

Fractures

Authentic medical reports

Dg:

S8220 Fr. cruris l.sin cum fr.fibulae duplex disloc.aperta TII-III
stp. OS FE 17.7. 2010

V2331 Mot.x auto,;zra.při nás.,vys.;volný čas

S730 Luxatio coxae l.sin centralis stp. repositionem 17.7.

S332 Luxatio art. SI l. sin stp. reposit. 17.7.

S3240 Fr. acetabuli l.sin transv.disloc. stp. OS 19.7.

S818 Decollement partis proximalis cruris l.sin.

S711 Vulnus lacerum reg. femoris l.sin.

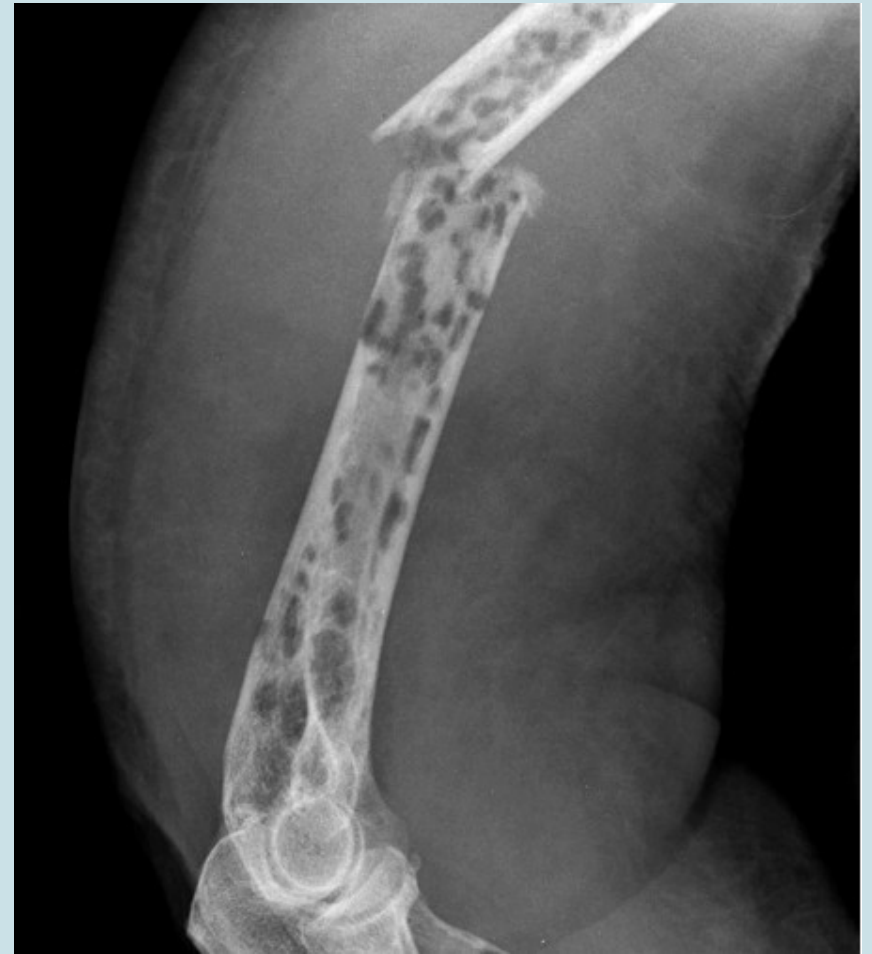
OPERACE:

Datum:17.07.2010 21:00

Dg :S8221 Fract. cruris l.sin. aperta gr. II, Fr. acetabuli l. sin.

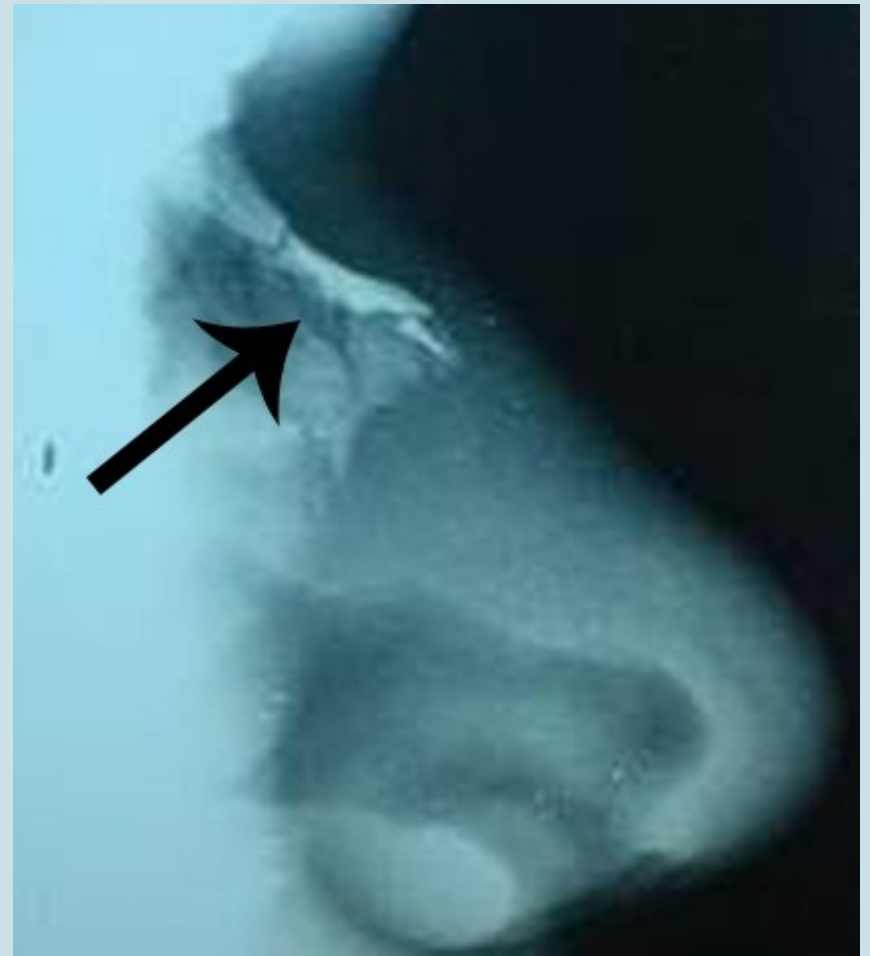
Debridement měkkých tkání, Zevní fixace na zlomeninu tibie, laváž,repozice zlomeniny acetabula vlevo,Ki-extenze-za femur Pacient s otevřenou zlomeninou levého bérce II. st., decollement prox.poloviny bérce a kolenního kloubu, dislokovaná zlomenina acetabula vlevo, leze SI kloubu - typ B - zadní vaz drží - vlevo Urgentní operační výkon, pac. navezen přímo z OUP.

