TAC Y FRACTURAS DE TOBILLO EPISODIO II

Dr. De los Mozos

CASO CLINICO

50 años
Control en nuestras consultas de fractura de tobillo intervenida en Zaragoza hace 5 días
No aporta Aporta rx del dia lesión - se realizan rx a la llegada nuestras urgencias

CASO CLINICO RX AP

1. Subluxación medial

2. Apertura de Sindesmosis TPA

CASO CLINICO RX LAT

1. Subluxación Anterior astragalina

Reflexión

Si el TAC se hubiese realizado antes de la osteosintesis de urgencias, probablemente el cirujano hubiese tenido una visión mas exacta de la lesión

Preoperative Radiographic and CT Findings Predicting Syndesmotic Injuries in Supination-External Rotation-Type Ankle Fractures

Young Choi, MD*, Soon-Sun Kwon, PhD*, Chin Youb Chung, MD, PhD, Moon Seok Park, MD, PhD, Seung Yeol Lee, MD, and Kyoung Min Lee, MD, PhD

Investigation performed at the Department of Orthopaedic Surgery and Biomedical Research Institute, Seoul National University Bundang Hospital, Kyungki, South Korea

Background: The Lauge-Hansen classification system does not provide sufficient data related to syndesmotic injuries in supination-external rotation (SER)-type ankle fractures. The aim of the present study was to investigate factors helpful for the preoperative detection of syndesmotic injuries in SER-type ankle fractures using radiographs and computed tomography (CT).

Methods: A cohort of 191 consecutive patients (104 male and eighty-seven female patients with a mean age [and standard deviation] of 50.7 ± 16.4 years) with SER-type ankle fractures who had undergone operative treatment were included. Preoperative ankle radiographs and CT imaging scans were made for all patients, and clinical data, including age, sex, and mechanism of injury (high or low-energy trauma), were collected. Patients were divided into two groups: the stable syndesmotic group and the unstable syndesmotic group, with a positive intraoperative lateral stress test leading to syndesmotic screw fixation. Fracture height, fracture length, medial joint space, extent of fracture, and bone attenuation were measured on radiographs and CT images and were compared between the groups. Binary logistic regression analysis was performed to identify the factors that significantly contributed to unstable syndesmotic injuries. Receiver operating characteristic curves were calculated, and cutoff values were suggested to predict unstable syndesmotic injuries on preoperative imaging measurements.

Results: Of the 191 patents with a SER-type ankle fracture, thirty-eight (19.9%) had a concurrent unstable syndesmotic injury. Age, sex, mechanism of injury, fracture height, medial joint space, and bone attenuation were significantly different between the two groups. In the binary logistic analysis, fracture height, medial joint space, and bone attenuation were found to be significant factors contributing to unstable syndesmotic injuries. The cutoff values for predicting unstable syndesmotic injuries were a fracture height of >3 mm and a medial joint space of >4.9 mm on CT scans, and a fracture height of >7 mm and medial joint space of >4.5 mm on radiographs.

Conclusions: Fracture height, medial joint space, and bone attenuation were useful factors for the preoperative detection of unstable syndesmotic injuries in SER-type ankle fractures.

Level of Evidence: Diagnostic Level II. See Instructions for Authors for a complete description of levels of evidence.

Preoperative Radiographic and CT Findings Predicting Syndesmotic Injuries in Supination-External Rotation-Type Ankle Fractures

Young Choi, MD*, Soon-Sun Kwon, PhD*, Chin Youb Chung, MD, PhD, Moon Seok Park, MD, PhD, Seung Yeol Lee, MD, and Kyoung Min Lee, MD, PhD

Investigation performed at the Department of Orthopaedic Surgery and Biomedical Research Institute, Seoul National University Bundang Hospital, Kyungki, South Korea

