**Intrafocal pinning for The Severely displaced Pediatric distal radius Fractures**

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**Objective**
To report the usefulness and radiological and clinical outcome of intrafocal pinning for the severely displaced pediatric distal radius fracture.

**Materials and Methods**
A retrospective review was performed for the patients treated with Kapandji intrafocal pinning for their distal radius fractures. At the final follow up, radiologic and clinical outcomes were evaluated.

**Results**
- This study included 15 pediatric distal radius fractures. The average age was 9 years (range 8-11 years).
- The inclusion criteria included no physeal involvement, open physis and no cortical contact on initial pre-reduction plain X-ray.
- The average location of distal radius fracture was 3.3cm proximal to joint line (range, 2.5-3.8cm).
- 12 of 15 cases had concomitant distal ulnar fractures located at the same level of or slightly proximal to distal radius fracture.
- In all cases, post-reduction X-ray showed less than 50% of cortical contact.
- 1 or 2 0.062 or 0.045 inch K-wire was inserted from dorsal to volar direction through fracture site. Radial to ulnar insertion was performed in cases with need to restore radial inclination.
- No ulnar fixation was made in all cases. Short arm splint was applied for 4 weeks and K-wires were removed at postoperative 5 weeks and protective physiotherapy was initiated.
- Postoperative X-ray showed more than 90% of cortical contact on average.
- Average follow-up period was 12.5 months (range, 5 to 27 months).

At the final follow up, any type of malunion and physeal arrest occurred. The final range of motion was equal to contralateral side. In 4 cases, superficial pin-related complication occurred but resolved with K-wire removal.

**Conclusion**
Based on our experience, Kapandji intrafocal pinning is a simple and reliable method for the treatment of severely displaced pediatric distal radius fractures. Especially this method is very useful for the fracture at the metaphysio-diaphyseal junction.