Fractura pathologica

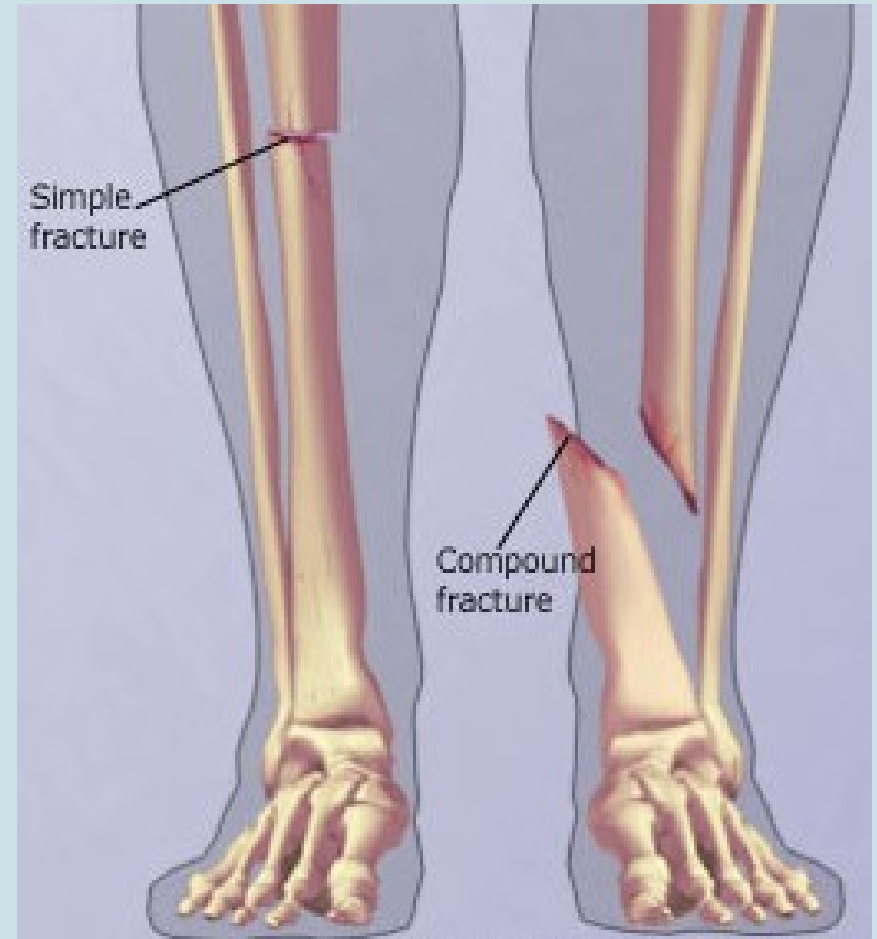


Myeloma

Fractura traumatica



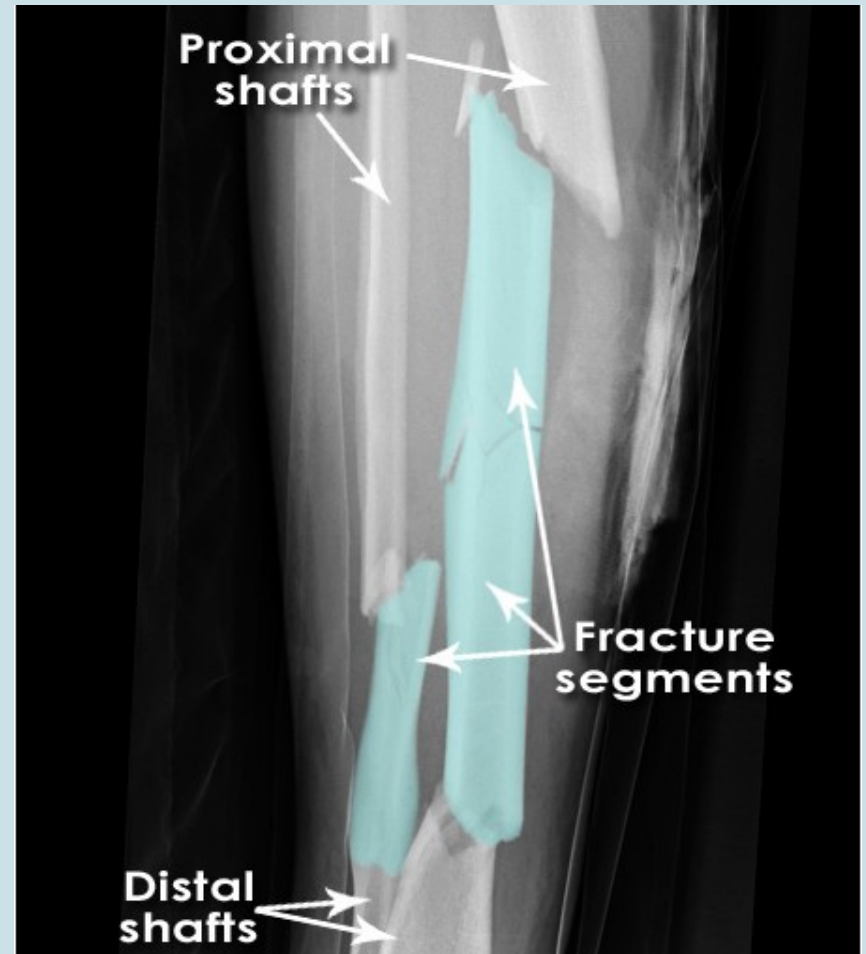
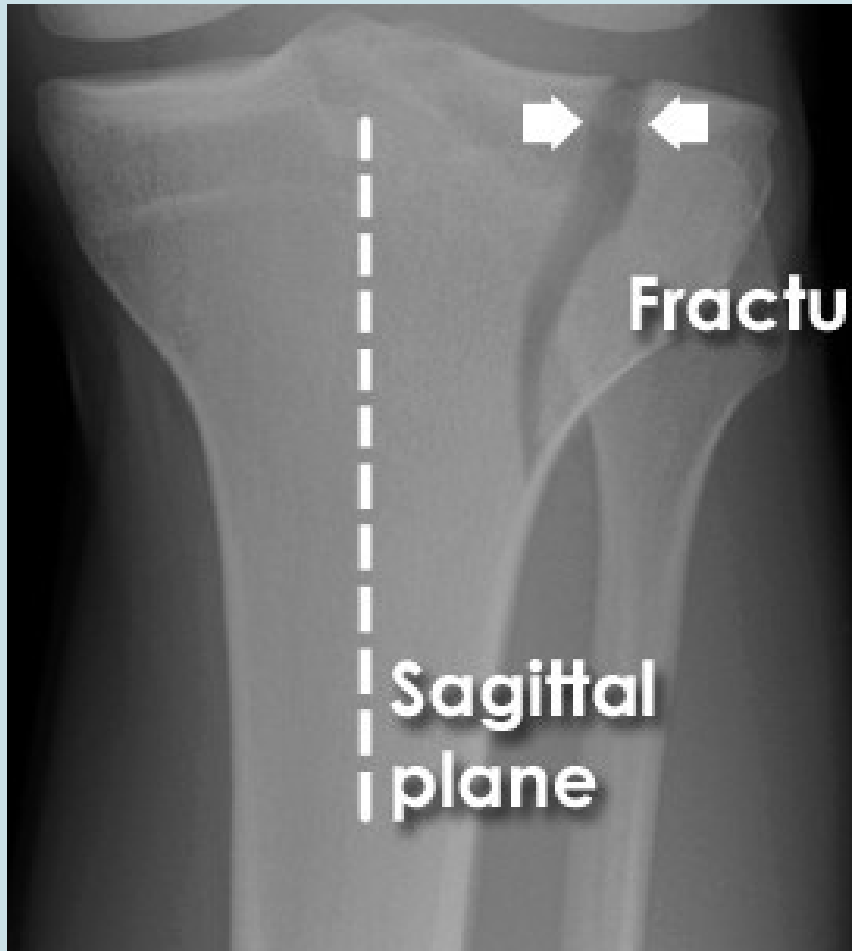
Fractura aperta/clausa



