

 **AOTRAUMA**

Programma

AOTrauma Courses

Corso Base per Medici Ortopedici

Corso Base per Strumentisti di Sala Operatoria

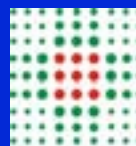
Firenze 19-21 Marzo 2011



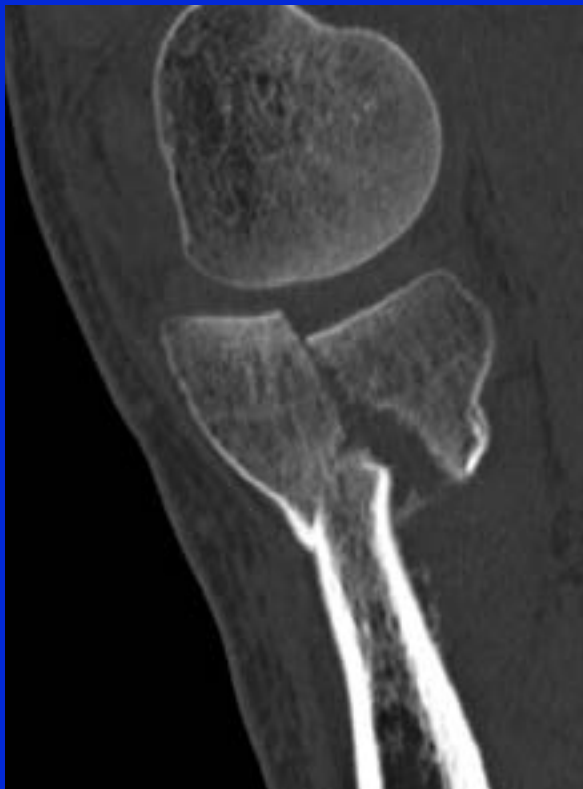
VIE DI ACCESSO, TECNICHE DI RIDUZIONE E SINTESI DELLE FRATTURE ARTICOLARI DELLA TIBIA PROSSIMALE E RUOLO DELL'ARTROSCOPIA

E. SABETTA

*S.C. Ortopedia e Traumatologia
Direttore: Ettore Sabetta*



**SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA**
Azienda Ospedaliera di Reggio Emilia



Osteosintesi interframmentaria



Osteosintesi sostegno

- Iniziare la riduzione dalla frattura più semplice
- Trasformare una frattura complessa in una più semplice

VIA D'ACCESSO: CUTE E TESSUTI MOLLI

- Timing
- Vie accesso
- Osteosintesi



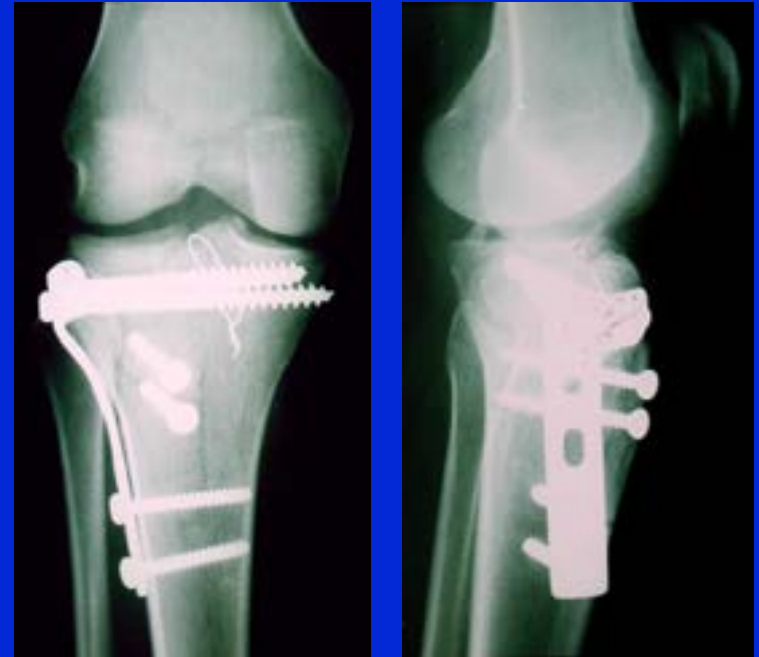
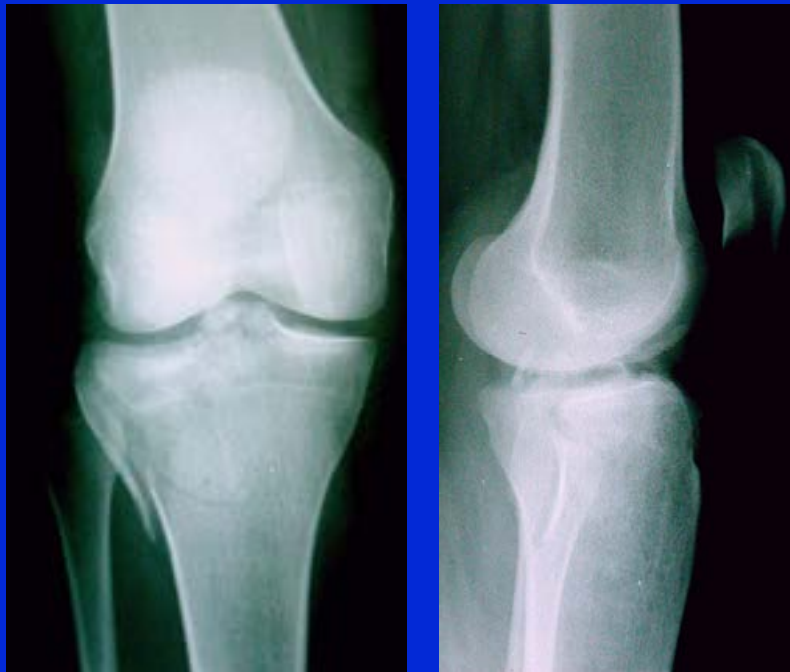
VIA D'ACCESSO: CUTE E TESSUTI MOLLI



VIA D'ACCESSO: CUTE E TESSUTI MOLLI



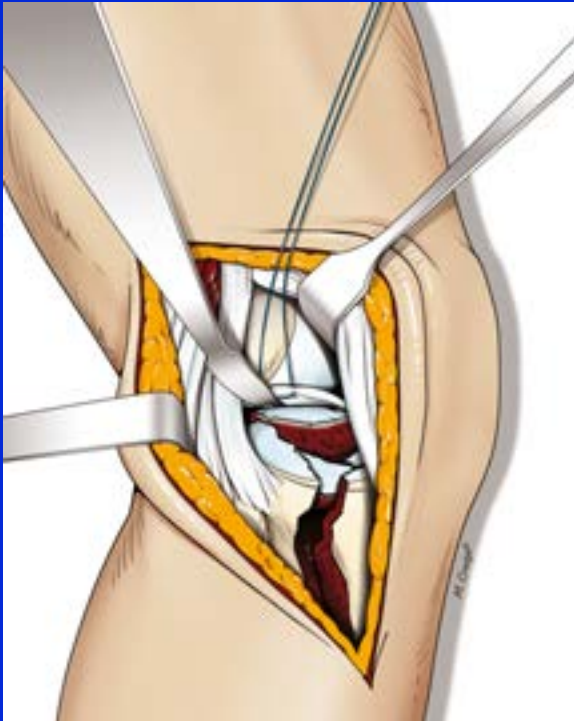
VIA D'ACCESSO: osteotomia tuberosità tibiale



Donna 24 anni

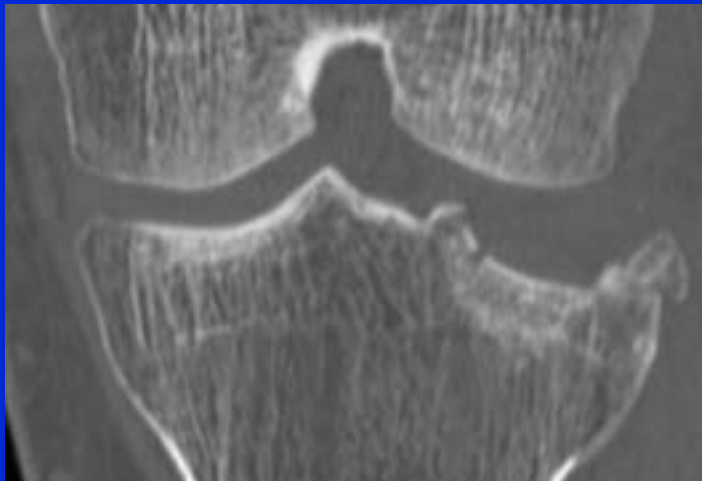
- collaterale mediale (sutura)
- LCA (sutura)
- menisco laterale (meniscectomia)
- LCP

