

LITERATURE REVIEW

Ulna Shortening

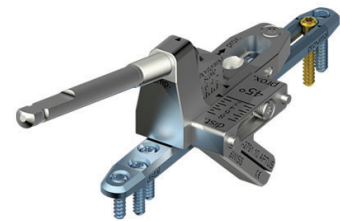
CLINICAL ISSUES:

- A malunited distal radius fracture can lead to ulnar-sided wrist pain caused by symptomatic ulnar impaction syndrome.¹
- Implant-associated complications, such as non-union, neurovascular complications or infection¹
- Unresolved pain¹

MEDARTIS SOLUTIONS:

The Medartis APTUS Wrist System includes the Ulna Shortening System 2.5 which was designed to address the above noted clinical issues.

This system is designed for osteotomies which can be performed with either a 45° or 90° angle. Chamfered edges and a smooth surface provide soft tissue protection. Achieve controlled, rotation-proof and guided compression with the ability to fine tune procedure for precise and parallel osteotomies.



Ulna Shortening Plate 2.5

LITERATURE REVIEW:

A study by Terzis, A., et al.¹ recently reviewed the clinical performance of this system for treatment of symptomatic ulnar impaction syndrome. In their study, Ulnar shortening osteotomy as a treatment of symptomatic ulnar impaction syndrome after malunited distal radius fractures¹, they highlight the following key points:

1. 100% bony union rate was achieved¹
2. There were zero cases of infection or neurovascular complications¹
3. Patients experienced an improvement in ROM and grip strength¹
4. The median VAS pain score improved from 7.7 to 1.7¹
5. Plate removal was performed in one patient at 21 months due to local hardware irritation¹

KEY TAKEAWAY:

They summarized their study by saying, “A modern, low profile, locking plate showed in our short-term study very good functional results and no implant-associated complications, in particular no non-union.”¹

Scan the QR Code to read this study and learn more about the specific methods and results from this study or visit <https://doi.org/10.1007/s00402-020-03374-x>



REFERENCES:

1. Terzis, A., et al. (2020). Ulnar shortening osteotomy as a treatment of symptomatic ulnar impaction syndrome after malunited distal radius fractures. Archives of orthopaedic and trauma surgery. 140(5): 681-695. doi:10.1007/s00402-020-03374-x