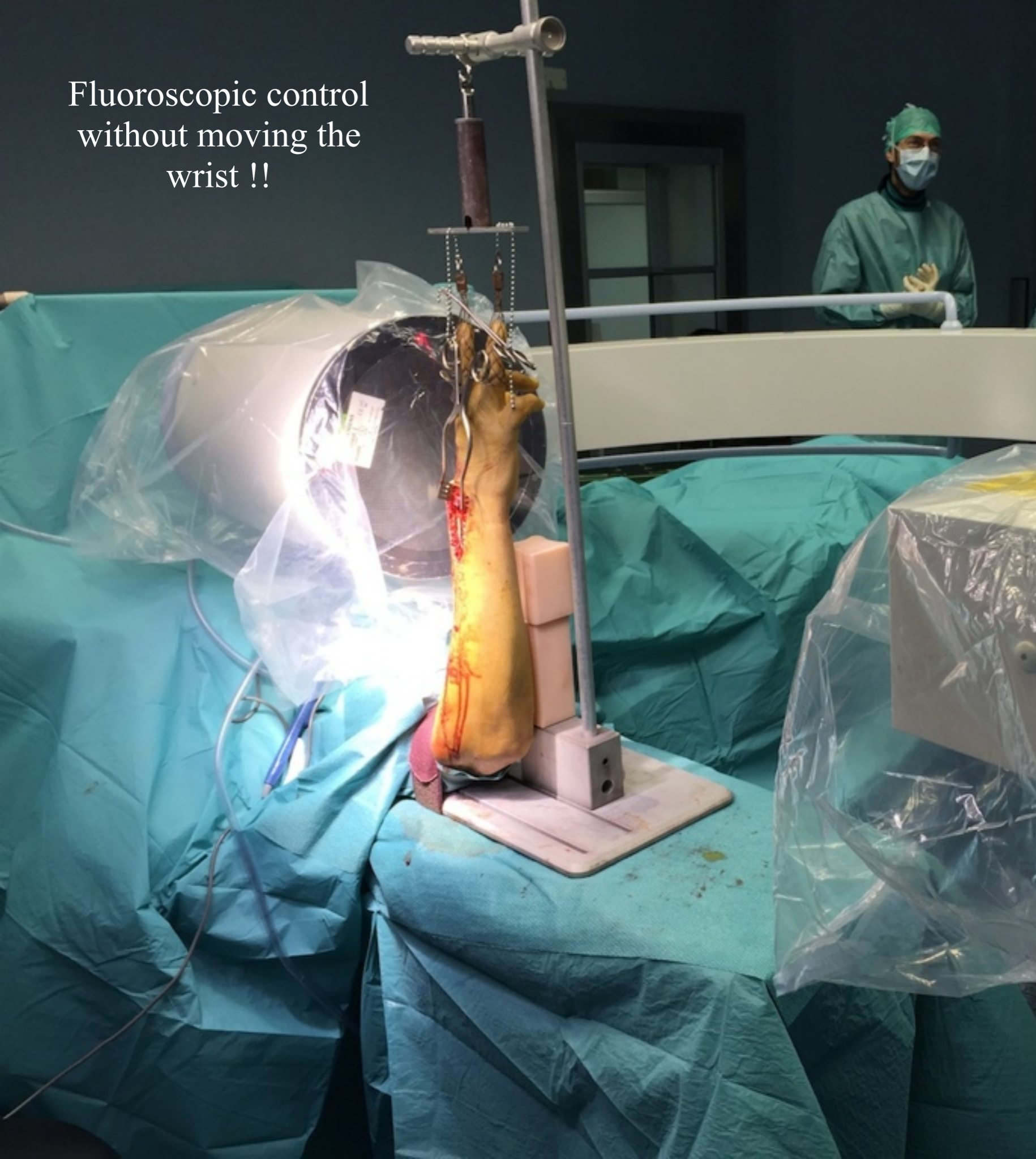
Fluoroscopic control
without moving the
wrist !!

