External Fixator As Management Of Choice For Unstable Fractures Of Distal Radius
A Recommendation

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INTRODUCTION:
As of now the need for surgical intervention in unstable distal radial fractures has been standardized, but the type of surgery is by and large left to the surgeon to decide, based on his personal experience and the technique he is aware of, than a standard protocol. This is to recommend modular external fixator as standard management for unstable distal radius fractures.

MATERIALS AND METHODS:
From March 2011 to 2015 all patients with unstable fracture distal radius underwent modular joint spanning external fixator application (Pennigs) in our hospital. The standard criteria for instability was followed. Fracture Radial styloid, open physis, Ulnar fracture and patients above 60 years of age were excluded. Out of a total of 216 patients with distal radius fractures 58 patients were excluded based on exclusion criteria. All surgeries were done under RA/GA. Both closed and open fractures were included in the study. DASH score assessment was used for postoperative functional assessment.

RESULTS:
Patients were followed up for a period of at least one year, excluding the patients who were lost for follow up, a total of 131 patients were recorded out of 158. 102 patients out of 131 had a DASH score of 0-20%.

DISCUSSIONS:
ORIF even though has the advantage of early mobilization, is technically demanding and leaves an ungainly scar with a significant infection rate, With a subjective necessity of implant removal requiring anesthesia. All of the above are avoided by using modular joint spanning external fixator.

CONCLUSION:
Complication of ORIF like infection, non union, tendon attrition, scar and second surgery for metal exit if warranted, which external fixator does away with, with a DASH score of 77.8% normal, makes us to recommend this as the management of choice for unstable fractures of distal radius.

REFERENCES:
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