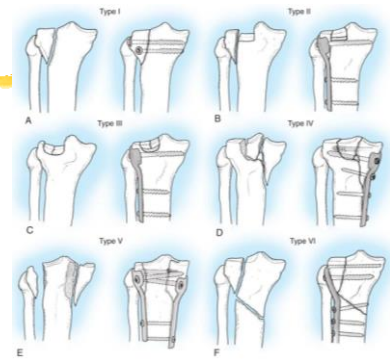


FRACTURILE PLATOULUI TIBIAL

1

CLASIFICARE: SCHATZKER



2

ANATOMIE PATOLOGICA

A. FRACTURI UNITUBEROZITARE:

☐ SUPRALIGAMENTARE • PRIN SEPARARE

☐ INFRALIGAMENTARE • PRIN TASARE
• MIXTA

B. FRACTURI BITUBEROZITARE (traiecul de fractura disloca ambele tuberozitati)

C. FRACTURI ASOCIATE (ex: fractura cap peroneu, condil femural)

3

EXAMENUL CLINIC

Inspectia:

A. FRACTURA
UNITUBEROZITARA

- ☐ marire de volum genunchi (hemartroza)
- ☐ genunchi in semiflexie in pozitie de varus sau valgus (in functie de platoul afectat)

B. FRACTURA
BITUBEROZITARA

- ☐ marire de volum genunchi (hemartroza)
- ☐ deformarea regiunii
- ☐ scurtarea membrului pelvin afectat

4



5

EXAMENUL CLINIC

Palpare:

- ☐ Durere vie in punct fix
- ☐ Crepitatii osoase
- ☐ Mobilitate anormala
- ☐ Lipsa continuitatii osoase

6

COMPLICATII:

- ❑ DESCHIDERE A FOCARULUI DE FRACTURA (de catre fragmentul diafizar)
- ❑ LEZAREA NERVULUI SCIATIC POPLITEU EXTERN (in fracturile platoului tibial extern)
- ❑ LEZIUNI ALE PACHETULUI VASCULONERVOS POPLITEU (prin compresiune)

7

7

COMPLICATII:

- ❑ GENUNCHI LAX INSTABIL (prin ruptura lig. incrucisate si colaterale)
- ❑ REDOARE DE GENUNCHI
- ❑ SINDROM ALGONEURO-DISTROFIC
- ❑ GONARTROZA

8

8

TRATAMENT

- ❑ ORTOPEDIC : rezervat fracturilor fara deplasare sau la cele cu deplasare la care se reuseste reducerea (imobilizare in aparat gipsat cruro-podal pentru 4 sapt.)
- ❑ CHIRURGICAL: osteosinteza cu suruburi sau placa dupa reducere deschisa

9

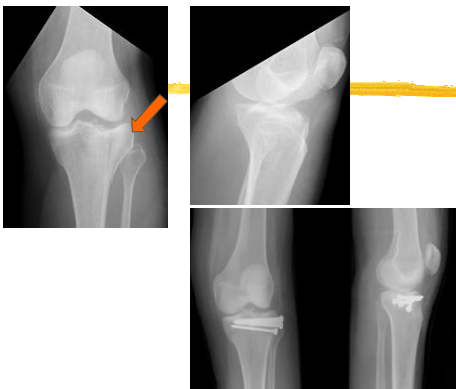
9

TRATAMENT**Important:**

- ❑ Reducere corecta care sa corecteze dezaxarea si treptele articulare
- ❑ Asigurarea unui montaj stabil prin care sa se scurteze perioada de imobilizare
- ❑ inceperea precoce a programului de recuperare pentru prevenirea complicatiilor

