Complications after volar plating in distal radius fractures: clinical report

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Objectives

The current study investigated the incidence of complications after volar plating for distal radius fracture. We present our protocol in management of this complications and compare the results.

Material and methods.

Between October 2016 and August 2017 a total of 57 patients treated for distal radius fracture were investigated. The patients, women and men, were older than 24 years and were observed for at least 12 weeks after surgery with a volar locking plate.

Extensor tendons lesions – Case 1

- 44 y.o active female
- Spontaneous EPL rupture after 3 months
- Posterior dislocation was in line
- Implant removal and tendon repair was performed in outpatient setting
- CTS release

Avoiding EPL rupture

- EXTRAPHARYNX AXIAL VIEW
- SHOWING DORSAL CORTEX

Flexor tendons lesions – Case 2

- 47 y.o female
- Acute pain and functional impairment
- Wounds
- A median osteotomy
- Implant removal and tendon repair

Avoiding FPL rupture

Results.

- The fracture consolidation rate was 100% but we found complications in 8.7% of the cases.
- The complications included carpal tunnel syndrome, volar escape, and tendon rupture or irritation:
  - extensor pollicis longus
  - flexor pollicis longus.

Conclusions.

- The use of volar locking plates for surgical fixation of distal radius fractures has become very popular.
- However, several complications associated with this type of surgery have been reported.
- The implant should be well positioned, the screws should have appropriate length and some special tips and tricks should be used.

References