Fracture Specific Plating Solution: Tibial Pilon Fracture Management Case Study #3
Patient information
43-year-old male, injured in a fall
Distal fibula fracture
Distal tibia fracture with intra-articular component
Radiographs and CT scan revealed a large posterior malleolus fracture and medial distal third tibial comminution

Day of injury
The fracture was closed reduced and an external fixator was applied to temporarily span the fracture site.
One week after external fixation, the soft tissue swelling delayed ORIF of both the tibia and fibula fractures.

Implants
PERI-LOC VLP 3.5mm Posterior Distal Tibia Locking Plate
PERI-LOC VLP 3.5mm Posterolateral Distal Fibula Locking Plate
PERI-LOC VLP 3.5mm Medial Distal Tibia Locking Plate
Patient Positioning – Prone

The external fixator was removed. The fibula and posterior malleolus fractures were addressed through a standard posterior approach between the FHL and peroneal tendons. The fibula was anatomically reduced and a PERI-LOC* VLP 3.5mm Posterolateral Distal Fibula Locking Plate was implanted.

The posterior malleolus was reduced and temporarily held with Kirschner wires while a PERI-LOC VLP 3.5mm Posterior Distal Tibia Locking Plate was applied to buttress the fracture.

The second distal tibia fracture was plated with a PERI-LOC VLP 3.5mm Medial Distal Tibial Locking Plate utilizing a MIPO technique.
Case study participants

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Dr. Gruen is a trauma surgeon at the University of Pittsburgh Medical Center (UPMC) and a Professor of orthopaedic surgery at the University of Pittsburgh School of Medicine.

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Dr. Sop completed an Orthopaedic surgery residency at Riverside County Regional Medical Center, Riverside, CA in 2007. Currently, he is an Orthopaedic Trauma Fellow at The University of Pittsburgh Medical Center in Pittsburgh, PA.

3.5mm Posterolateral Distal Fibula Locking Plate
- Scalloped edge allows for placement of syndesmotic screws
- 8° of external rotation at the distal end of plate
- Plate thickness is 1.5mm
- Shaft hole spacing is 12.0mm
- Beveled tip for percutaneous insertion
- Accepts 3.5mm Locking, 3.5mm Cortex and 5.0mm Osteopenia Screws

3.5mm Medial Distal Tibia Locking Plate
- Two 1.6mm holes for provisional K-wire fixation
- Plate thickness is 1.5mm
- Shaft hole spacing is 12.7mm
- Seven distal screw holes for joint surface stability
- Beveled tip for percutaneous insertion
- Accepts 3.5mm Locking, 3.5mm Cortex and 5.0mm Osteopenia Screws

3.5mm Posterior Distal Tibia Locking Plate
- Scalloped edge allows for placement of independent lag screws
- Two 1.6mm holes provisional K-wire fixation
- Plate thickness is 1.5mm
- Shaft hole spacing is 12.3mm
- Beveled tip for percutaneous insertion
- Accepts 3.5mm Locking, 3.5mm Cortex and 5.0mm Osteopenia Screws

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