TAC INDICACIONES PREOPERATORIAS

1. MALEOLO POSTERIOR TAMAÑO MAYOR 25%
2. POSIBILIDAD DE CUERPOS LIBRES ARTICULARES
3. SOSPECHA LESION SINDESMOSIS TPA

ASPECTO CLINICO TOBILLO

ASPECTO CLINICO TOBILLO

DEFORMIDAD EN ROTACION INTERNA RIGIDA

TAC TOBILLO

INCORRECTA REDUCCION MALEOLO POSTERIOR

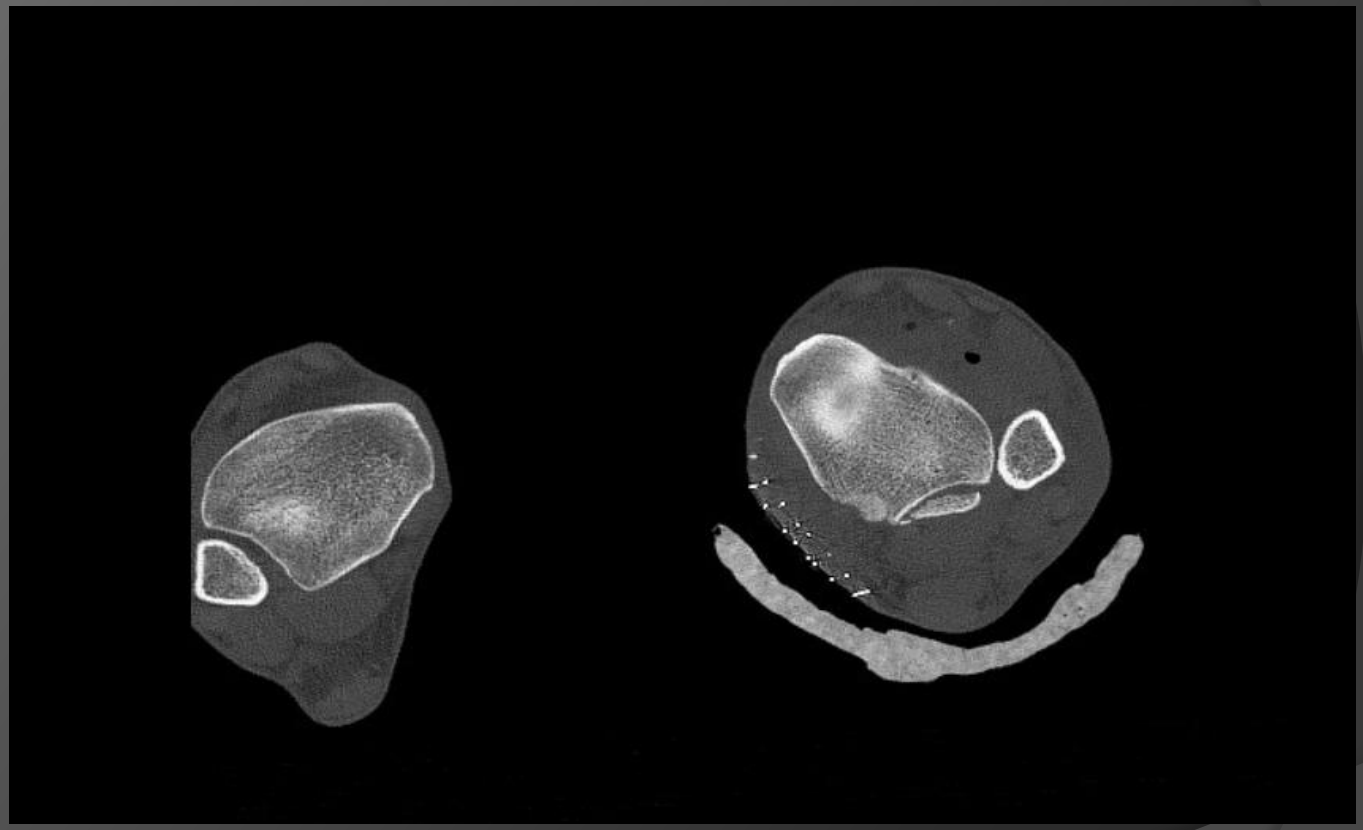
SUBLUXACION ANTERIOR MORTAJA

TAC TOBILLO

SUBLUXACION EXTERNA ASTRAGALINA

TAC TOBILLO

LUXACION ANTERIOR PERONEAL



OCUPACION CISURA SINDESMOSIS POR MALEOLO POSTERIOR

REINTERVENCION CASO CLINICO

Paso 1 – Imagen bajo escopia antes de IQ

