

LITERATURE REVIEW

Unstable Distal Radius Fractures in Elderly Patients

CLINICAL ISSUE:

- Osteoporosis weakens bone in the elderly population and makes distal bone fixation a challenge.
- Inadequate fixation in poor quality bone can lead to loss of reduction.

MEDARTIS SOLUTION:

The Medartis Fracture Plate provides support for extension fractures including the radial styloid. Each tab on the distal row can be bent individually to match the patient’s anatomical needs. It allows for buttressing of the RCJ and DRUJ because of its converging screw placement options and has a low 1.6mm profile for soft tissue protection.



Fracture Plate

LITERATURE REVIEW:

Figl et al’s prospective study of dorsally-displaced distal radius fractures in an elderly (≥ 75 years) population followed 58 patients treated with volar plating for a minimum of 12 months. Their focus was “whether a secondary loss of reduction can be prevented by this plating system.”¹

1. All patients went on to healing.¹
2. Radial shortening was absent in 53 (91%) of patients. In 4 patients post-operatively and in 5 patients at final follow-up, a mean shortening “of only 1.3mm (range, 1-2mm)” was observed.¹
3. No measurable loss of reduction was observed in volar tilt or radial inclination.¹
4. Reduced range of motion of 19% in extension/flexion, 13% in radial/ulnar deviation, and 9% in pronation/supination versus the contralateral side.¹

KEY TAKEAWAY:

The authors conclude, “This technique minimizes morbidity in the elderly population by allowing an early return to function. It successfully handles osteopenic bone, provides good final results, presents a low complication rate, and a secondary correction loss can be prevented.”¹

Scan the QR Code to read this study and learn more about the specific methods and results from this study or visit <https://pubmed.ncbi.nlm.nih.gov/20065876/>



REFERENCES:

1. Figl, M., et al. Unstable distal radius fractures in the elderly patient–volar fixed-angle plate osteosynthesis prevents secondary loss of reduction. J Trauma. 2010; 68(4):992-8. | DOI: 10.1097/TA.0b013e3181b99f71.