CORONAL VIEW

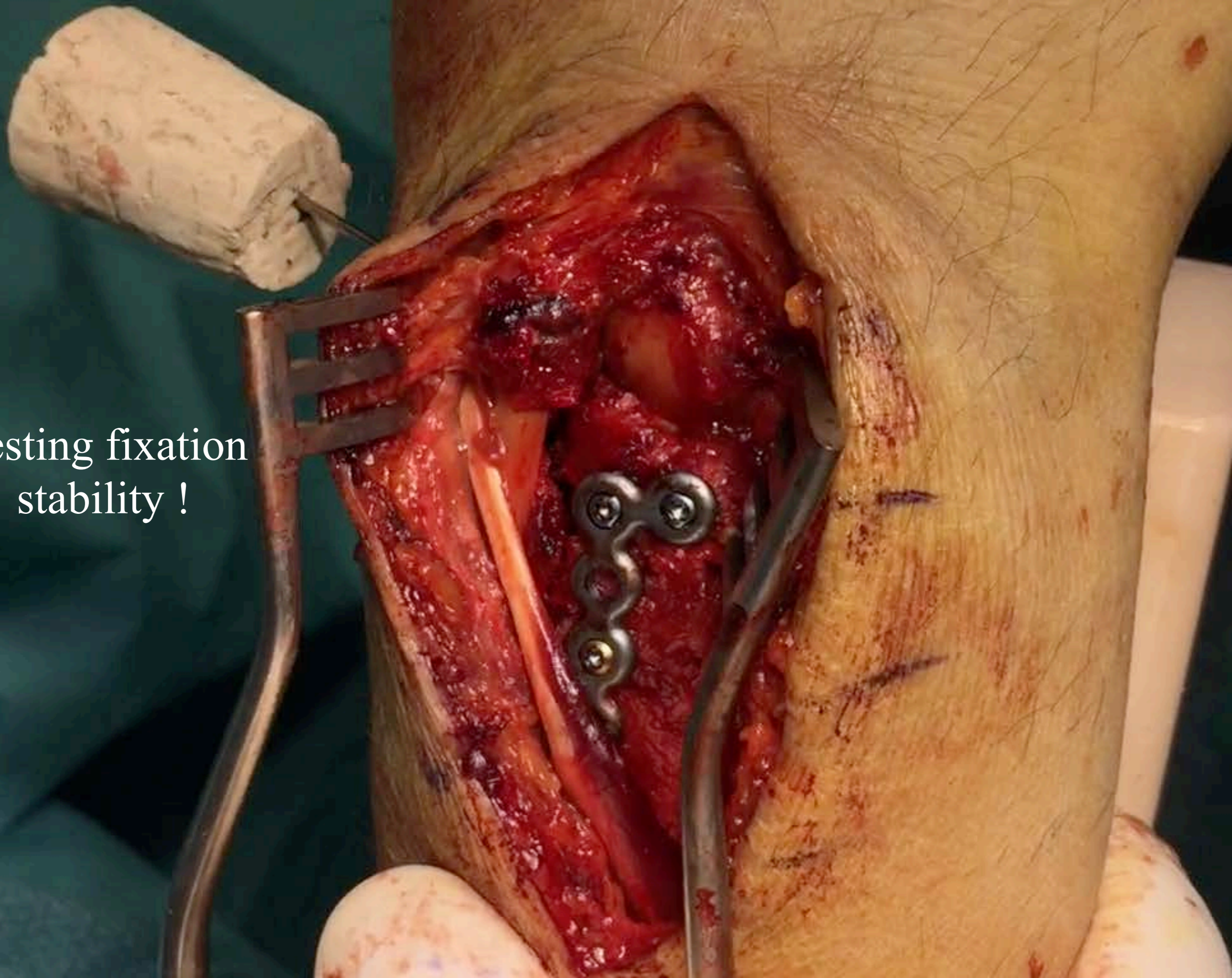


Fluoroscopic control
without moving the
wrist !!

LATERAL VIEW



Testing fixation stability !



EPL outside the
retinaculum !





1 month post-op !

