

# IRBMS

Institut Régional du Bien-être,  
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**Titre :** Traitement des fractures, luxations des doigts par système externe de distraction

**Auteur(s) :** Docteur Michel SCHOOFS

**Catégories :** Traumatologie du sport - Diaporama

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**Note :** **Attendre le chargement** du diaporama puis utilisez la **Barre d'espace** de votre clavier ou la roulette de votre **souris** pour passer d'une diapositive à l'autre.





# **FRACTURE LUXATION DE L'IPP FIXATEUR EXTERNE EN DISTRACTION**

# **FRACTURE DISLOCATION OF THE PIP DYNAMIC EXTERNAL FIXATOR**

M. Schoofs  
Lille/Lambersart

# Introduction : la lésion

- Pronostic ?



# Introduction : SUZUKI 1994

## THE PINS AND RUBBERS TRACTION SYSTEM FOR TREATMENT OF COMMINUTED INTRAARTICULAR FRACTURES AND FRACTURE-DISLOCATIONS IN THE HAND

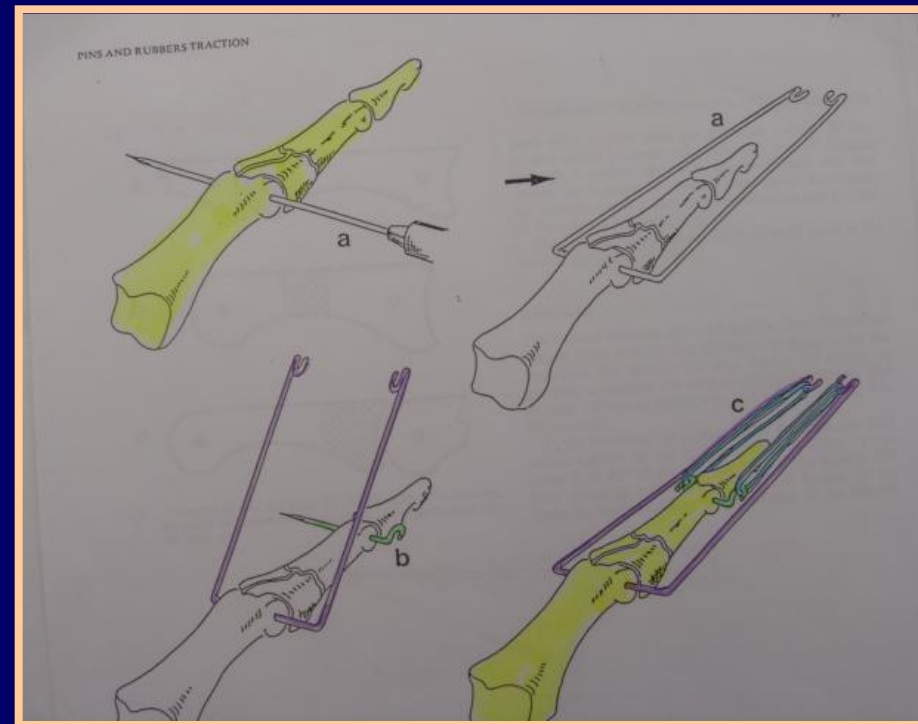
Y. SUZUKI, T. MATSUNAGA, S. SATO and T. YOKOI

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The authors have developed a new skeletal traction system for comminuted intraarticular fractures and fracture-dislocations in the hand. The system consists of two or three Kirschner wires and rubber bands, and is easy to assemble. It is more compact and comfortable than the banjo splint, and equally effective, and it allows early motion of the affected digits.

A description of the technique is followed by the clinical results of seven cases of severe articular injuries in the hand. At the time of follow-up, the average range of the affected PIP joint motion was about 80°. The final active motion of the injured DIP joint ranged from 0 to 40° in flexion and that of the affected thumb (trapezium fracture) was not limited. The average follow-up period was 13.1 months.

*Journal of Hand Surgery (British and European Volume, 1994) 19B: 98-107*



# Introduction : Ligamentotaxor (AREX)

**AREX**  
*Stay the course*  
**LIGAMENTOTAXOR®**  
 INSTRUCTION FOR USE

The use of MANOTTE®1.6TB and Drill guide are mandatory for optimal use.