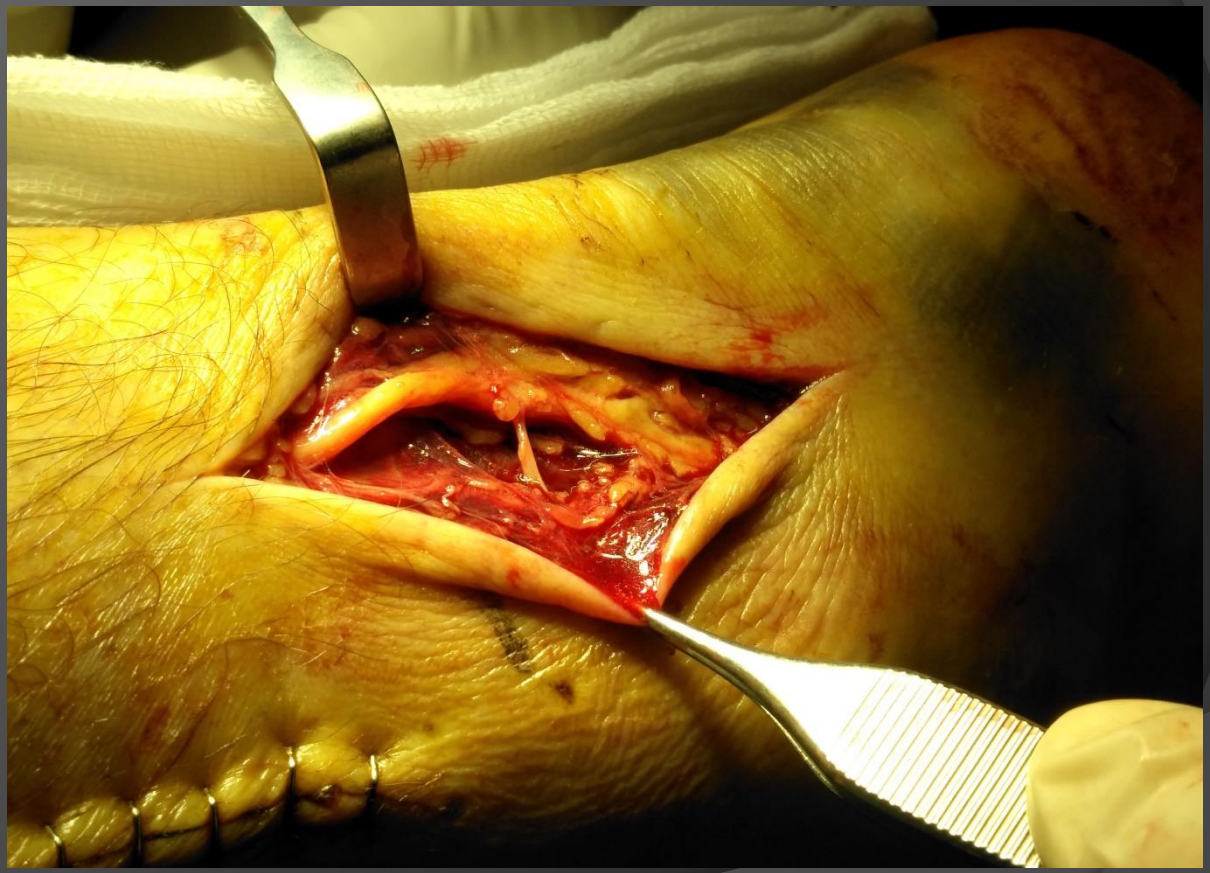
REINTERVENCION CASO CLINICO

Paso 2 – Retirada restos L.Deltoideo zona medial

Desgarro asociado vaina T. Tibial posterior

REINTERVENCION CASO CLINICO

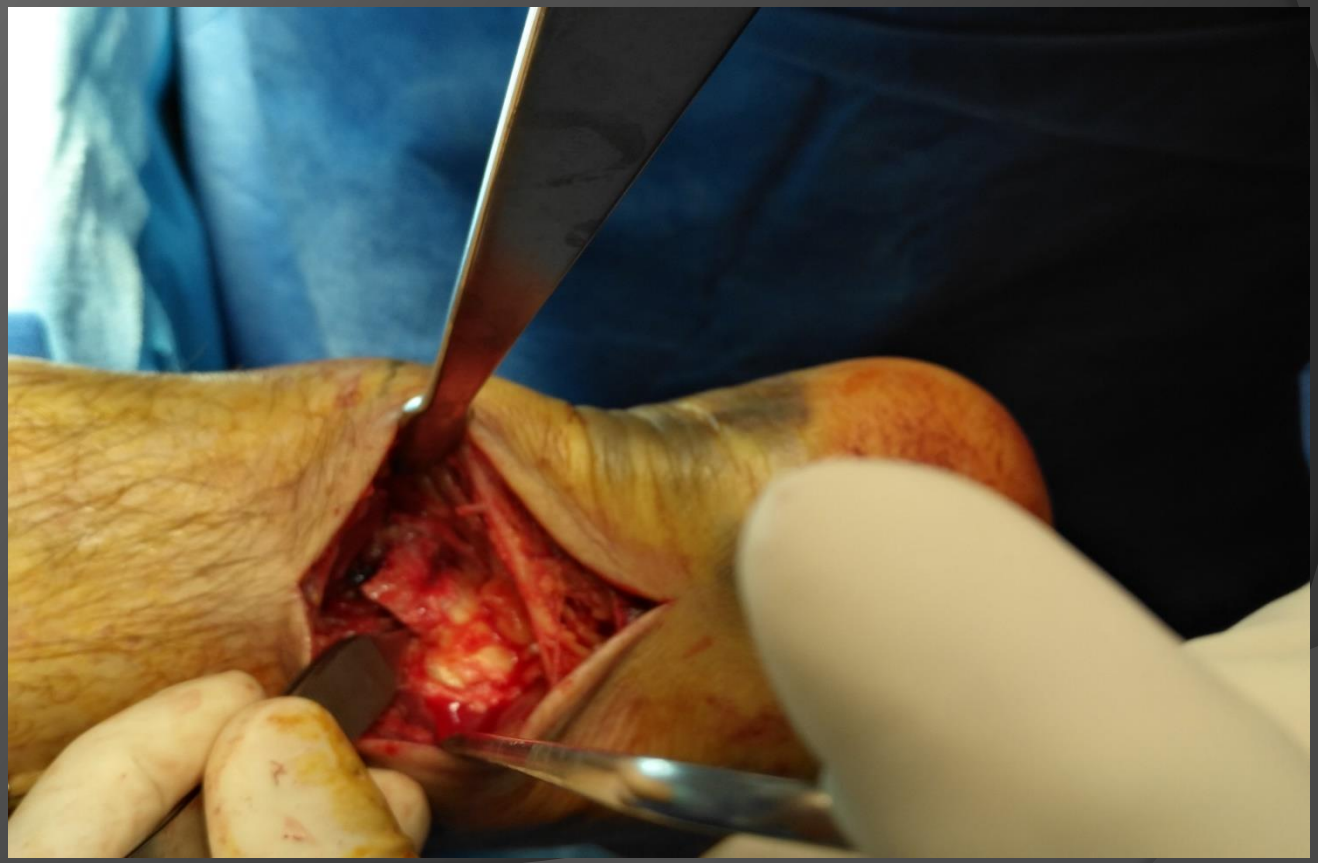
Paso 3 – Abordaje posteroexterno
Localización N Sural



