**PREOPERATIVE RADIOLOGICAL RISK FACTORS OF DISTAL RADIOULNAR JOINT INSTABILITY IN DISTAL RADIUS FRACTURES, SYNTHESIZED WITH VOLEAR PLATE**

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**INTRODUCTION:** The DRUJ instability, secondary to a distal radius fracture, causes pain in the ulnar border of the wrist, weakness and restriction of the range of motion. The severity of the fracture pattern and the magnitude of its displacement have been described as risk factors for DRUJ injury.

**RESULTS:** 24 patients, 92% women, 11 of them with a sigmoid cavity fracture, 69 years on average, 22 low energy trauma. Classification: 71% of the fractures are included among the types AO A2, B3 and C3; 67% between types 2, 7 and 8 of Frykman. Mean preoperative radiological measurements: ulnar variance +2.42; volar tilt 20.69°; radial inclination 15.63°; sagittal translation 0.23; radial translation 0.17; DRUJ gap 1.39. Postoperative: VAS 1; 71.15° palmar flexion; 78.46° dorsal flexion; radial deviation 23.85°; ulnar 24.62°; 92% completed prono-supination; 4 cases of DRUJ crepitus and 2 of pain; grip strength 18.77 kg, clamp 6.31; 17% malunions and 46% pseudoarthrosis of the ulnar styloid.

**CONCLUSIONS:**
The initial radiological study of a distal radius fracture can guide the risk of postoperative DRUJ instability. Although if radius reduction is correct, the percentage of secondary clinical instability decreases significantly.

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**MATERIAL AND METHOD:** Recording of fractures of distal radius, surgically synthesized with volar plate, in the period 2013-2015. Those that presented a fracture of the ulnar styloid base and / or sigmoid cavity were selected. Preoperative characteristics: epidemiological (age, sex, dominance, etiological mechanism), radiological (AO and Frykman classification, ulnar variance, volar tilt, radial inclination, radial translation, sagittal translation, DRUJ gap), postoperative (VAS, range of motion, grip / clamp strength, signs of DRUJ instability, malunions, ulnar styloid pseudoarthrosis).