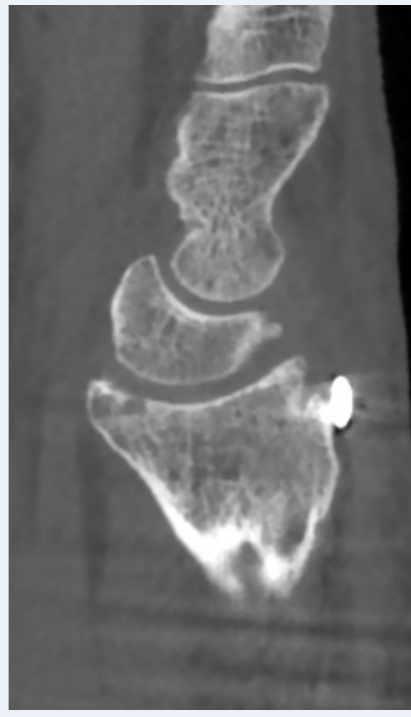
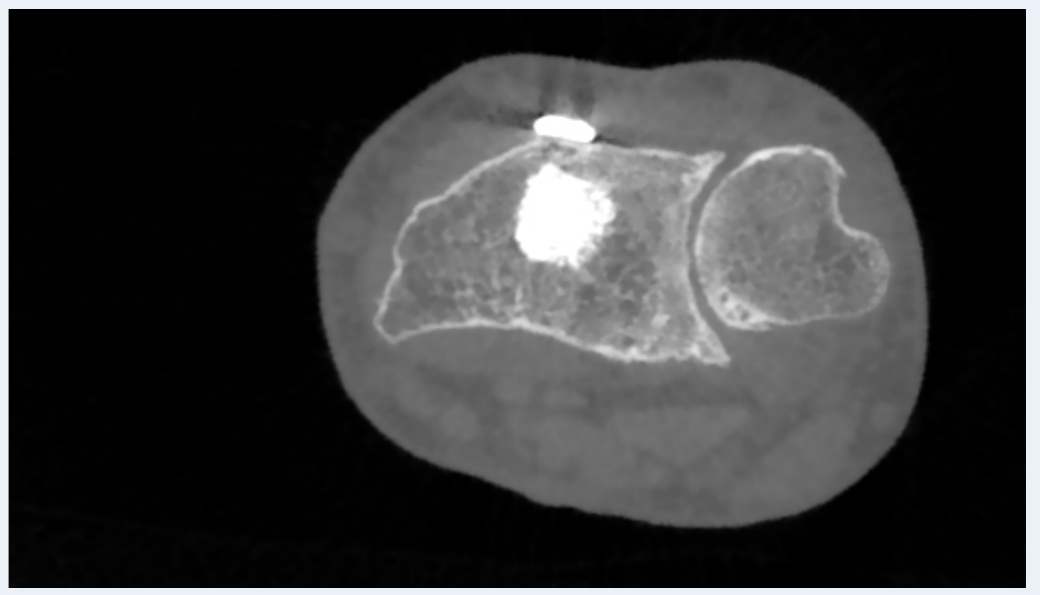
6 months



No Pain !
No signs of tendons
irritaion !