[www.arex.fr](http://www.arex.fr)



Proximal 1.2 mm KW is first placed in, then drill guide is used to ensure parallel placement of second distal KW.



Bend the distal KW at 90° angle on either side of the finger. Cut each bent KW to approximately 2cm.



Remove the inner wires from the spring and cut them to a length that will be shorter than the distance between pins and distal KW.



Screw each spring over the distal KW as shown.



Slide the plastic grommet over proximal KW.



Screw back the spring over the dual inner small KW. Duplicate on the other side of the finger.



Bend and cut proximal 1.2 mm KW to 90° on each side. Be sure to allow sufficient room to permit grommets to rotate without chafing the finger.



KW protective caps are crimped around proximal KW as shown.



To stabilize both springs, make a +frame using a 1.5 mm KW [0.55], to create a +I+ shape piece sufficiently long to enter into the center of each spring while maintaining them outward from the finger.



This final view gives an idea on how large the +I+ shape bent K wire should be, taking into account +springs+ room. To maintain the dimension that will be selected by the surgeon, use two pieces of tape covering both springs and the +I+ shape KW.

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**AREX**  
*Stay the course*  
**LIGAMENTOTAXOR®**  
 LTX and Metacarpal Phalangeal Joint

MANOTTE®1.6TB How to use it to BEND... to CUT... to CRIMP!

[www.arex.fr](http://www.arex.fr)



Bend the plastic grommet with a plate while a 1.5 mm K wire on a drill unit is enlarging central hole.



Drill into metacarpal bone the 1.5 mm K wire.



Both proximal 1.5 mm K wires should define an approx. 90° angle.



MANOTTE 1.6TB will bend and cut proximal K wire as shown.



Springs are placed (see reverse).



This slide shows how locks the system before 1.5 mm K wire frame is placed.



The U shape frame (see reverse) should have the free ends curved in order to conform to the natural MP joint angulation.



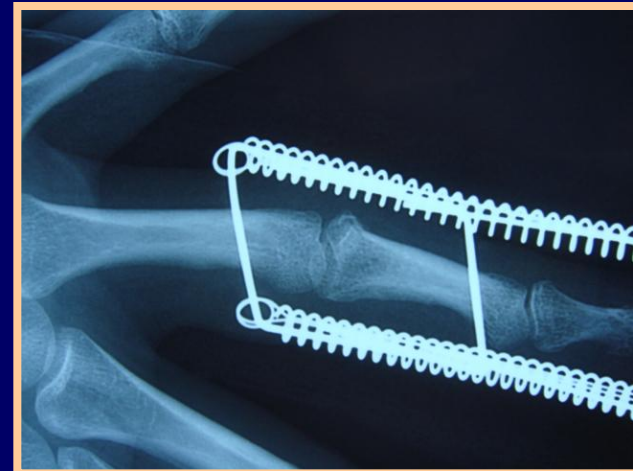
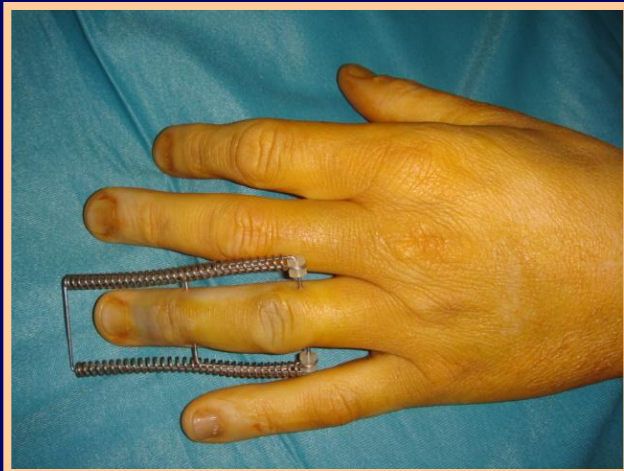