REINTERVENCION CASO CLINICO

Paso 3 – Abordaje posteroexterno

Localización maleólo posterior

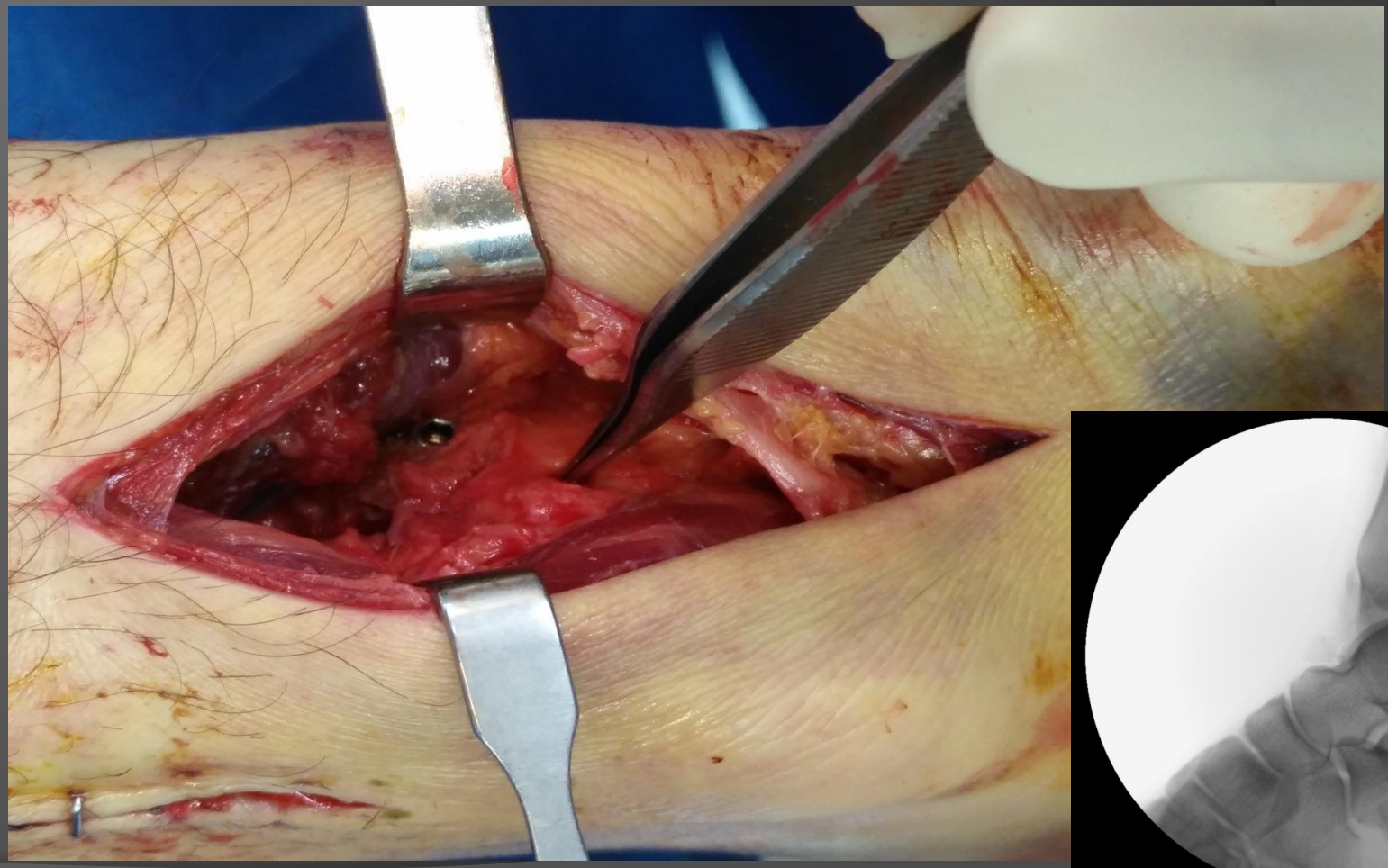


REINTERVENCION CASO CLINICO

Paso 4 – Extracción transindesmal previo

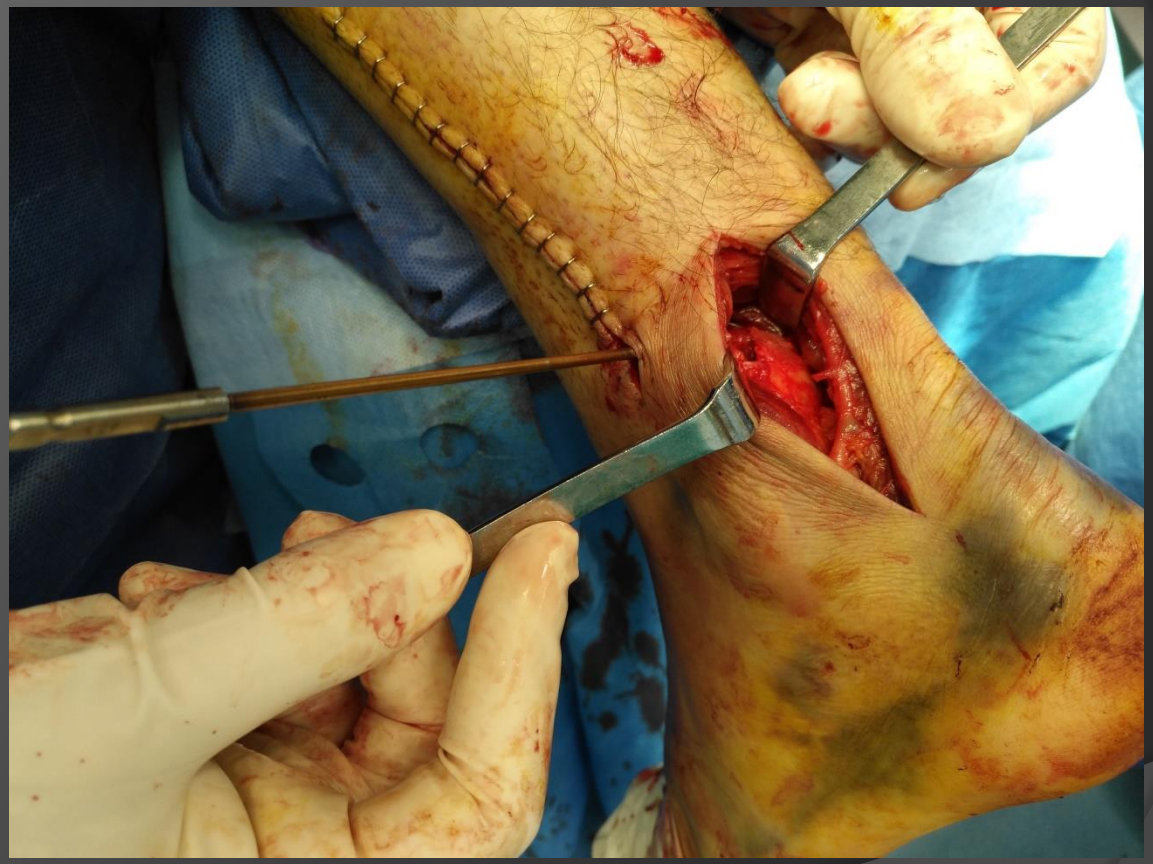
REINTERVENCION CASO CLINICO