VIA D'ACCESSO: laterale

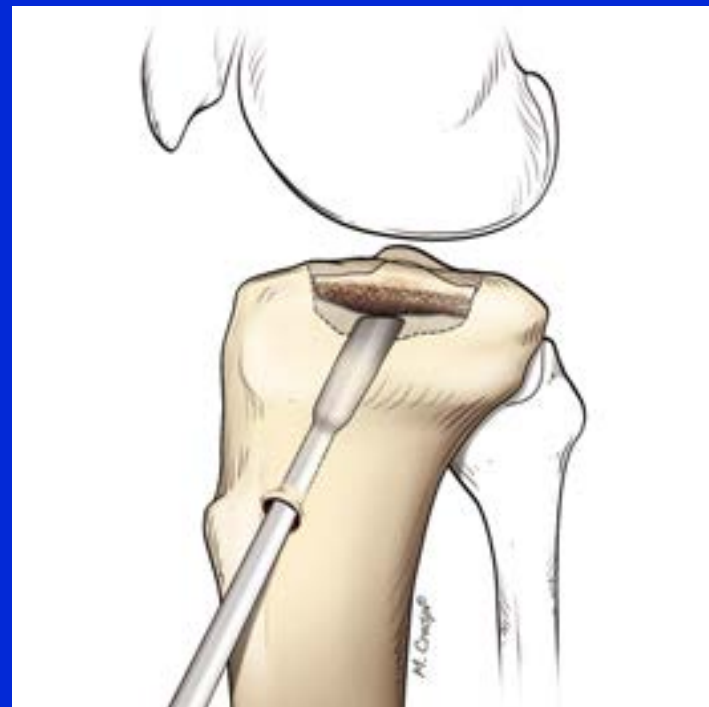
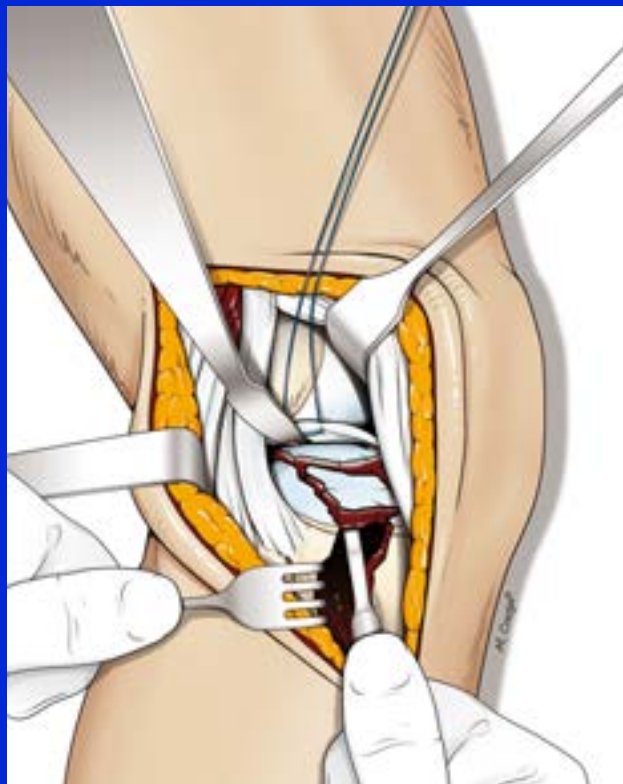


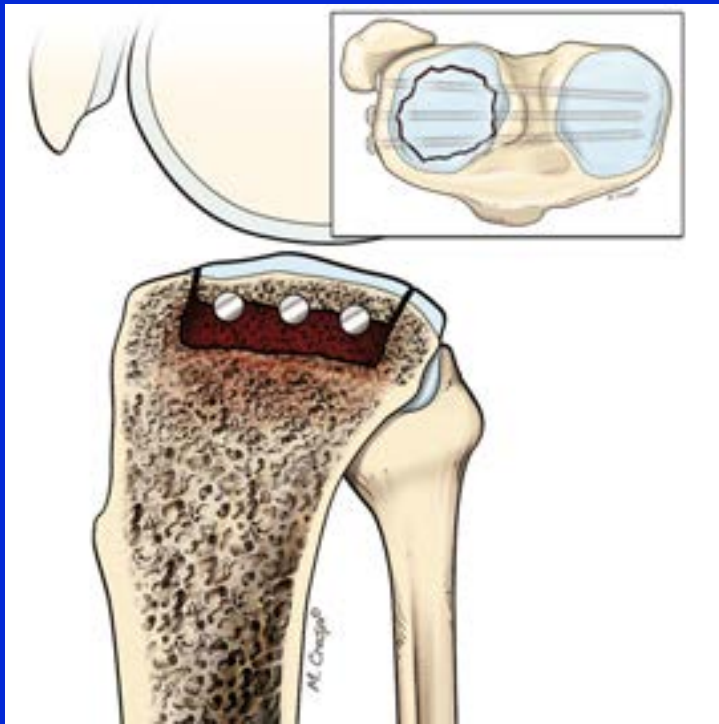
SCHATZKER 1979

TECNICA RIDUZIONE FRAMMENTI

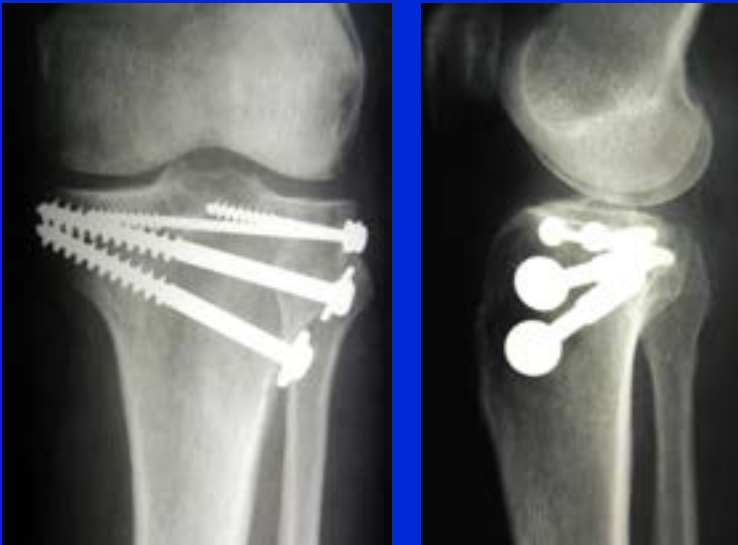


TECNICA RIDUZIONE FRAMMENTI





Gli innesti o i sostituti ossei
non sono necessari

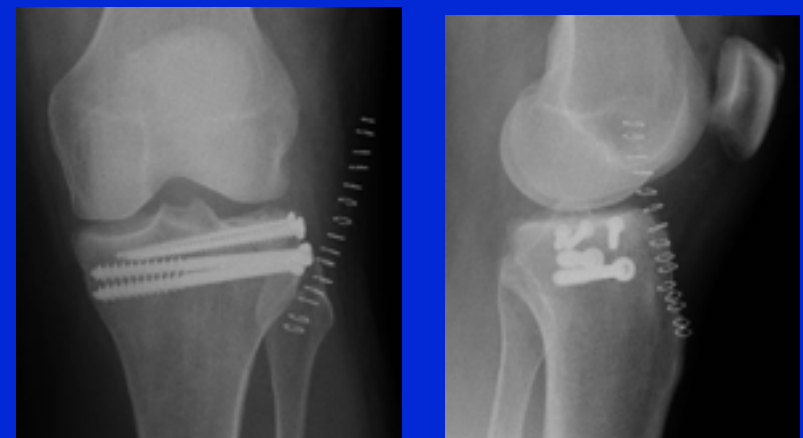
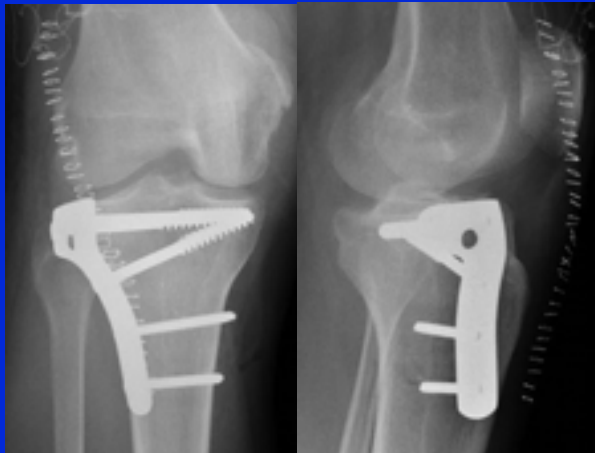
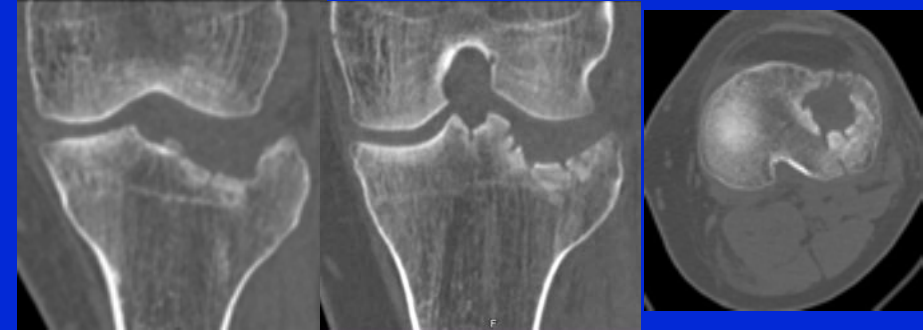
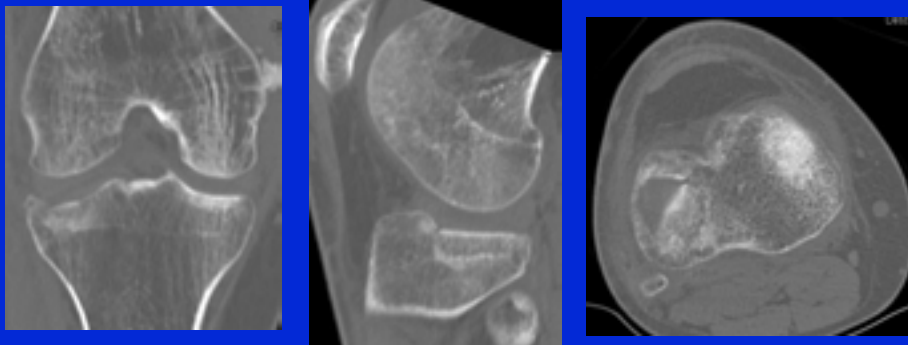
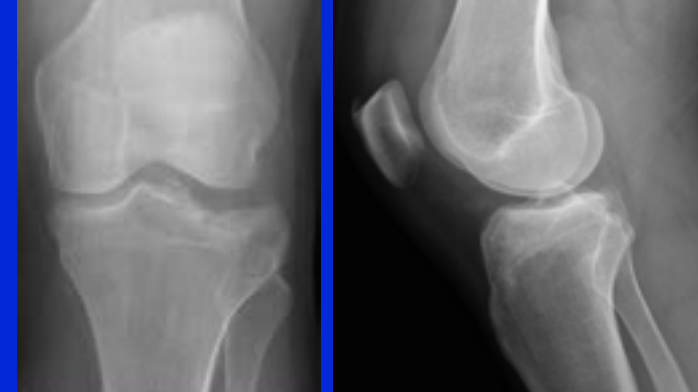


O.R.I.F. vs O.R.I.F. mini-invasiva

Uomo
36 anni

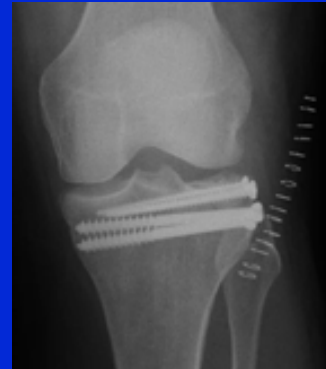


Uomo
41 anni



O.R.I.F.

vs O.R.I.F. mini-invasiva



OSTEOSINTESI ARTROSCOPICA (A.R.I.F.)