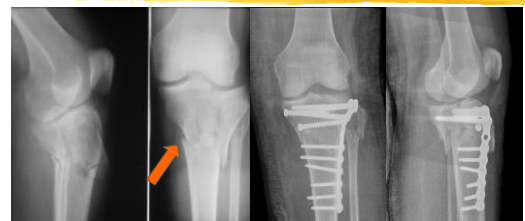
10

10



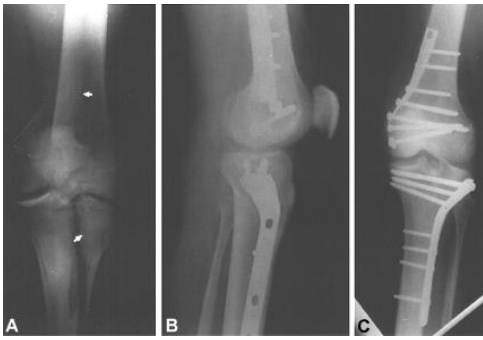
11

11



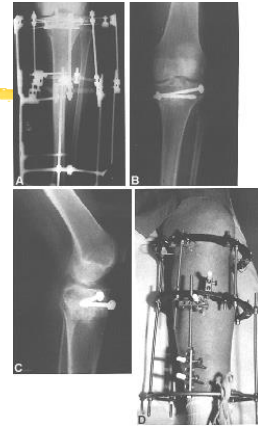
12

12



13

13



14

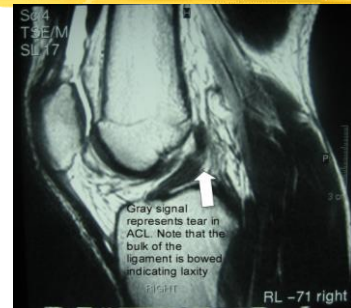
14

RUPTURA LIA RUPTURI ALE MENISCURILOR

15

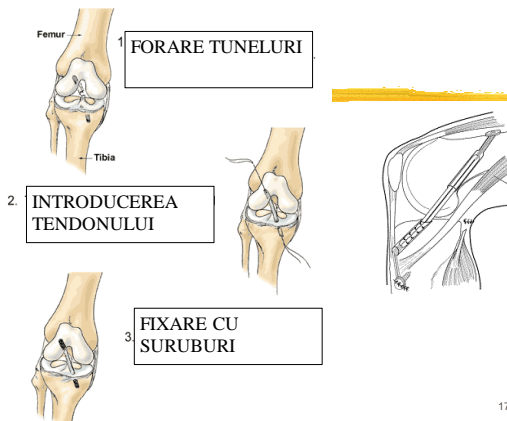
15

RUPTURA LIA



16

16



17

17

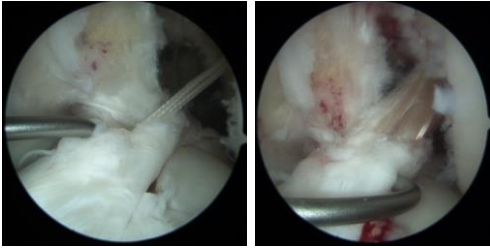
Recoltarea si prepararea neoligamentului



18

18

ASPECT ARTROSCOPIC -”implantarea” neoligamentului-



19

19

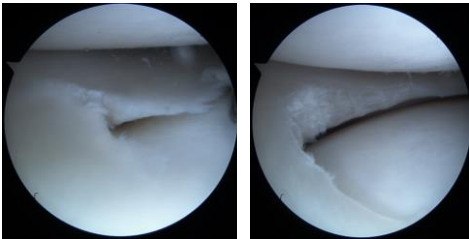
RUPTURA MENISC



20

20

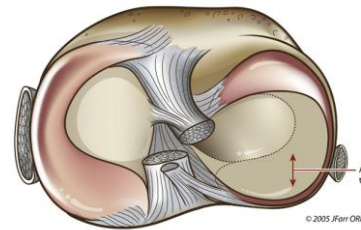
ASPECT ARTROSCOPIC -inainte si dupa meniscectomie-



21

21

DUPA MENISCECTOMIE



22

22

FRACTURILE DIAFIZARE ALE OASELOR GAMBEI

23

23



24

24

ETIOPATOGENIE:

- ❑ **MECANISM DIRECT**- RAR :
LOVIRE SAU CADERE DIRECTA PE TIBIE
- ❑ **MECANISM INDIRECT**- FRECVENT:
 - ❑ TORSIUNE
 - ❑ HIPERFLEXIE
 - ❑ COMPRESIUNE
 - ❑ MECANISME ASOCIATE

25

25



26

26

ANATOMIE PATOLOGICA

- ❑ **FRACTURI SIMPLE:**
 - ❑ TRANSVERSALE
 - ❑ OBLICE LUNGI SAU SCURTE
 - ❑ SPIROIDE
- ❑ **FRACTURI COMPLEXE SAU COMINUTIVE:**
 - ❑ IN "ARIPA DE FLUTURE"
 - ❑ IN DUBLU ETAJ SAU CU FRAGM. INTEREDIAR
 - ❑ COMINUTIVE PROPRIU-ZISE (CU MAI MULTE FRAGMENTE)