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# Technique et résultats

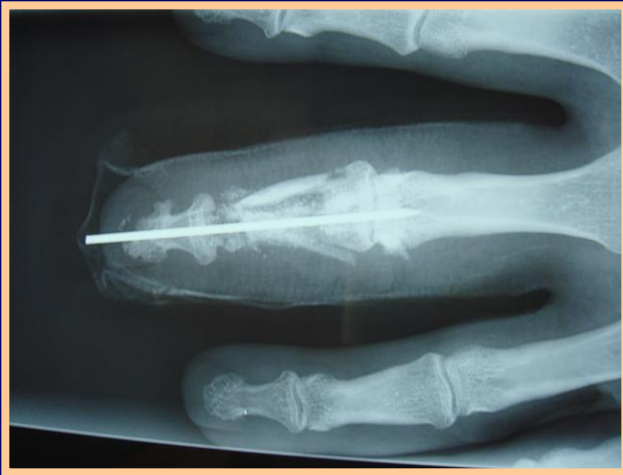
Cas N° 1 : 4<sup>ème</sup> G, impaction P2, +20° +80°



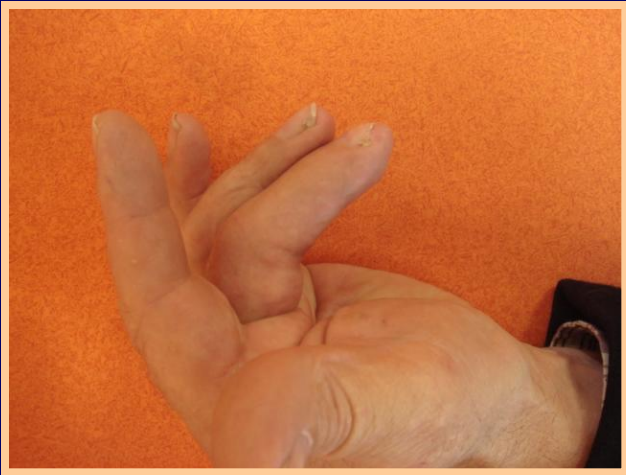


# Technique et résultats

Cas N° 2 : fracas P2, 3<sup>ème</sup> G, +20° +45 °

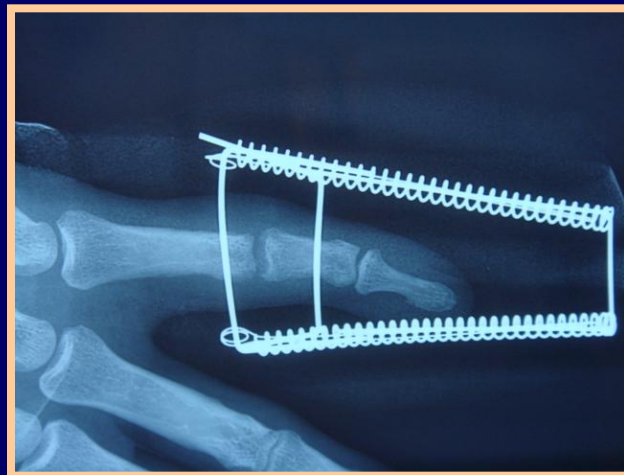


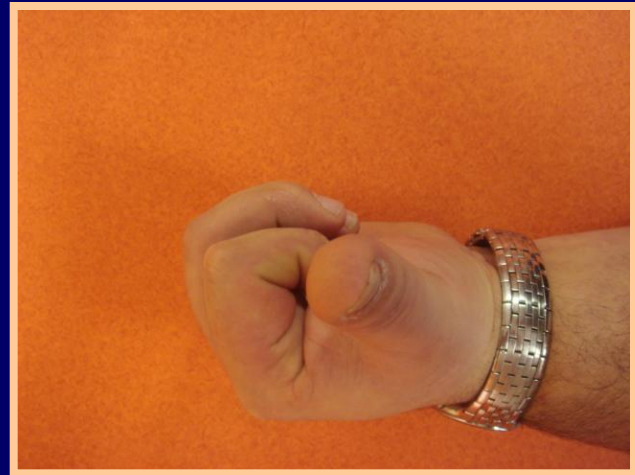




# Technique et résultats :

Cas N° 3 : Fracture-luxation négligée (1 mois), 5<sup>ème</sup> G, +10° +90°



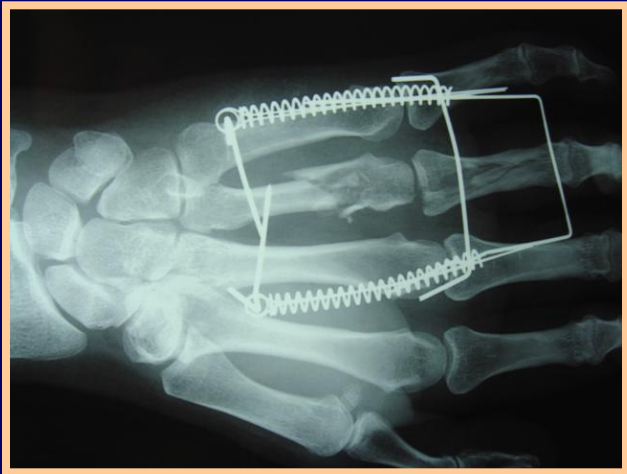