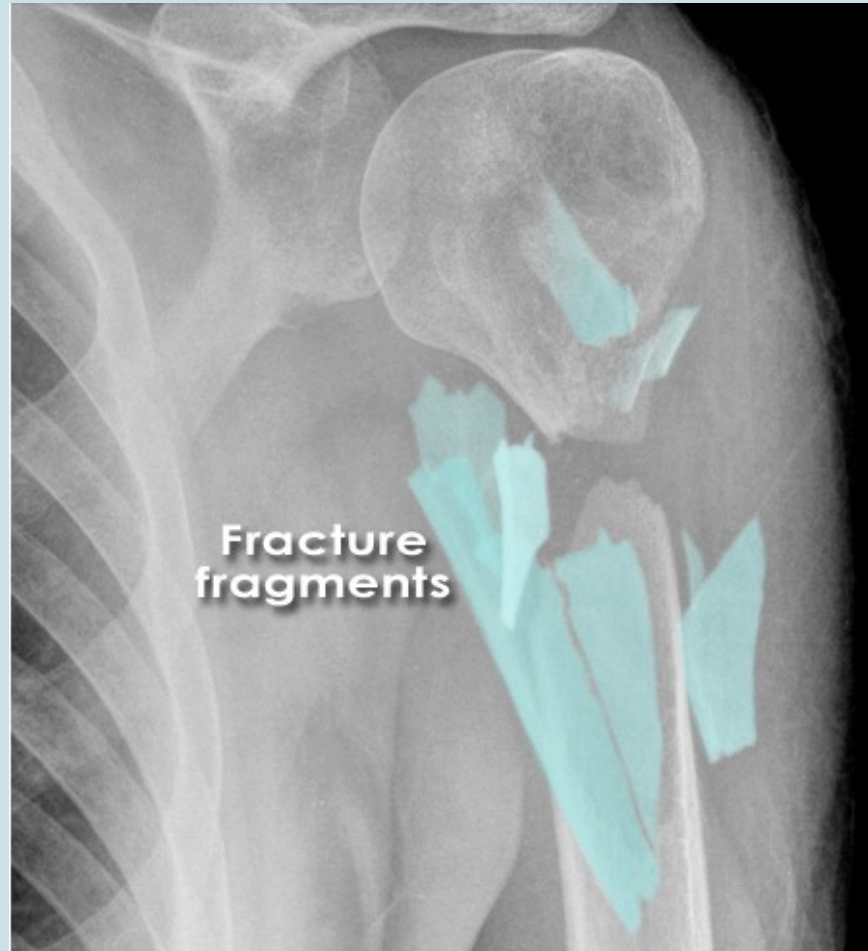
Infractio = f. partialis = f. incompleta