27

27



28

28

EXAMENUL CLINIC

- ❑ **INSPECTIE:**
 - ❑ TUMEFACTIE
 - ❑ DEFORMAREA REGIUNII
 - ❑ PICIOR ROTAT EXTERN
 - ❑ MEMBRU PELVIN SCURTAT
- ❑ **PALPARE:**
 - ❑ DURERE IN PUNCT FIX
 - ❑ MOBILITATE OSOASA ANORMALA
 - ❑ LIPSA CONTINUITATII OSOASE
 - ❑ CREPITATII OSOASE

29

29



30

30

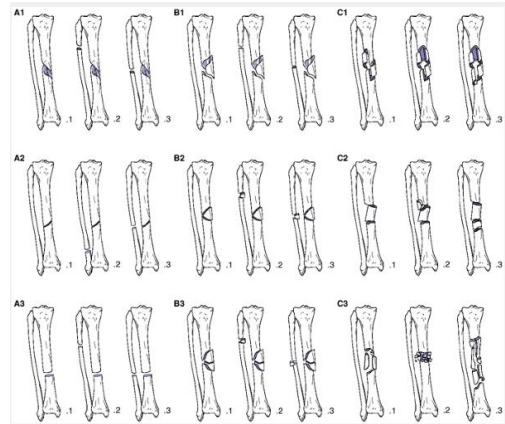
EXAMEN RADIOLOGIC:

- OBLIGATORIU
- 2 INCIDENTE:
FATA SI
PROFIL



31

31



32

COMPLICATII:

- **IMEDIATE:**
- FRACTURA DESCHISA
- LEZIUNI ALE VASELOR SI
NERVILOR PERIFERICI
- TROMBOZA VENOASA
PROFUNDA CU/FARA EMBOLIE
- SINDROM DE
COMPARTIMENT



33

33

COMPLICATII

- **TARDIVE:**
- INTARZIRE IN CONSOLIDARE
- CALUS VICIOS
- PSEDARTROZA
- SINDROM ALGONEURODISTROFIC
- OSTEOPOROZA
- REDORI ARTICULARE
- OSTEITE SI PSEUDARTROZE SUPURATE

34

34

EVOLUTIA:

- NORMAL SPRE CONSOLIDARE IN 3-4
LUNI LA ADULT SI 6 SAPTAMANI LA
COPIL

35

35

TRATAMENT

- **CHIRURGICAL:**
 - TIJA CENTROMEDULARA ZAVORATA
 - PLACA CONTURATA CU SURUBURI
BLOCATE
- **FIXATOR EXTERN** – FRACTURI
DESCHISE
- **ORTOPEDIC:** APARAT GIPSAT
FEMURO-PODAL, EXTENSIE
CONTINUA TRANSCALCANEANA

36

36



37

37

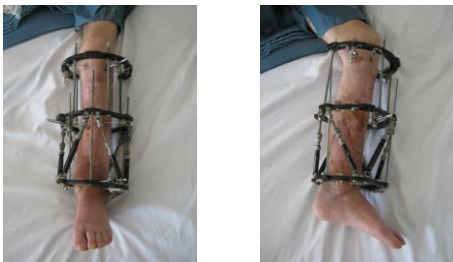


38

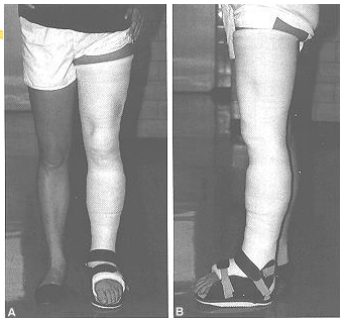
38



39

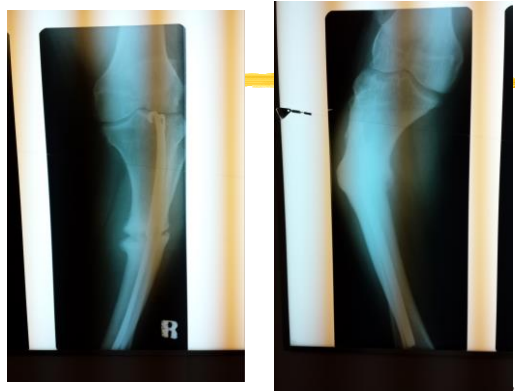


40



41

41



42



43