- 1 Intervento interamente eseguito in artroscopia (indicazioni limitate)
- 2 Assistenza artroscopica nel corso di chirurgia aperta (tutti i tipi di frattura)

Può essere utilizzata per controllare la riduzione, anche “a secco”, sfruttando la possibilità di raggiungere con l’ottica i recessi articolari più angusti e distanti, mal visualizzabili attraverso l’artrotomia.

A.R.I.F.: *lesioni associate*

Abdel-Hamid MZ, Chang CH, 2006

71% lesioni associate:

98 fratture

57% meniscali

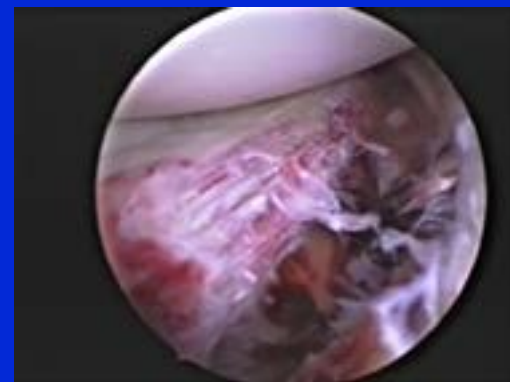
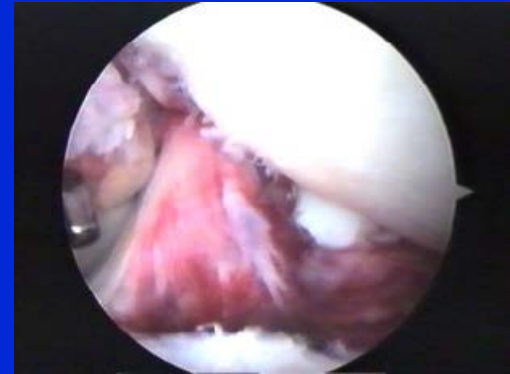
25% LCA

5% LCP

3% LCL

3% LCM

1% SPE



Shepherd L, Abdollahi K, 2002

90% lesioni associate:

20 fratture

80% meniscali

40% legamentose

DOMANDA

In quali fratture del piatto tibiale (Schatzker) è più indicata l'artroscopia?

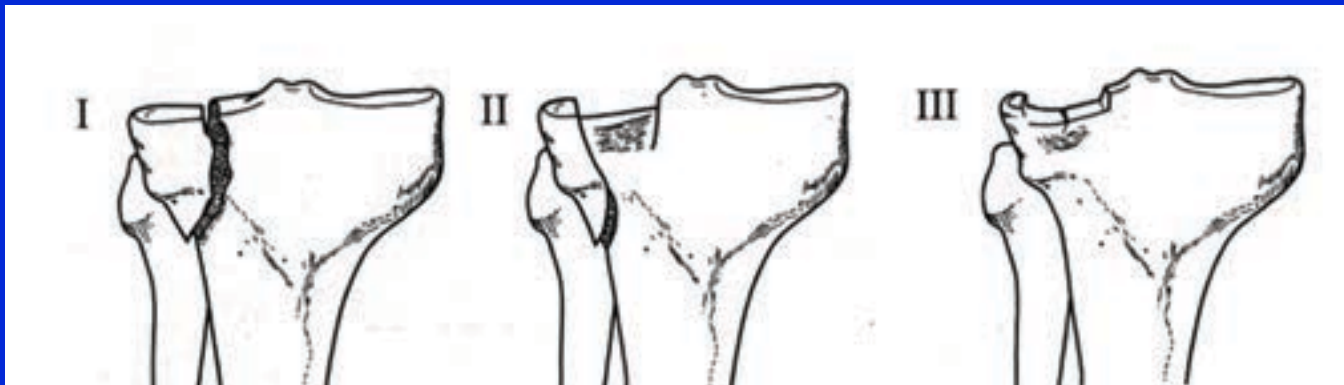
1. Nei tipi I, II, III
2. Nei tipi IV, V, VI
3. In tutti allo stesso modo
4. Solo nel tipo V

A.R.I.F.: *indicazioni*

“Fractures with less severe comminution and degrees of depression will be more amenable to arthroscopic techniques.”

Buchko GM, Johnson DH, 1996

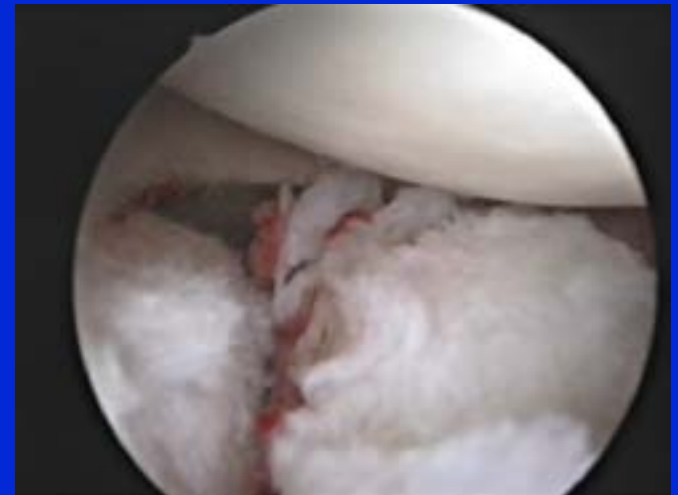
Harris NL et al. 2007



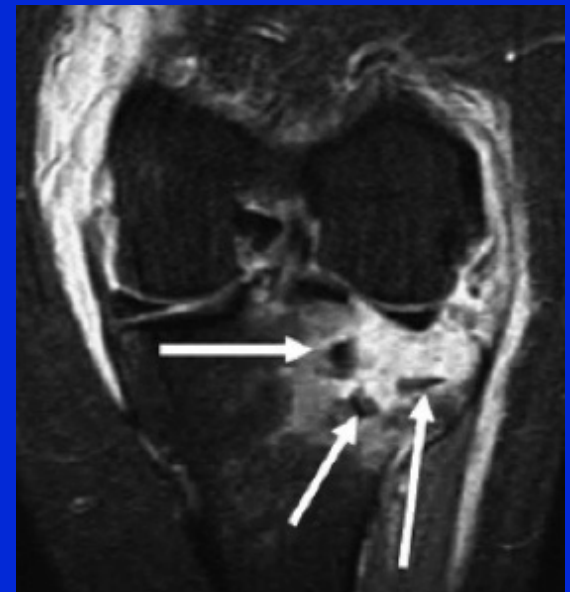
A.R.I.F.: *riduzione della frattura*

Fattori che rendono difficile la riduzione:

- comminuzione frammenti
- rotazione dei frammenti nei vari piani
- infossamento dei frammenti nella metafisi (difficile visualizzazione)



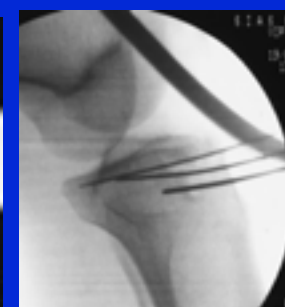
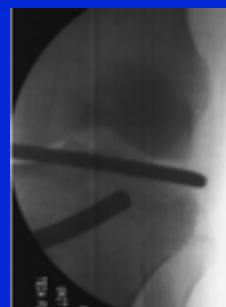
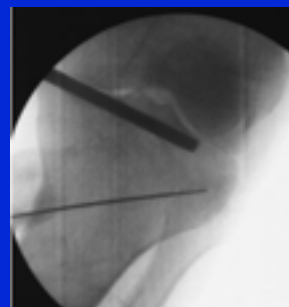
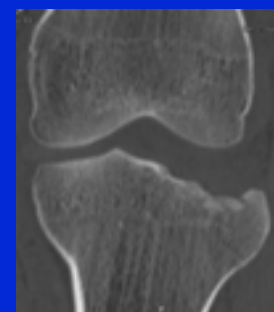
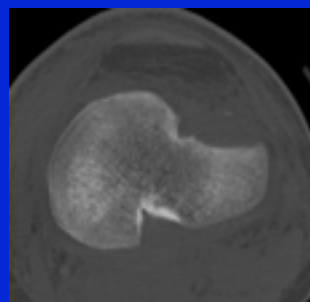
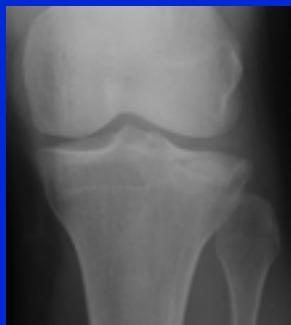
- ◆ van Glabbeek F, van Riet R, 2002
- ◆ Ohdera T, Tokunaga M, 2003
- ◆ Harris NL et al. 2007