Fractura simplex/multiplex



Fractura comminutiva



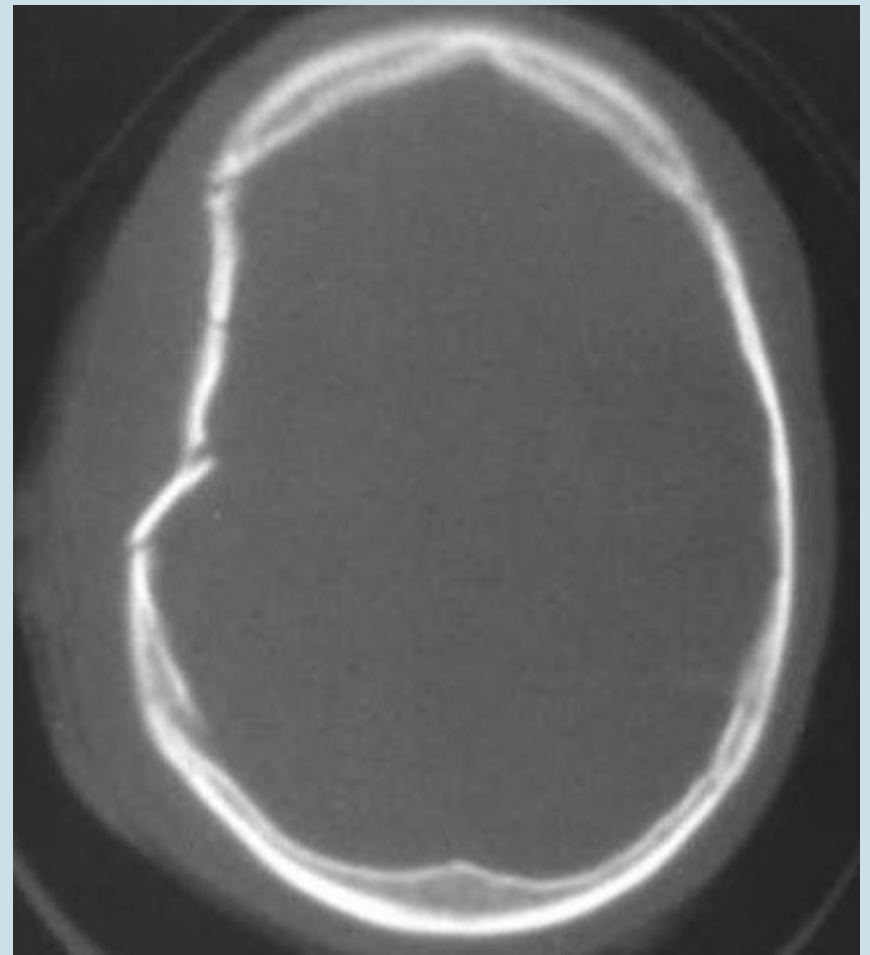
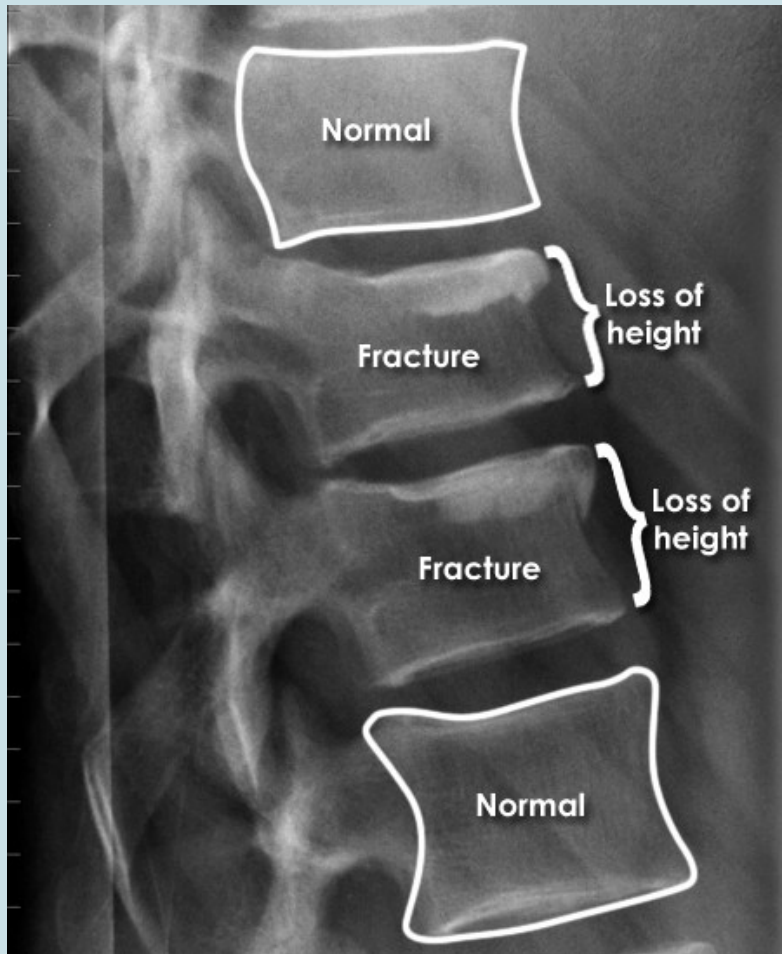
Fractura transversa/obliqua



