

Arthroscopic management of intra-articular knee-joint fractures

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Intraartiküler diz eklemi fraktürlerinin arroskopik tedavisi

1988-1990 arasında 34 ay boyunca Graz Kaja Hst. de 1892 arroskopik operasyon uyguladık. İntraartiküler diz kırıklarından 18 vakada eklem yüzeylerinin restorasyonu için artroskopi başarıyla kullanıldı.

Repozyon sonrası, uygun bir teknik kullanılırsa basamak formasyon ve sıkıştırma olasıdır, ve spongiosa desteklenerek yük altında stabil bir osteosentez sağlanmış olur. Ancak böyle bir işlemin çok iyi planlaması gerekir. Artroskopik tedavinin avantajı çevre yumuşak dokuyu zedelemeyen çok ufak insizyonların açılmasıdır. Artroskopi ile eklem için görüntülenmesi optimumdur; özellikle eklem arka açık yüzünde cerrahiden çok daha iyidir. Açık cerrahiye göre daha az yumuşak doku travması olması ve erken mobilizasyon video artroskopi ve simultane skopinin faydasını kanıtlar. Vakalarımızın hiç birinde kırık ve yara iyileşmesinde gecikme olmamıştır.

Anahtar kelimeler: Eklem içi kırıklar, artroskopi

With step formation and impression of the spongy bone substance is possible if an appropriate technique is used after reposition, backing of the spongiosa and subsequent osteosynthesis that proves to be stable under loading. Exact preoperative planning is, however, an absolute prerequisite of any such procedure.

The advantage of arthroscopic management is to be seen in the relatively little impairment of the surrounding soft tissues as the surgical wound is limited to stab incisions. Arthroscopy permits optimum visualization of conditions in the joint, as especially in the dorsal portions the possibility of inspection is certainly better than with open surgery. In our opinion, the relatively high technical expenditure of video-arthroscopy and simultaneous X-ray image converter control is justified by the fact that the minimization of surgical impairment of soft tissues and the possibility of optimum restoration of the joint surfaces facilitate early mobilization of the patient. In none of our cases there has been any delay in healing of the fracture or of the operation wound.

Key words: Intraarticular knee joint fractures, arthroscopy

During a period of 34 consecutive months in 1988-1990, we performed 1892 arthroscopic operations at the Graz Hospital of Accident Surgery. In 18 cases of intraarticular knee joint fractures, arthroscopy was successfully used for the restoration of the joint surfaces.

average duration 102 minutes

Patients were mobilized on the 2nd-7th day after the operation (average 4.6 days). Full loading of the joint was possible again between the 28th and 87th postoperative day (average 54.7 days).

Type of lesions

fracture of the lateral tibial condyle	14
fracture of the medial tibial condyle	1
fracture of the tibial diacondyle	1
fracture of the medial femoral condyle	2

Patients

sex	10 male, 8 female
age	19-80 years
average	42.7 years

Type of Anesthesia

spinal anesthesia	12
endotracheal anesthesia	6
duration of anesthesia	60-175 minutes

Complications

effusion into the knee joint	3
compartment syndrome	1
arthroscopic arthrolysis (pre: 0-20-70°; post: 0-10-110°)	1
thrombo-embolism	0
skin and soft-tissue damage	0
infections	0

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