A.R.I.F.: *tecnica chirurgica*



17 aa

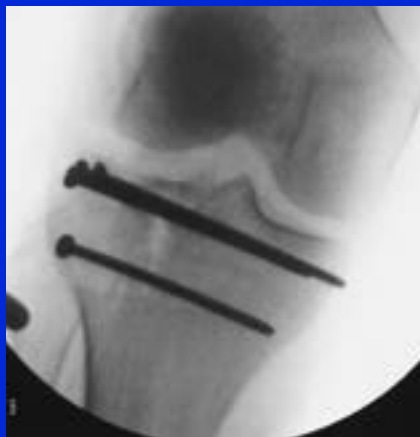
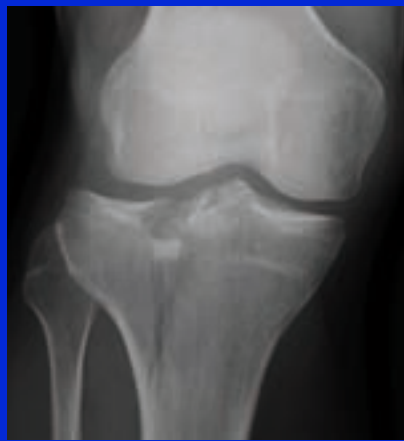


3 mesi
post-op





38 anni

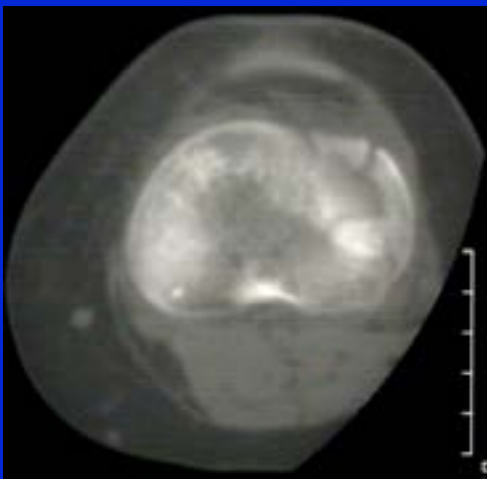
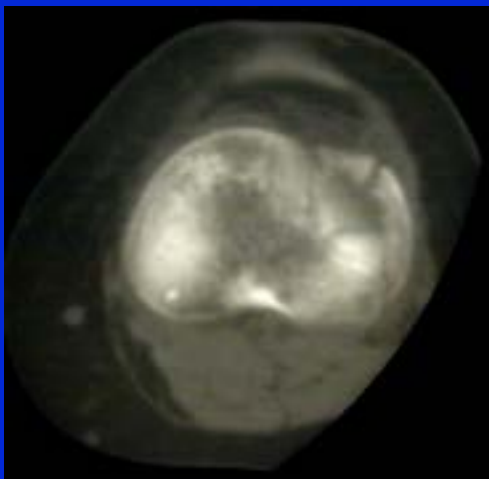
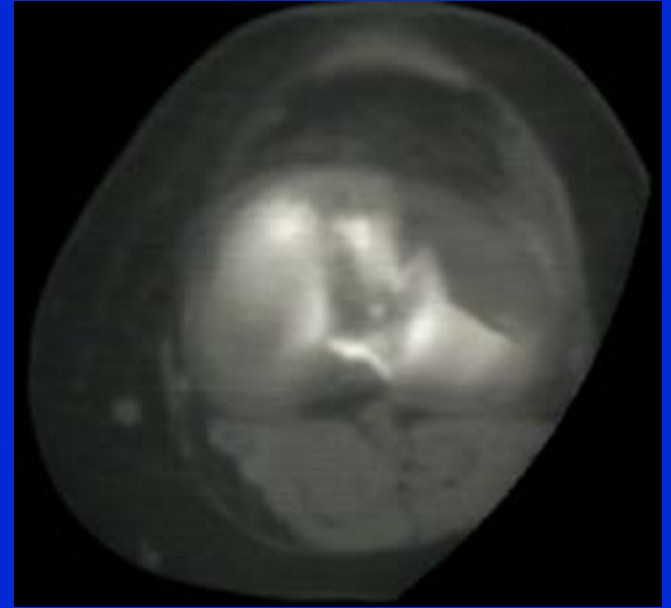




3 mesi post-op

A.R.I.F.

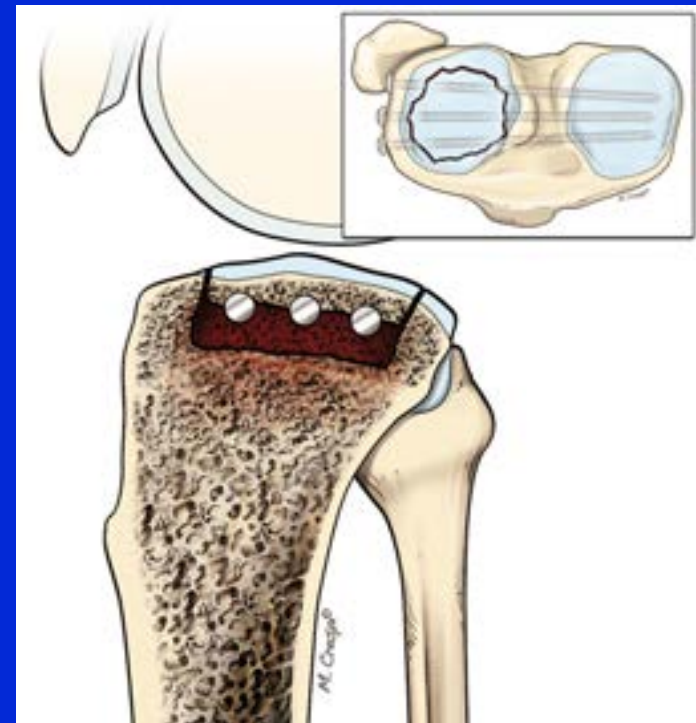
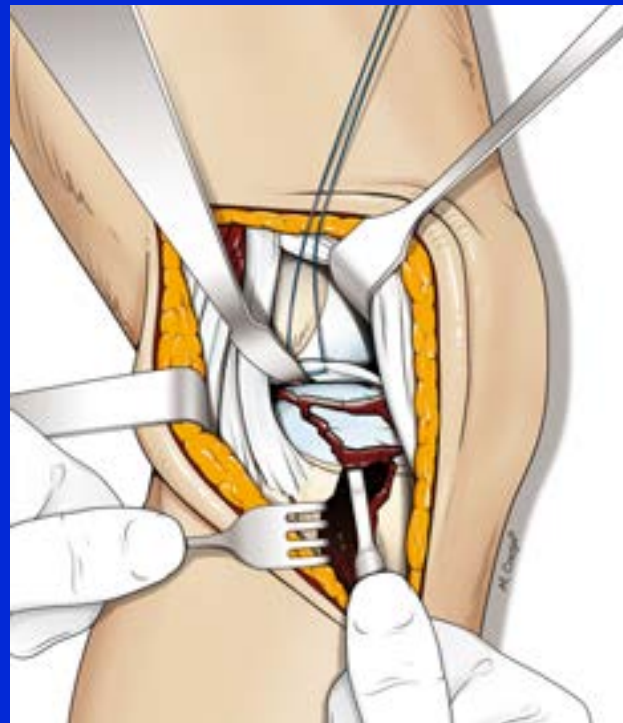
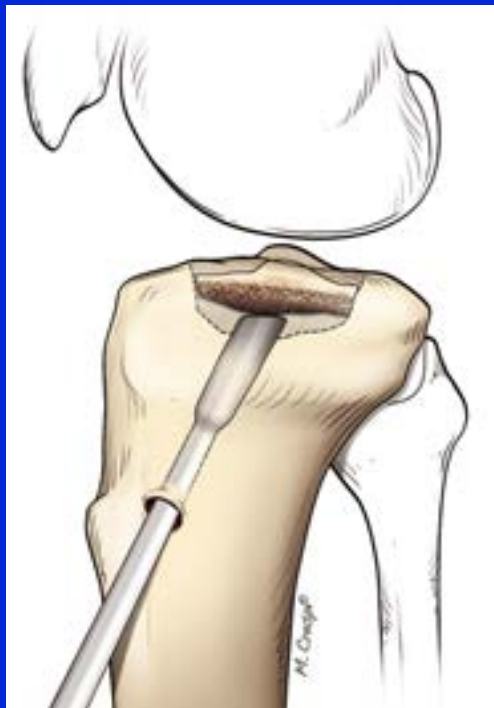
Donna 26 anni
41 B3.1