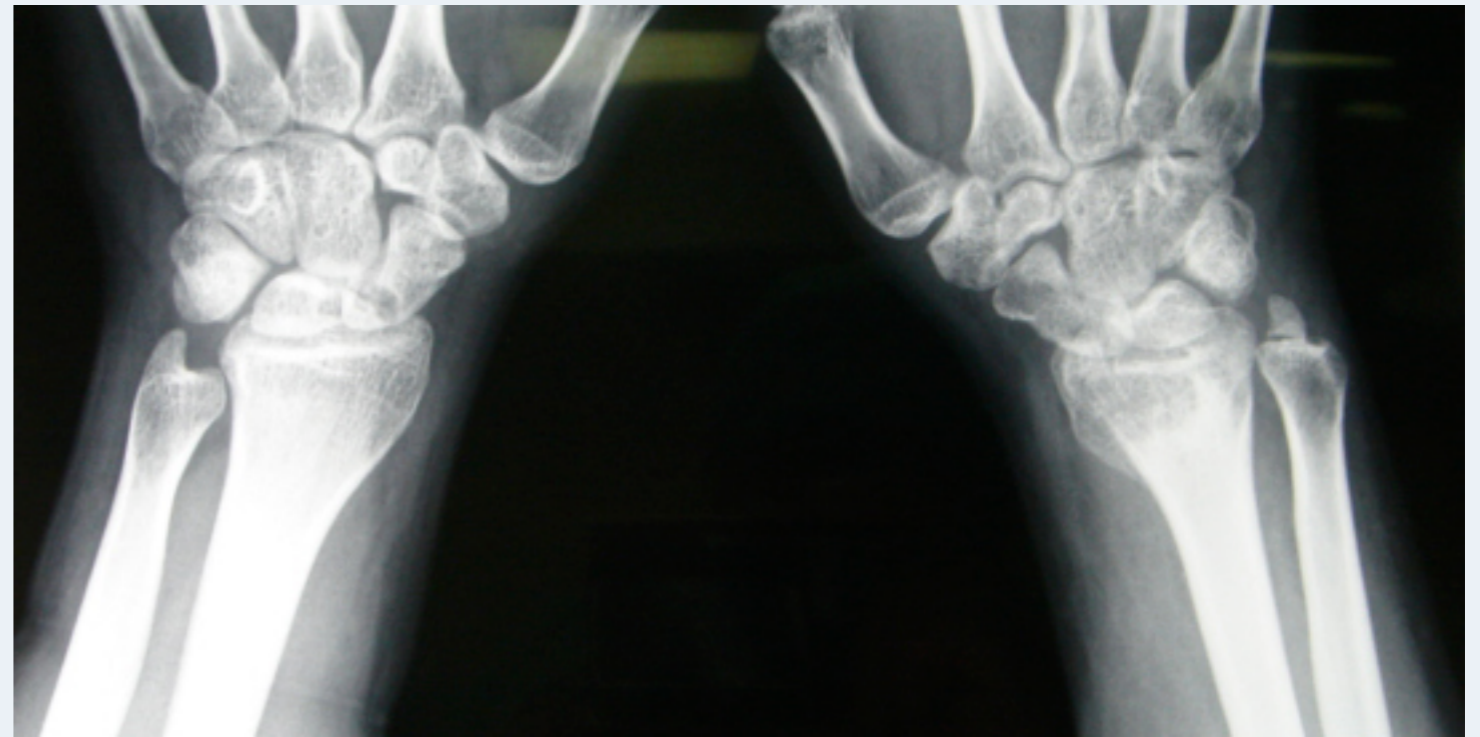


2 years



MALUNION

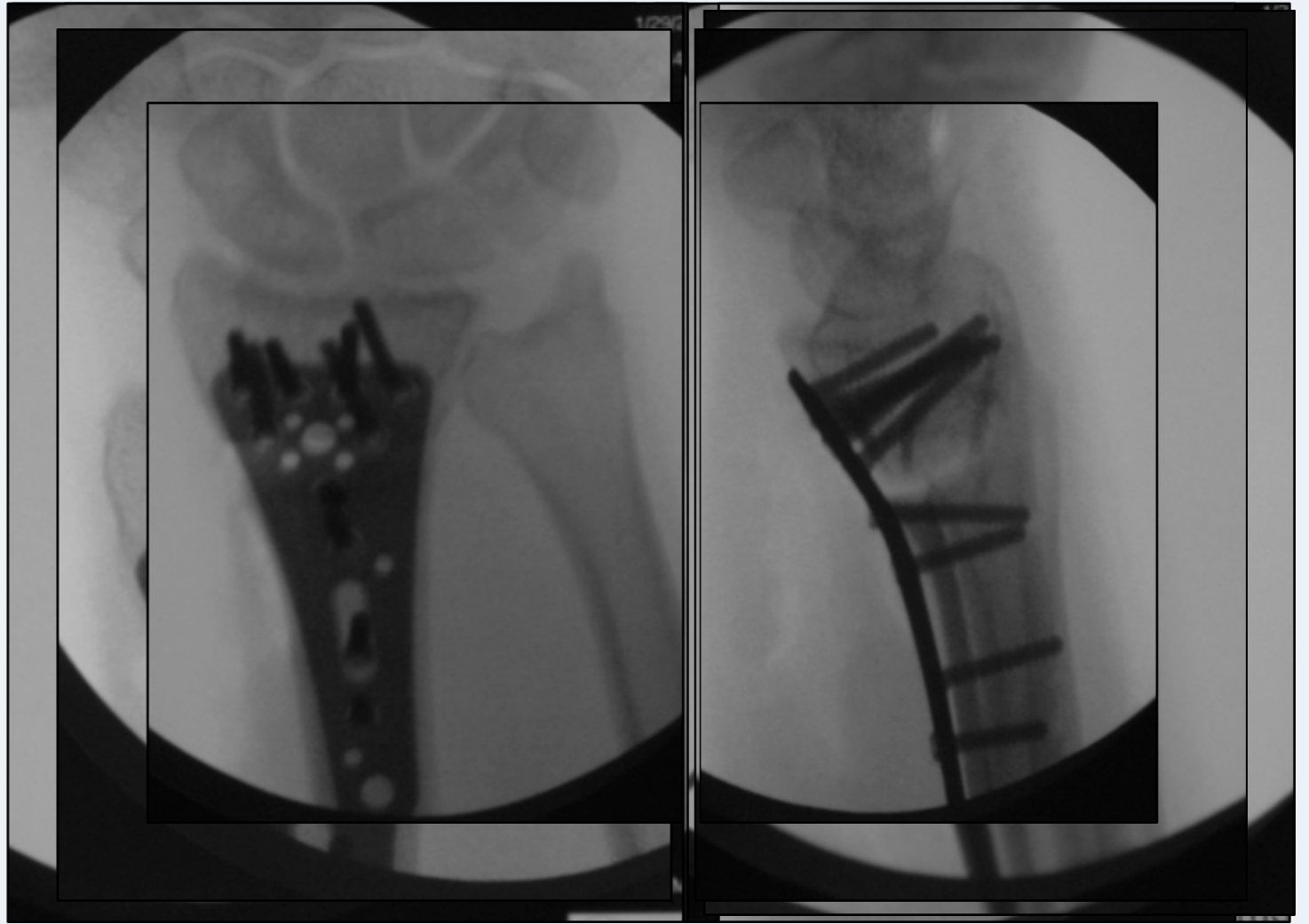
Herman Krimmer, Pier Paolo Borelli,
“Live surgery”, Multimedica Hospital, Milano, Italy, Jan, 2009.