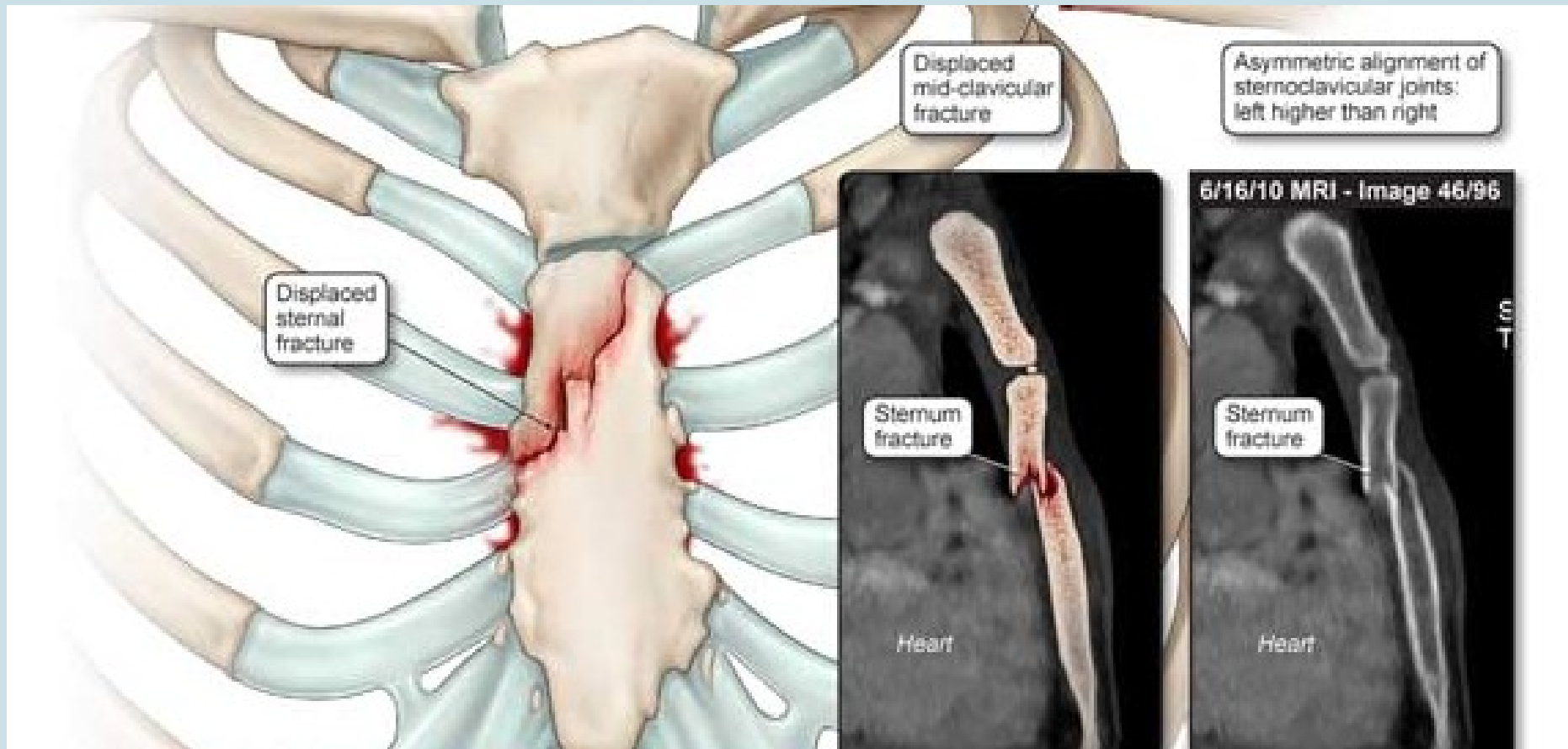
Fractura spiralis/longitudinalis



Fractura compressiva/impressiva



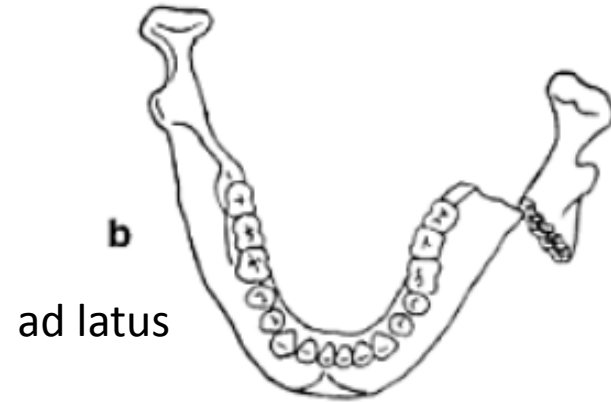
Fractura incuneata



Fractura cum dislocation



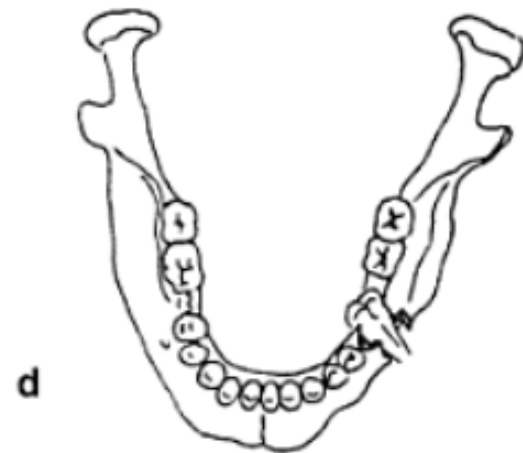
a
ad axim



b
ad latus

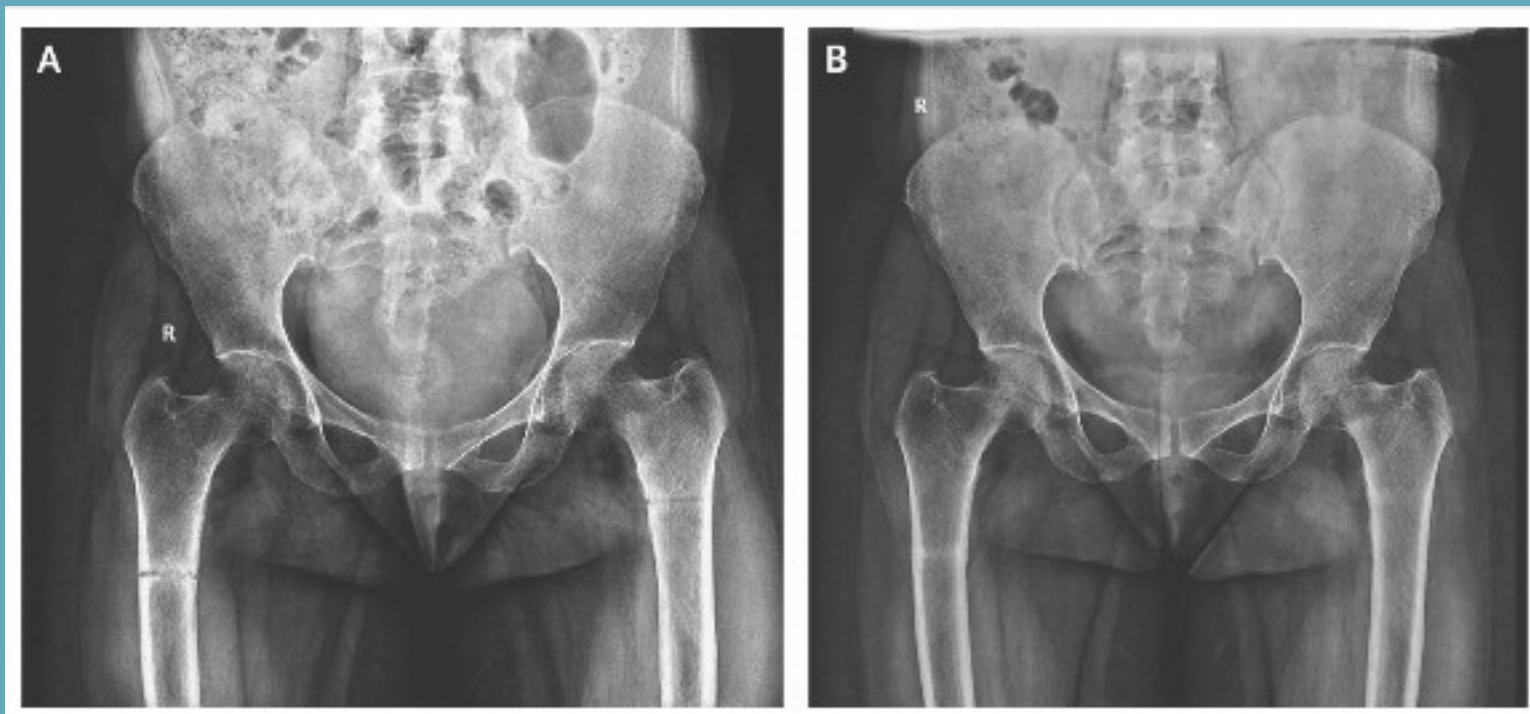


c
ad longitudinem cum contractione



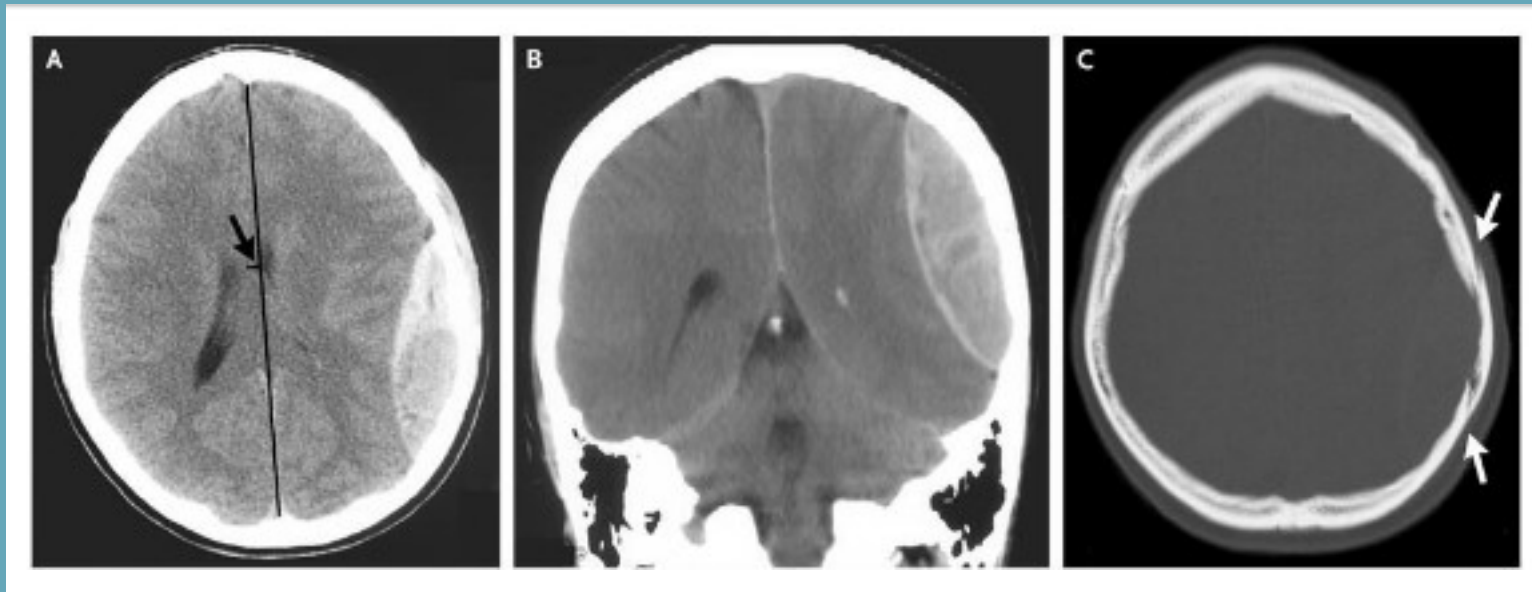
d
ad longitudinem cum distractione

1



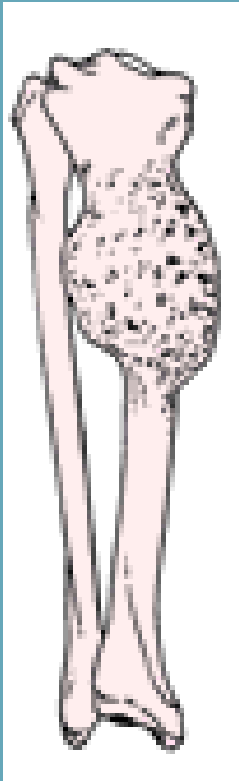
A 45-year-old woman presented with a 3-month history of generalized body pains nonresponsive to analgesic agents. Along with low back pain, she had progressive difficulty in getting up from sitting and supine positions and in walking. There was no history of trauma or any medication intake. She is an orthodox believer who wears a black veil outdoors and is completely covered, with little exposure to the sun. An anteroposterior radiograph of the pelvis showed an *undisplaced transverse fracture of the shaft of both femurs*. The patient was treated with therapeutic doses of calcium and vitamin D supplements.

2

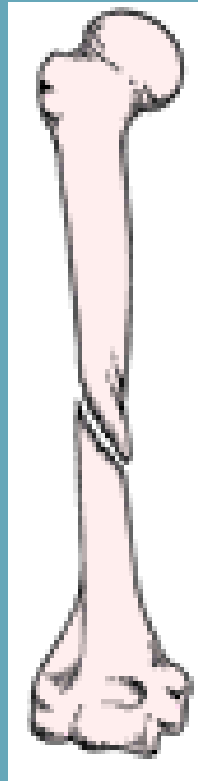