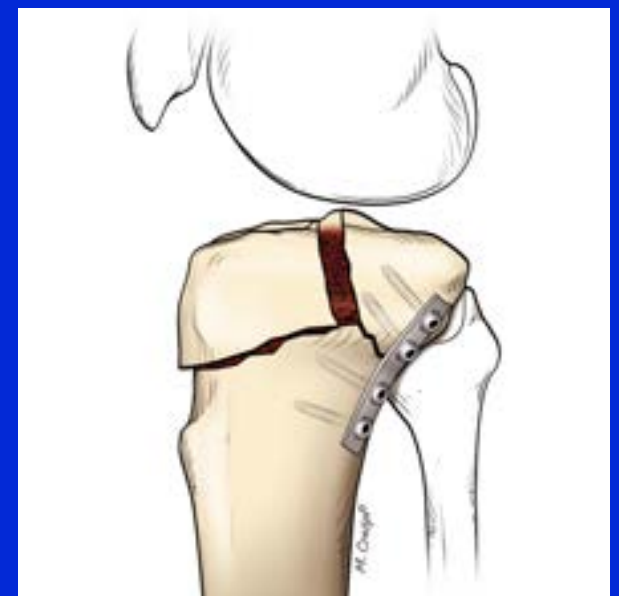
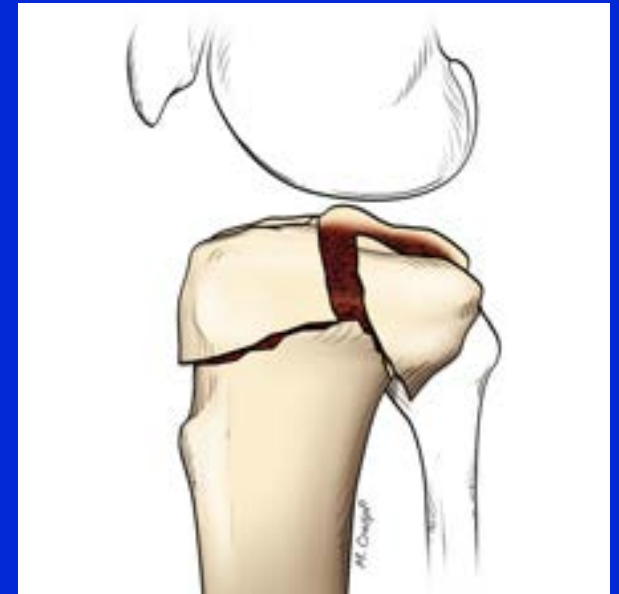
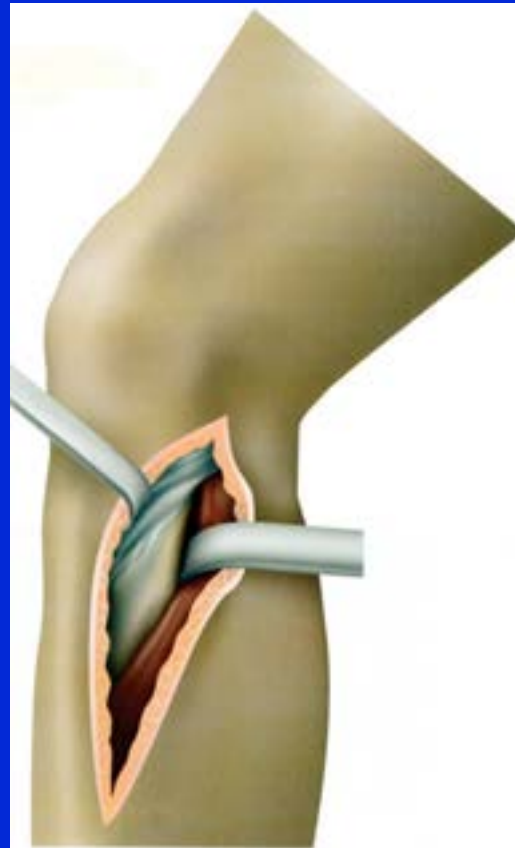
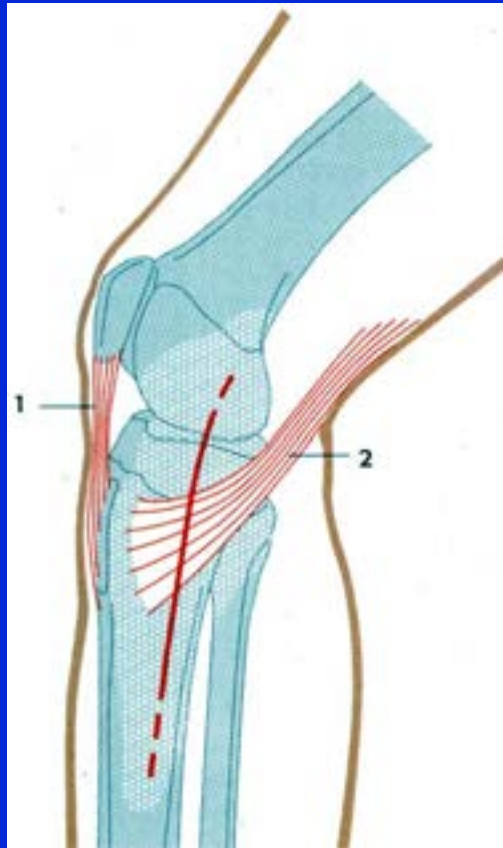


2 mesi
post-op

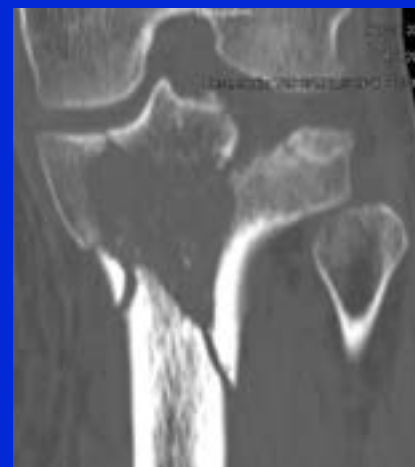
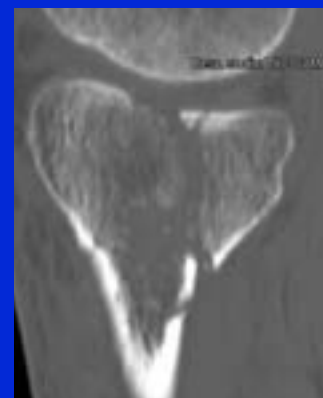
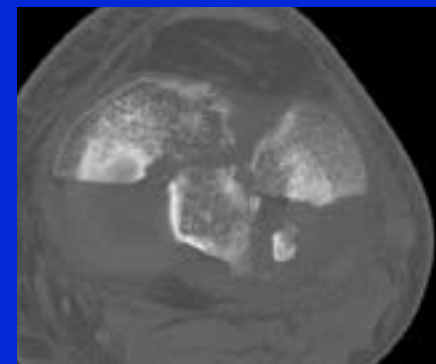
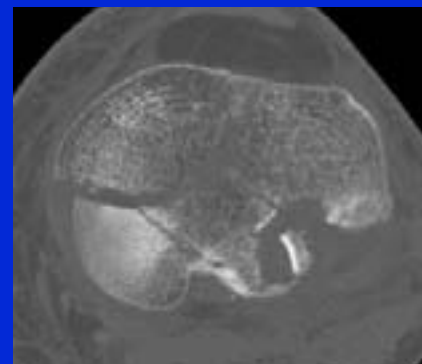
SCHATZKER II: *meglio O.R.I.F.*



VIA D'ACCESSO: mediale



Donna 58 anni



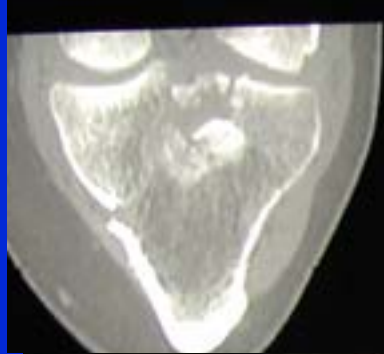
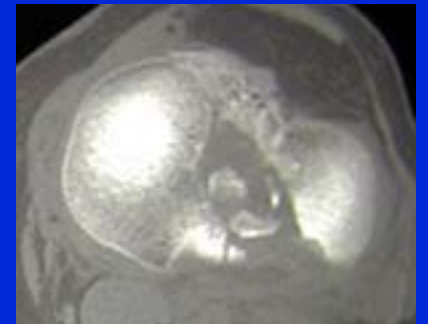
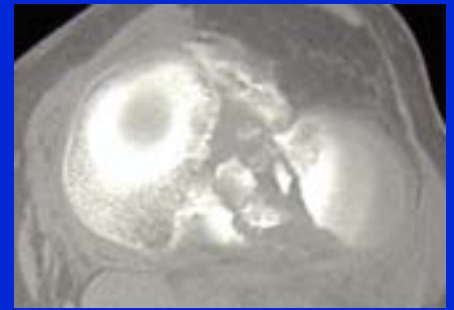


Post-op 2 anni,
no dolore,
articolari completa,
molto soddisfatta



Uomo 41 aa.