# Technique et résultats :

Cas N° 4 : Extension de l'indication, 4<sup>ème</sup> G, fracas ouvert MCP et P1







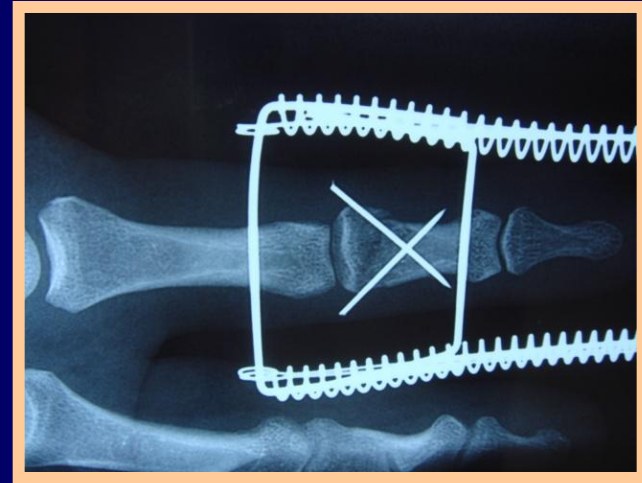






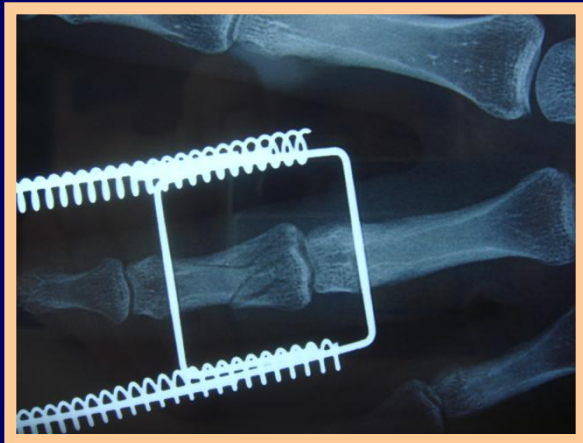
# Technique et résultats :

Cas N° 5 : Fracture base P2, 5<sup>ème</sup> doigt droit.

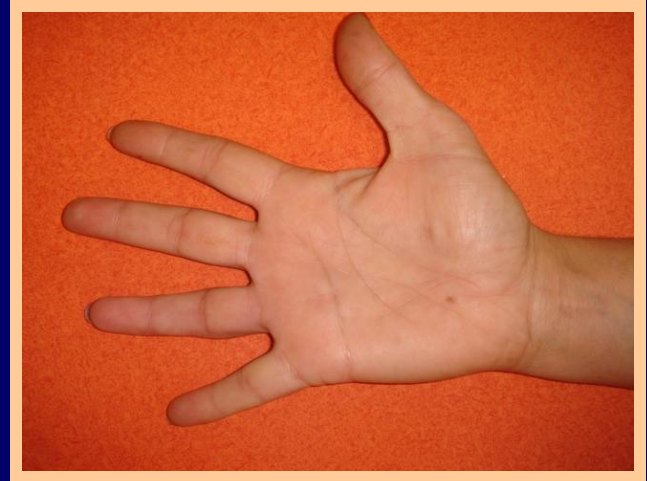


# Technique et résultats :

Cas N°6 : fracture comminutive P2, 4<sup>ème</sup> droit









# Conclusion :

La distraction des fractures-dislocations articulaires IPP (MPC) améliore le pronostic fonctionnel et autorise la rééducation précoce.