An 18-year-old slightly intoxicated man was assaulted with a glass bottle on the left parietal region of his head and had a 5-minute loss of consciousness. Two hours after the injury he was presented to a local emergency with severe headache, nausea, and repeated vomiting. Computed tomography of the head revealed a 2.5-cm *epidural hematoma in the left parietal region* (Panels A and B) *underlying a linear nondisplaced skull fracture* (Panel C, arrows).

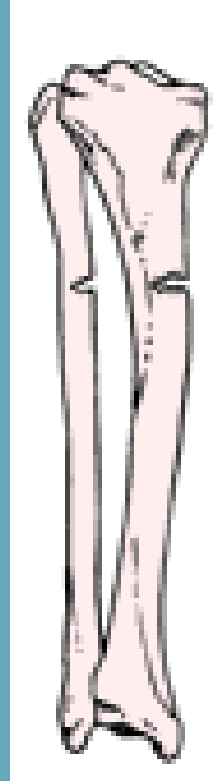
Name the type of fracture



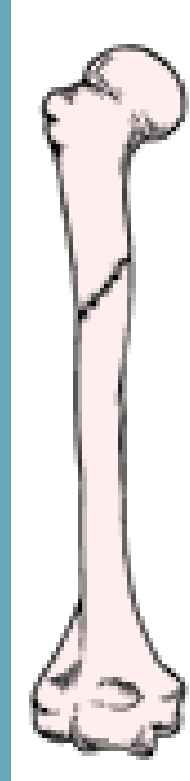
A



B



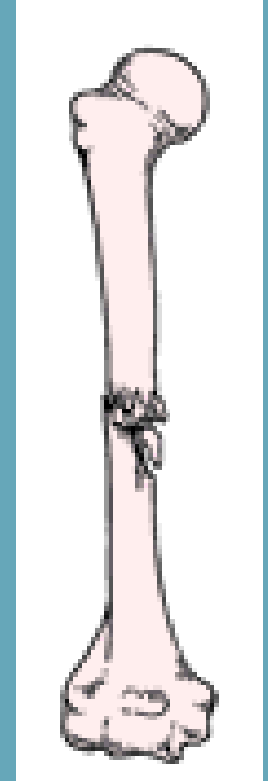
C



D



E



F

Authentic reports :1

Dg: T068 Polytrauma
I259 Srdeční selhání
S3200 Fractura corporis vertebrae lumbalis II.
S2240 Fractura costarum IV.-XII. l.sin.
S2700 Pneumothorax l.sin.
S2710 Haemothorax l.sin.
S3240 Fractura acetabuli l.sin.
S3210 Fractura massae later. l.sin. ossis sacri
S3250 Fractura rami superior et inferior ossis pubis l.sin.
S7200 Fractura subcapitalis femoris l.sin.
S4241 Fractura epicondyli ulnaris humeri l.sin. aperta Tscherne I
W1311 Pád z bud.,konstr.n.propad.;obytné instituce;volný čas