Ⓢ





LCA suturato con punti transossei



2 mesi post-op

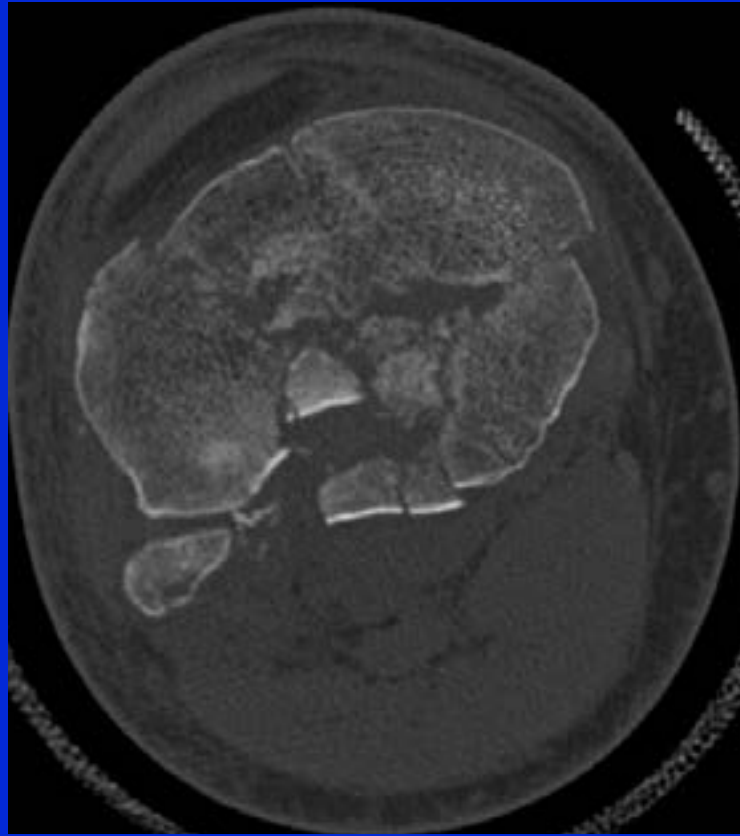
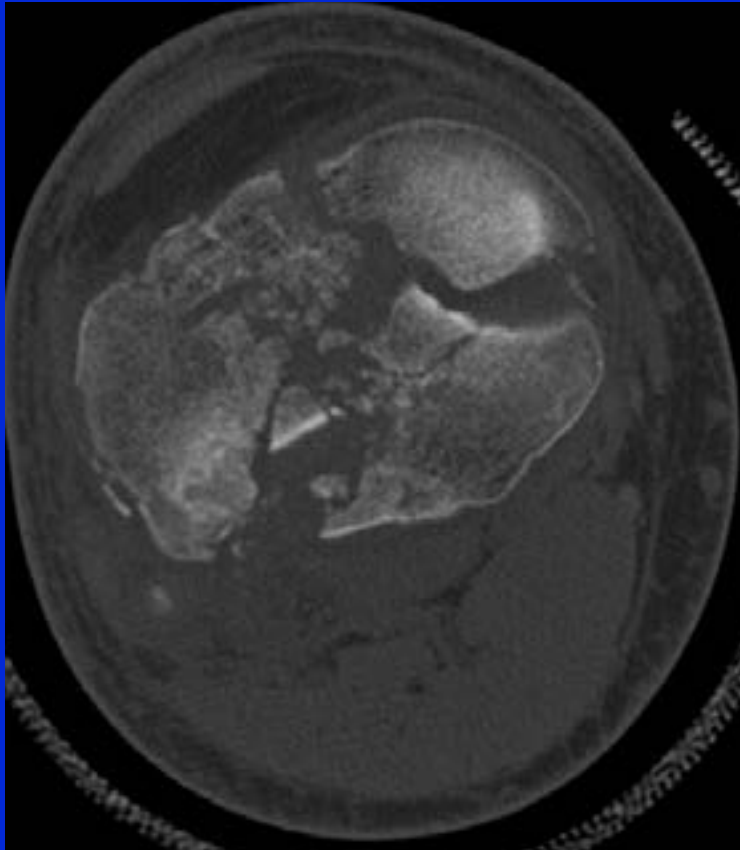


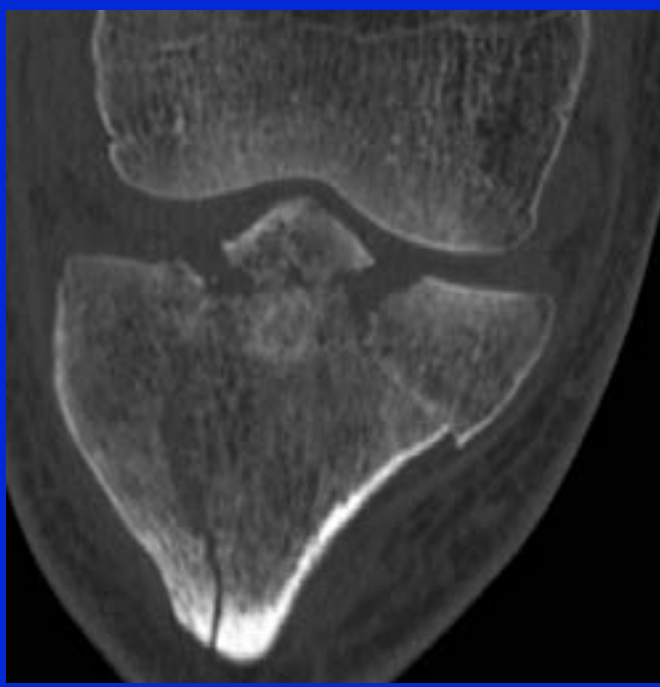
2 anni post-op

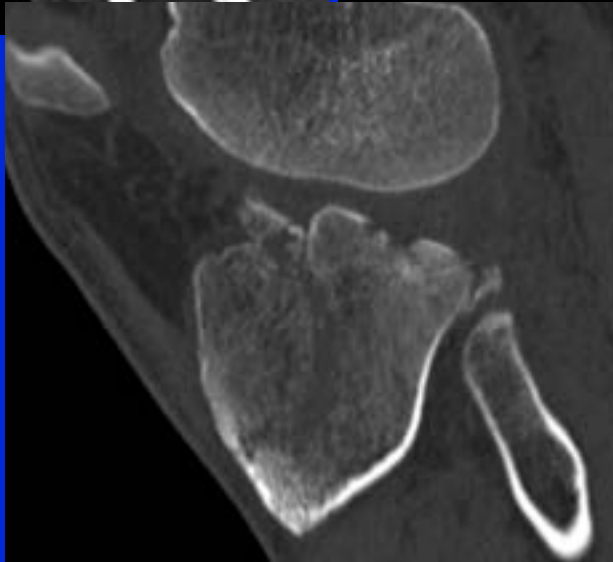
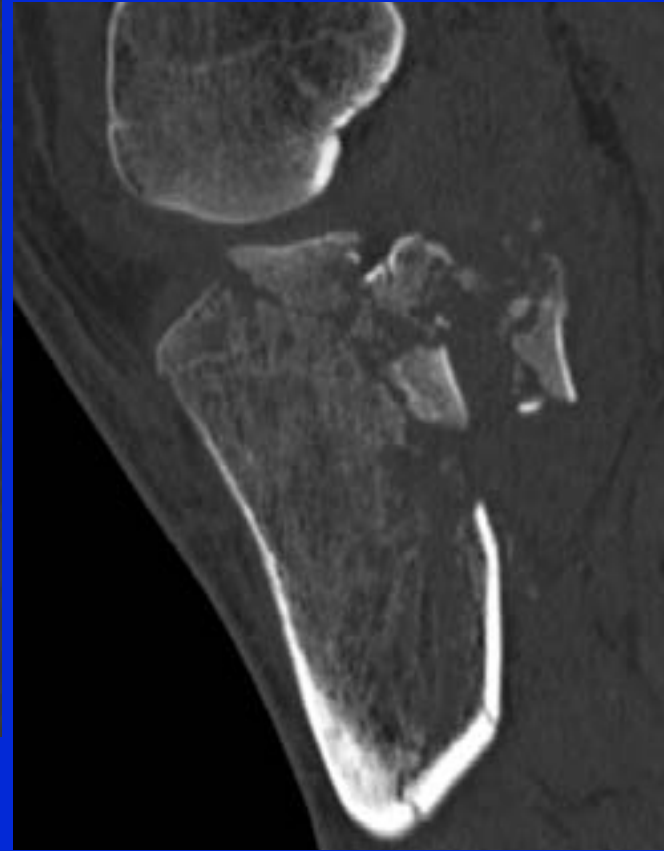
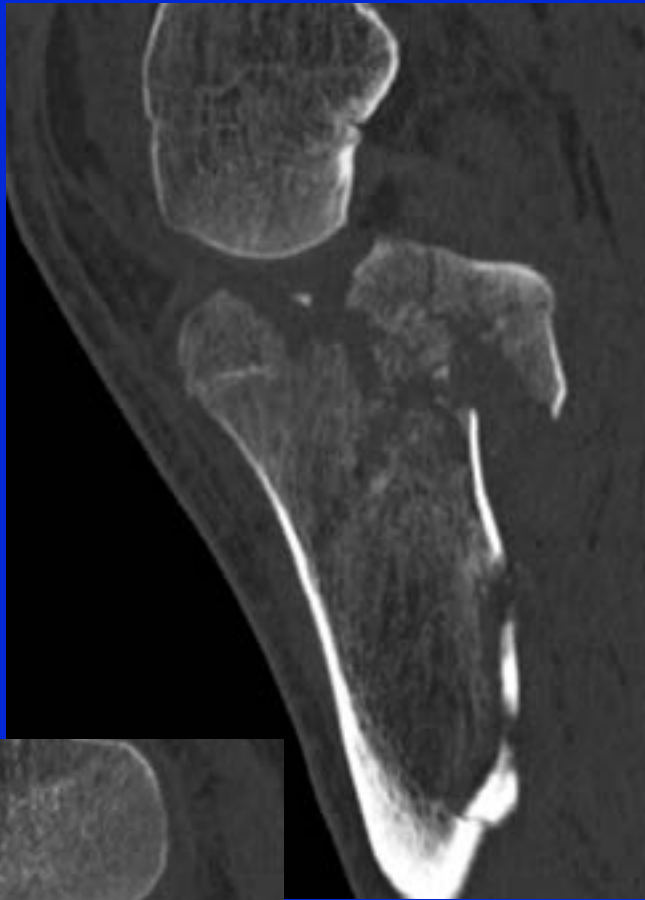
VIA D'ACCESSO: posteriore