“MATURE MALUNION “

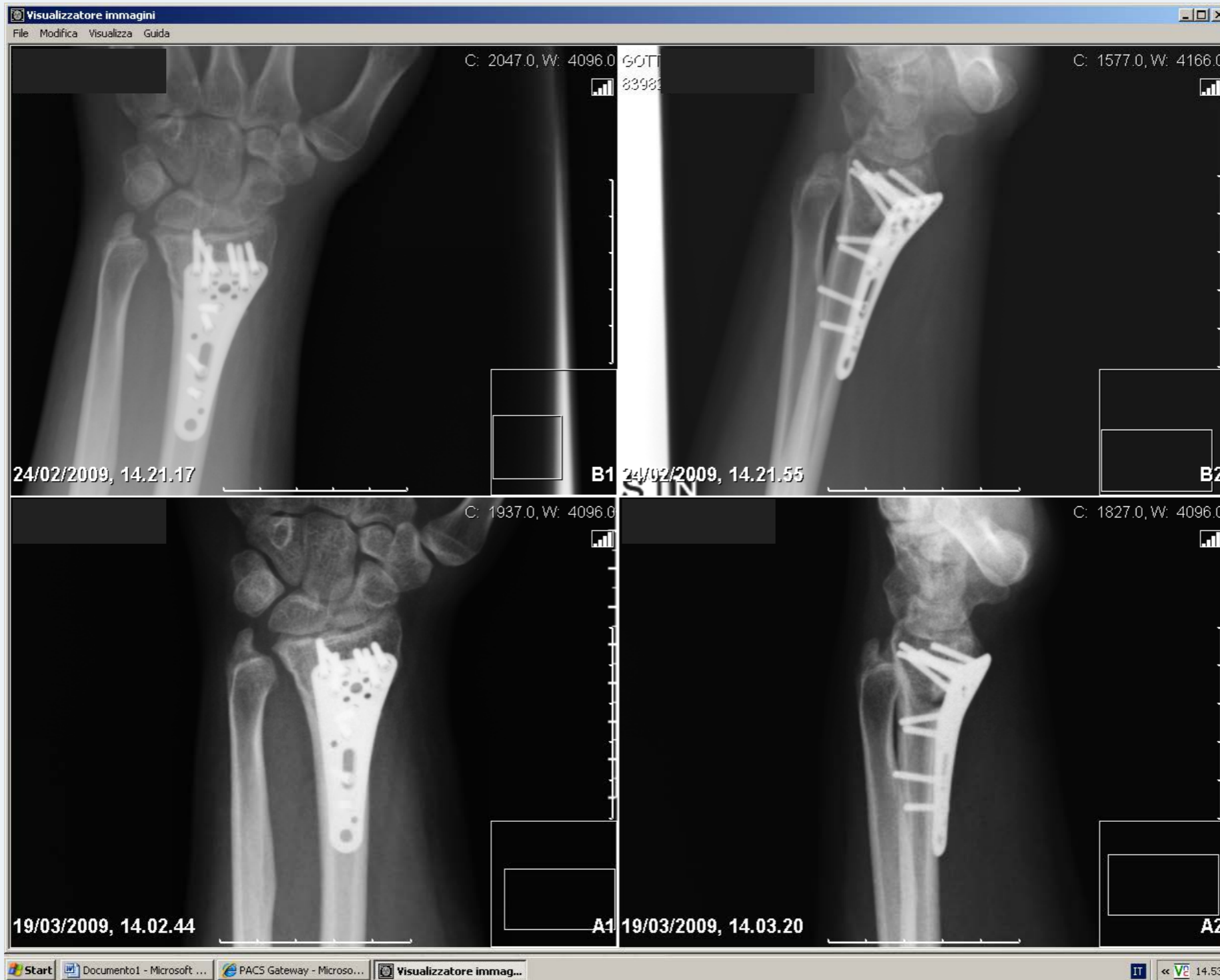


HORIZONTAL TRACTION for ARTHROSCOPIC EVALUATION !





2 months



3 months