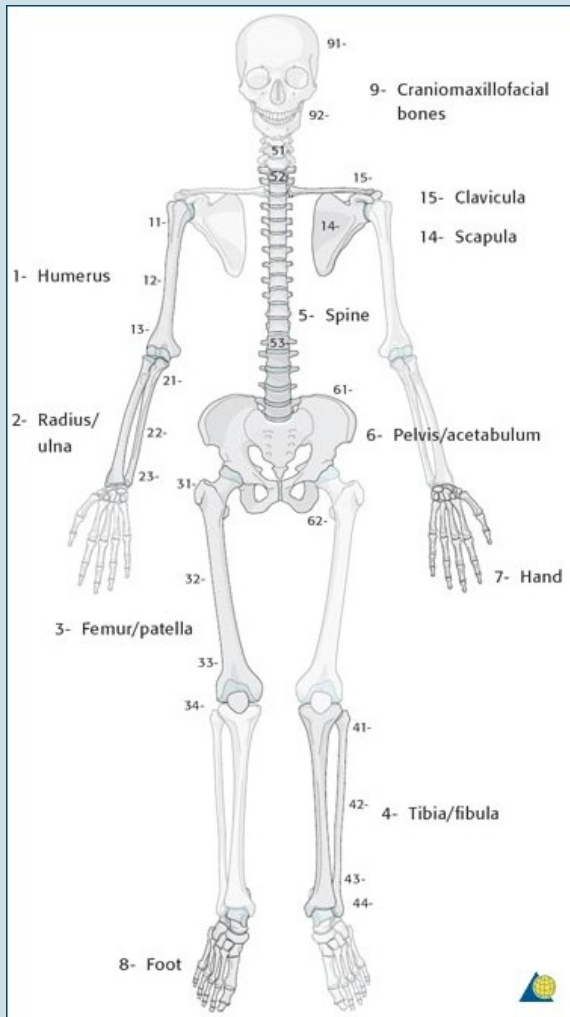
Fr. aperta TSCHERNE I



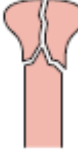






- open fracture with small skin injury without its contusion
- negligible bacterial contamination

Profesor Dr. Harald **Tscherne** (1933), Traumatology Clinic, Hannover: *Classification of fractures* published in 1982, T. divides fracture into open and closed. The most important is for him the degree of the soft tissues damage.

AO Classification of fractures

S 4220 Fractura colli chirurgici humeri I. dx. comminutiva AO 1.1-C3

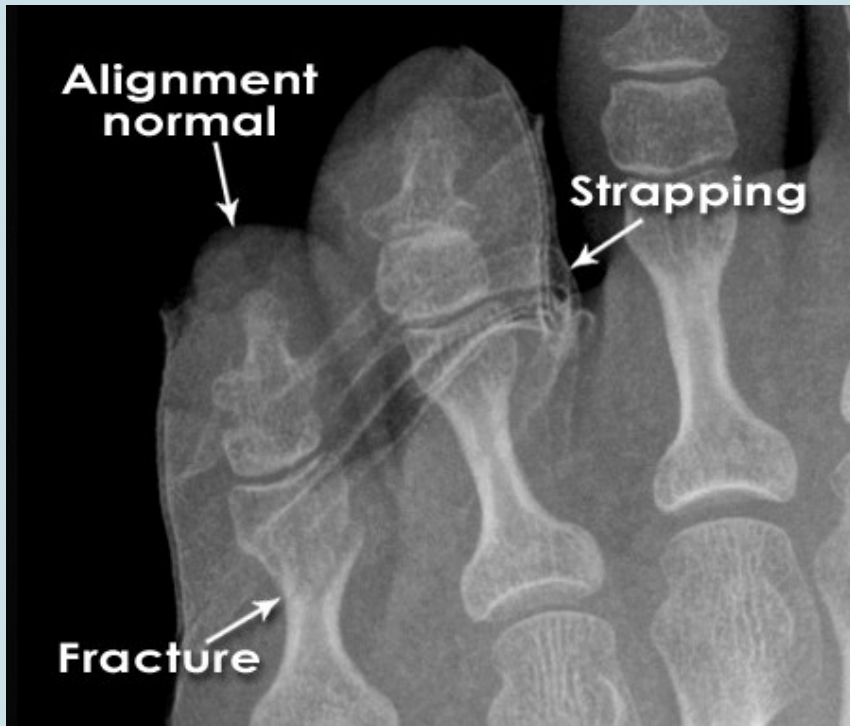


	A	B	C
1 Proximal	 <p>Extraarticular</p> <p>No involvement of displaced fractures extending into the articular surface</p>	 <p>Partial articular</p> <p>Part of the articular component is involved, leaving the other part attached to the meta-/diaphysis</p>	 <p>Complete articular</p> <p>Articular surface involved, metaphyseal fracture completely separates articular component from the diaphysis</p>
2 Diaphyseal	 <p>Simple</p> <p>One fracture line, cortical contact between fragments exceeds 90% after reduction</p>	 <p>Wedge</p> <p>Three or more fragments, main fragments have contact after reduction</p>	 <p>Complex</p> <p>Three or more fragments, main fragments have no contact after reduction</p>
3 Distal	 <p>Extraarticular</p> <p>No involvement of displaced fractures extending into the articular</p>	 <p>Partial articular</p> <p>Part of the articular component is involved, leaving the other part</p>	 <p>Complete articular</p> <p>Articular surface involved, metaphyseal fracture completely</p>

Fracture Healing:

1: REPOSITIO = REDUCTIO fragmentorum

CLOSED (short /long term)



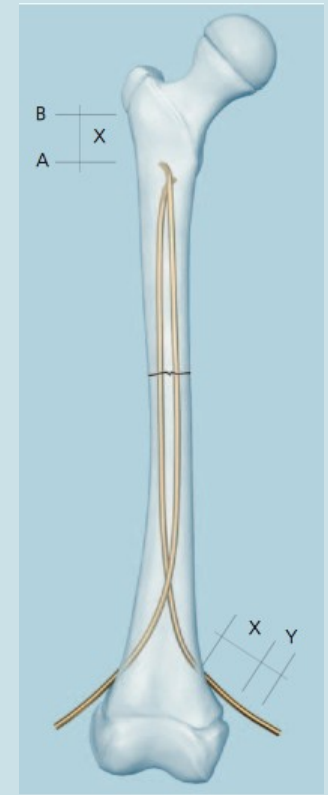
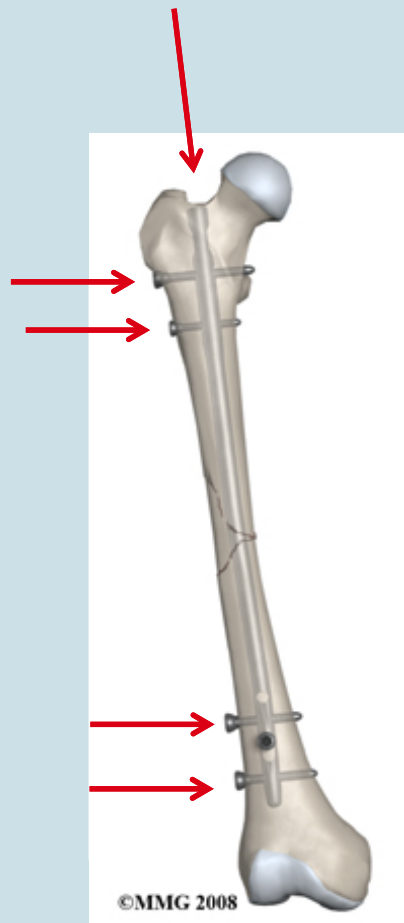
Fracture Healing:

2: FIXATIO = STABILISATIO fragmentorum

PLASTER CAST



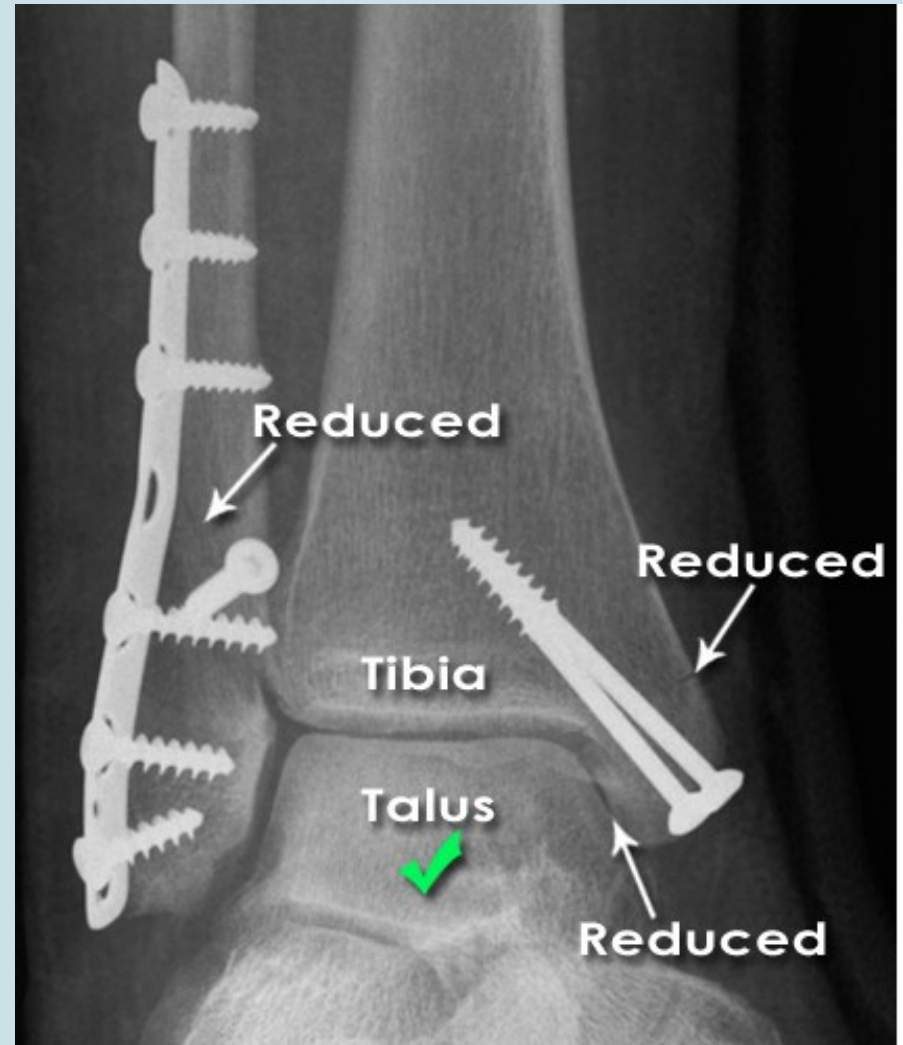
INTERNAL FIXATION



Fracture Healing:

2: FIXATIO = STABILISATIO fragmentorum

INTERNAL FIXATION



Fracture Healing:

2: FIXATIO = STABILISATIO fragmentorum

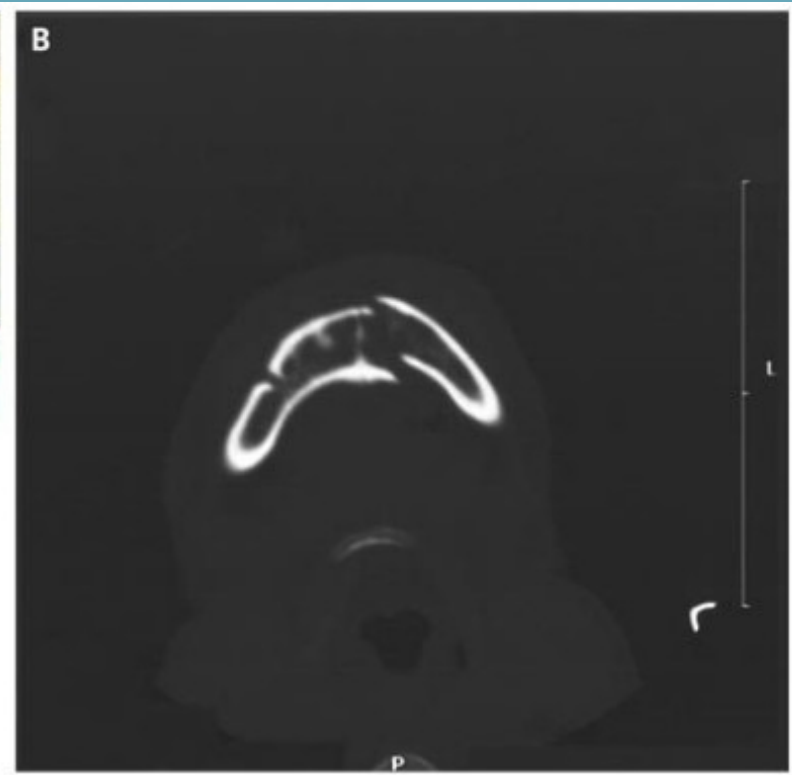


3

A 21-year-old man presented after being struck with a gun on his right lower jaw.

Examination revealed displacement of the

left half of his mandible with malocclusion on biting (Panel A). Computed tomography showed a **fracture of the left mandible and a fracture of the right mandibular body and angle** (Panel B). Given the U shape of the mandible, it is common for contralateral fractures to result from major injury. Intravenous analgesics and antibiotics were given; the patient underwent *open reduction with internal fixation of his fractures*.



Literature

- Mazánek, J.: Traumatologie orofaciální oblasti. Praha : Grada, p. 24
- <http://radiologymasterclass.co.uk>
- <http://nejm.org> (The New England Journal of Medicine)