A.M., uomo 24 aa.
trauma da sci

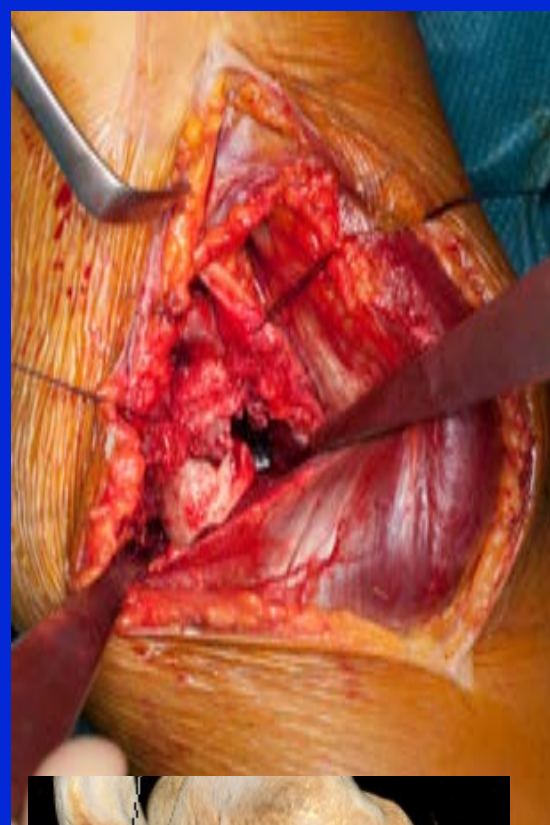
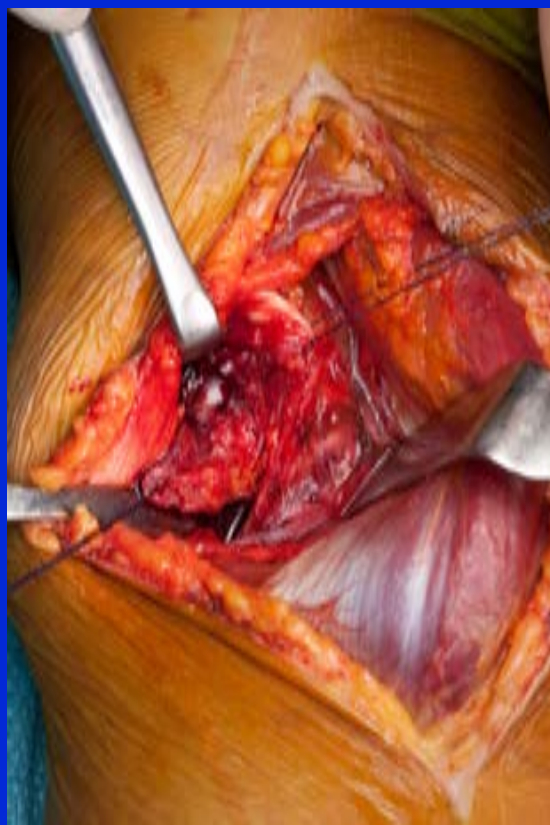










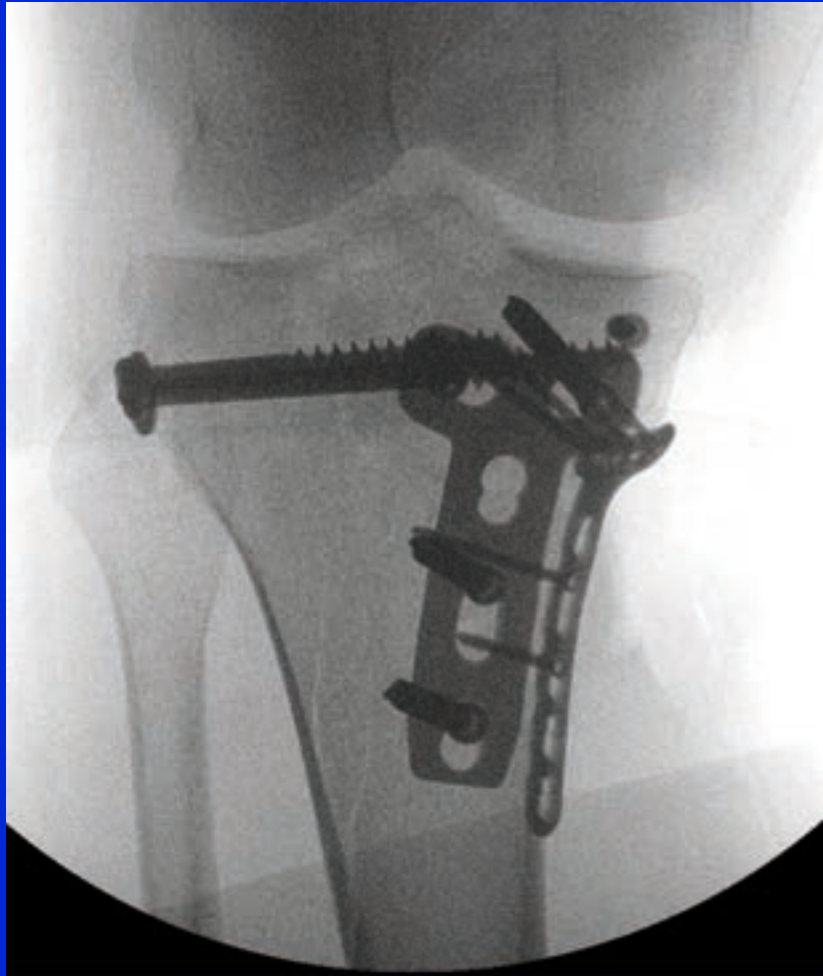
















1 mese post-op



QUALE OSTEOSINTESI



Donna 42 anni

QUALE OSTEOSINTESI



Donna 77 anni

QUALE OSTEOSINTESI



1 mese post-op

QUALE OSTEOSINTESI



QUALE OSTEOSINTESI



Donna 66 anni
41 B3.1



QUALE OSTEOSINTESI

3 mesi post-op

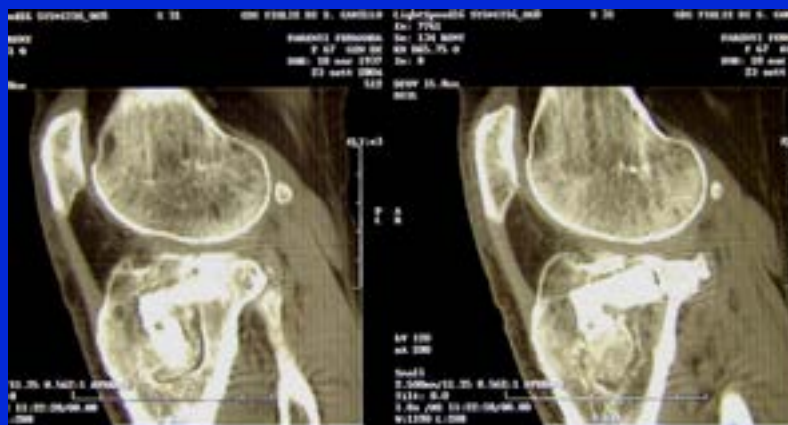
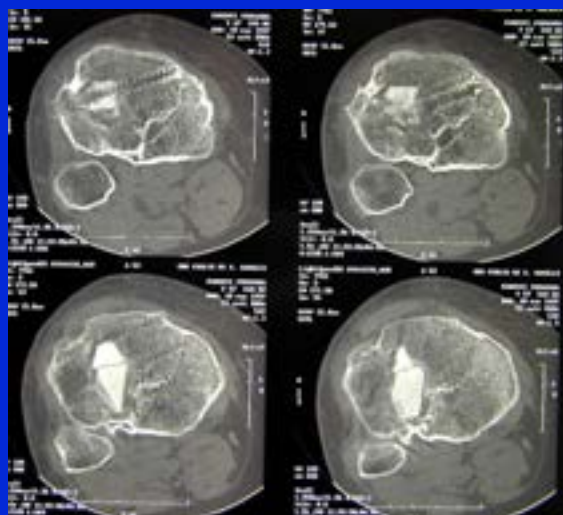
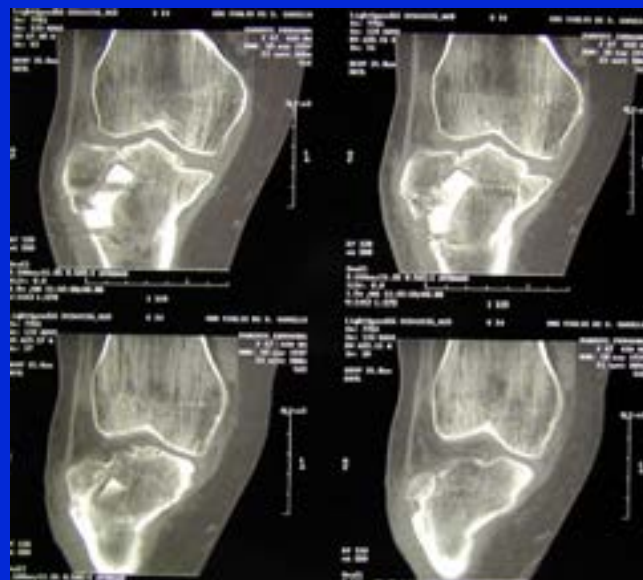


INNESTI OSSEI O SOSTITUTI

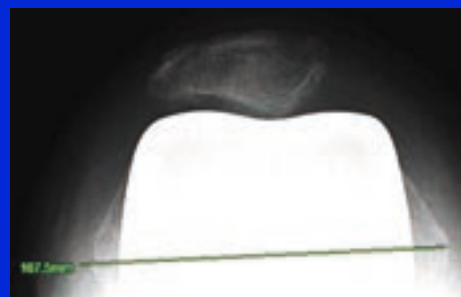
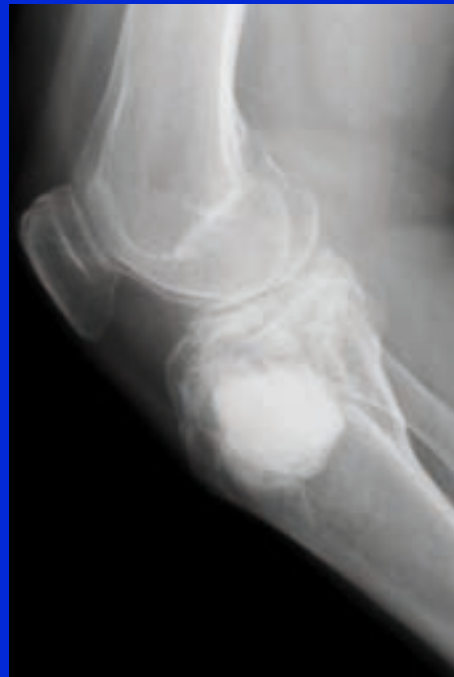
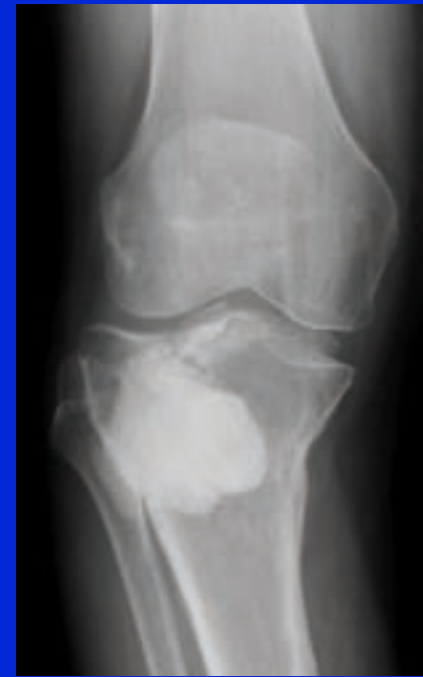
- Utilizzare solo quando realmente necessari
- Tricorticale se funzione meccanica
- Riempitivo spongioso solo con altro sostegno meccanico (viti)



