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PERI-LOC◇ VLP

Variable-Angle
Locked Plating System

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

Pre-operative radiographs

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

Post-external fixation CT scans

3.5mm Posterolateral
Distal Fibula
Locking Plate

3.5mm Medial
Distal Tibia
Locking Plate

3.5mm Posterior
Distal Tibia
Locking Plate

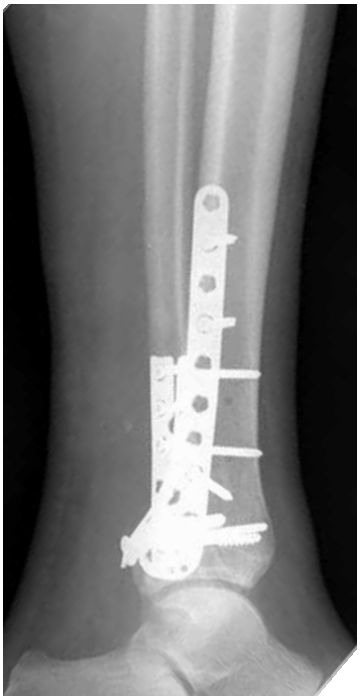
Procedural notes

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.



Post-operative radiographs

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

Case study participants

Gary S. Gruen, MD

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.

Aaron L. Sop, DO

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.

Orthopaedic Trauma & Clinical Therapies
Smith & Nephew, Inc.
1450 Brooks Road
Memphis, TN 38116
USA

Telephone: 1-901-396-2121
Information: 1-800-821-5700
Orders/Inquiries: 1-800-238-7538

www.smith-nephew.com

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