Paso 5 – Fijación maleólo posterior
Tornillo canulado



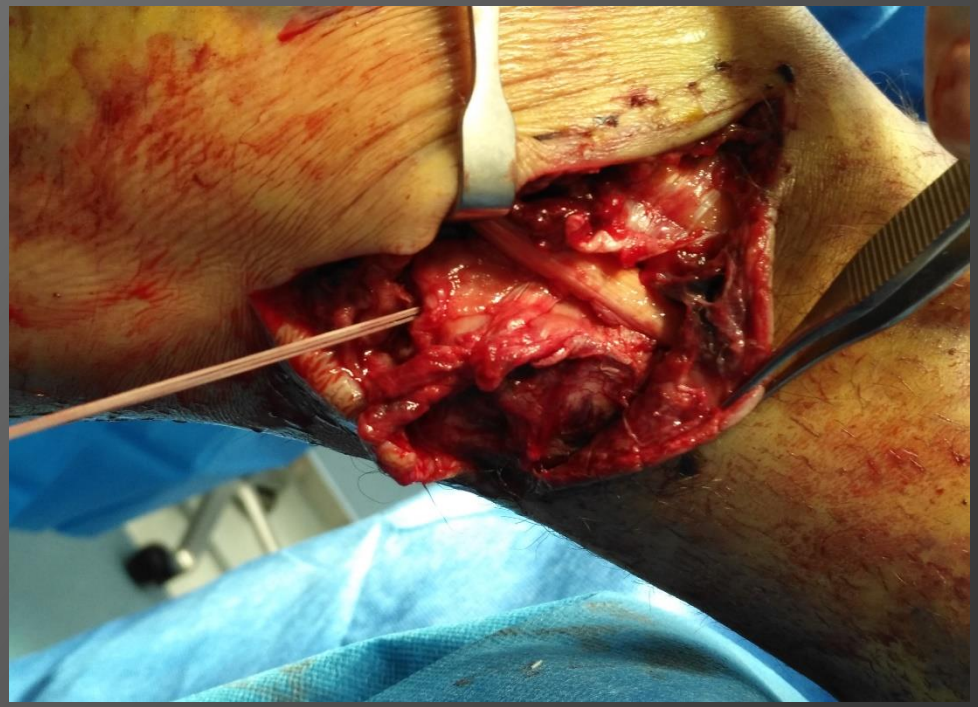
REINTERVENCION CASO CLINICO

Paso 6 – Nuevo transindesmal en correcta posición



REINTERVENCION CASO CLINICO

Paso 7– Reinserción L. Deltoideo con arpón



CONTROL RX FINAL

www.robertodelosmozos.com