INNESTI OSSEI O SOSTITUTI



INNESTI OSSEI O SOSTITUTI

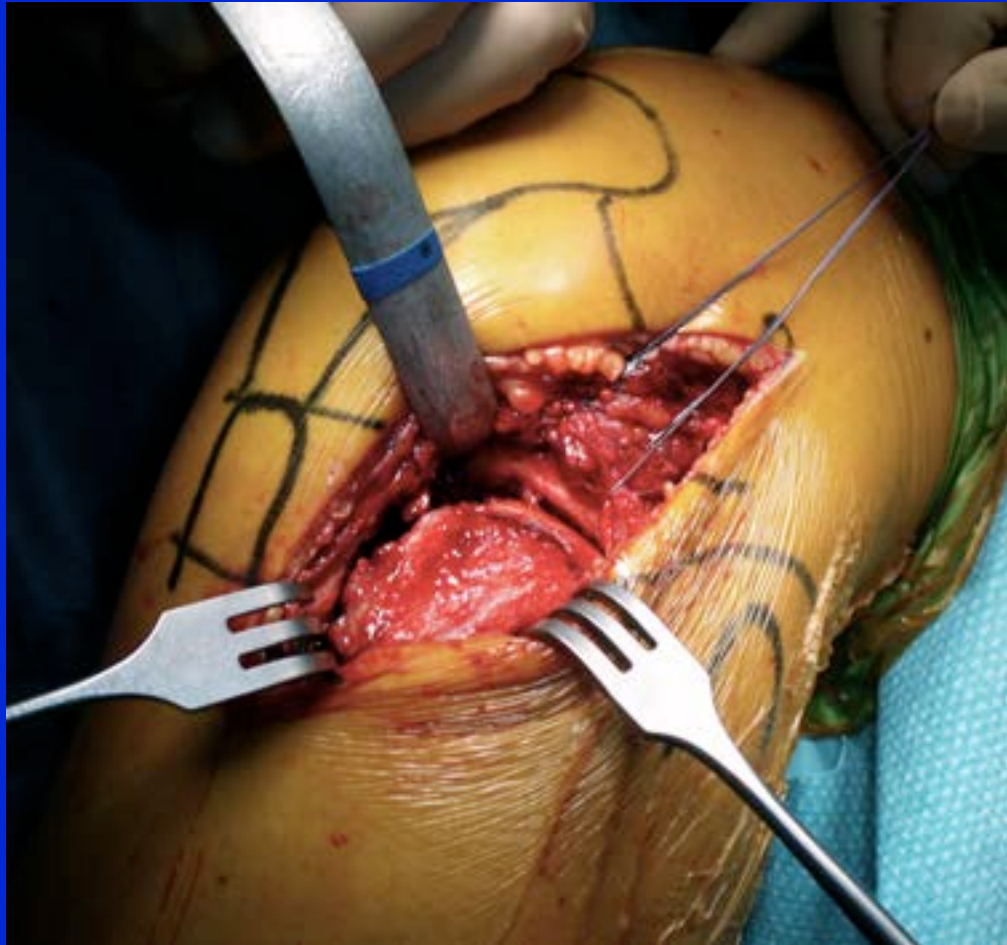


QUALE OSTEOSINTESI

F.F., uomo 34 aa.











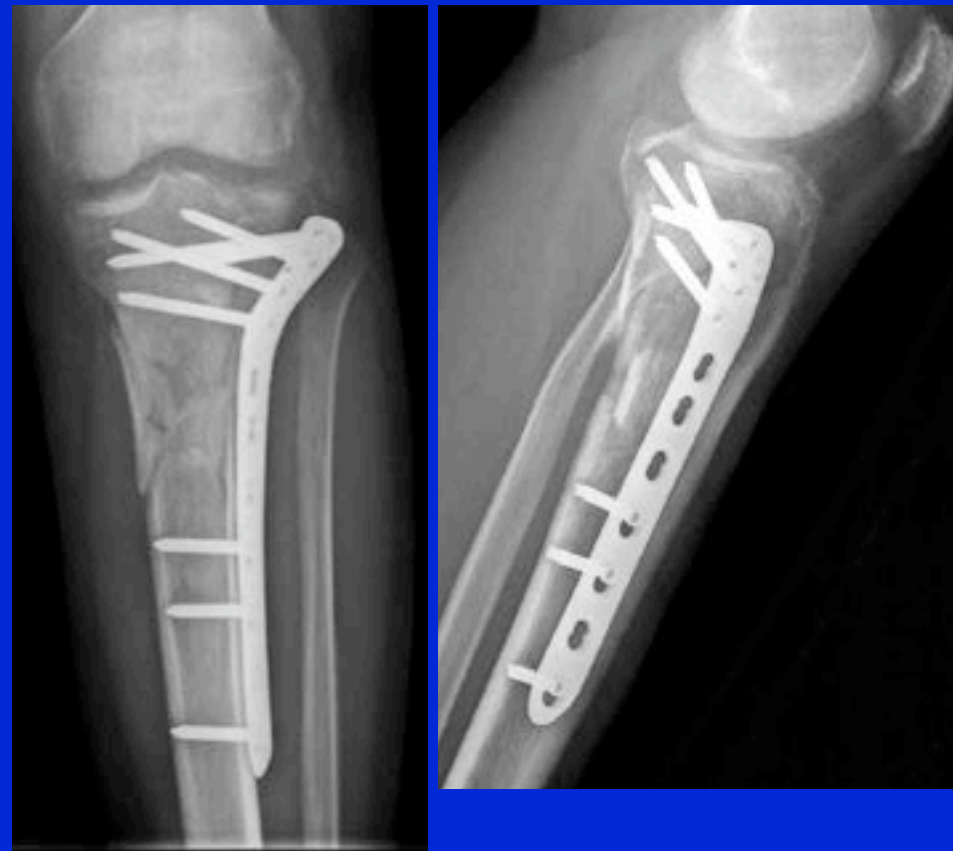
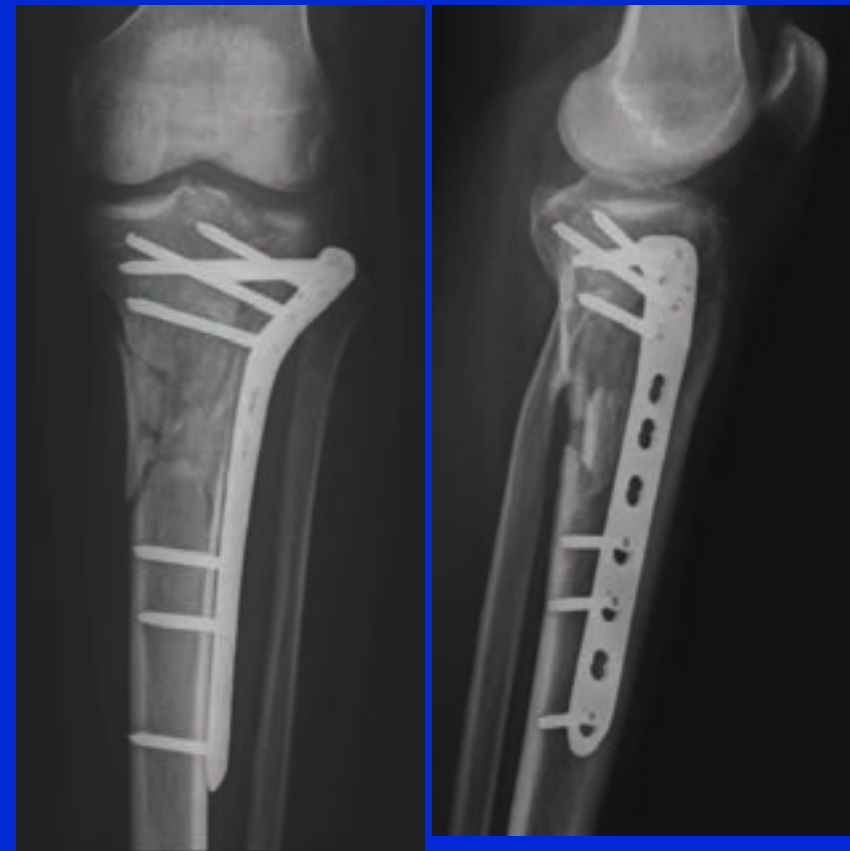






1 mese post-op

2 mesi post-op



CONCLUSIONI

- Le fratture del piatto tibiale sono lesioni a volte di difficile trattamento, che richiedono un'accurata pianificazione pre-operatoria.
- E' possibile ridurre il trauma chirurgico razionalizzando la via d'accesso, la tecnica di riduzione, l'applicazione del materiale d'osteosintesi e degli innesti ossei
- Bisogna conservare i menischi, riconoscere e trattare le lesioni legamentose associate.
- L'osteosintesi deve essere stabile per mobilizzare subito il ginocchio e evitare la rigidità.

GRAZIE