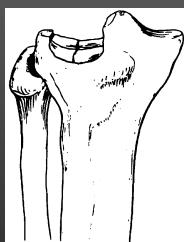


Tibial Plateau Depression Fractures

Arthroscopic Treatment

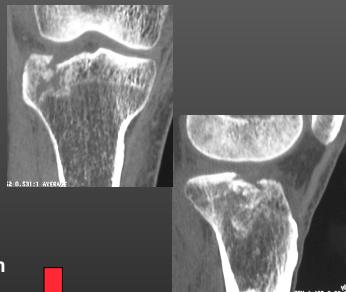
P Beaufils, P Boisrenoult, X Cassard

Depression fracture



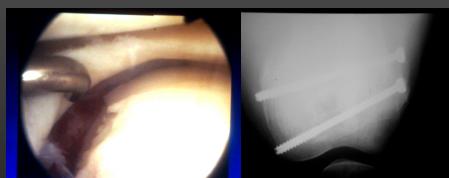
Pre Op planning

- CT scan is mandatory
- Diagnosis
 - Degree of Depression
 - Surface
 - Localization
 - Morcellization



Indication - Technique

Technique



Patient Positioning

- Dorsal decubitus
- Tourniquet
- Fluid control system
 - Joint lavage
 - Low pressure

Patient Positioning

- Fluoroscopy
- Cabot position (figure 4 position)





Articular Evaluation

- Lavage
 - shaver
- Portals
 - Antero inferior
 - Medial
 - Lateral
 - Superolateral outflow



Assesment

- Fracture
 - Ipsilateral probe
 - Contralateral scope



Assesment

- Fracture
 - Meniscocartilaginous gap
 - Ant/Post
 - Peripherical/Axial
 - Comminution

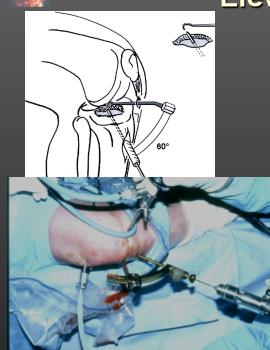


Assesment

- Meniscus
- Cartilage :
 - Traumatic
 - Degenerative
- Cruciate Ligaments in depression fractures are intact



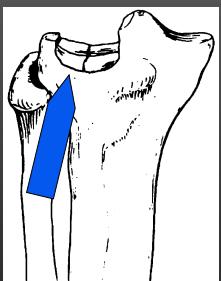
Elevation

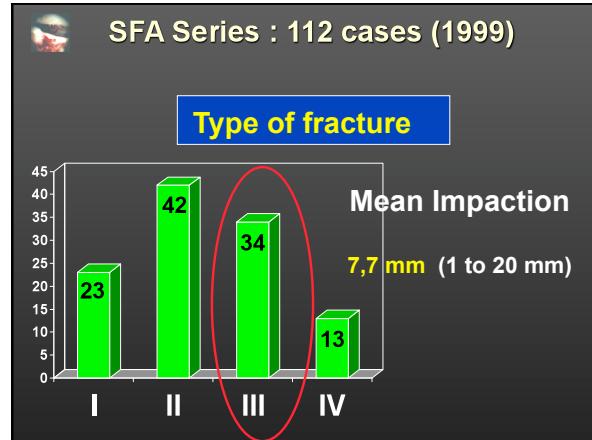
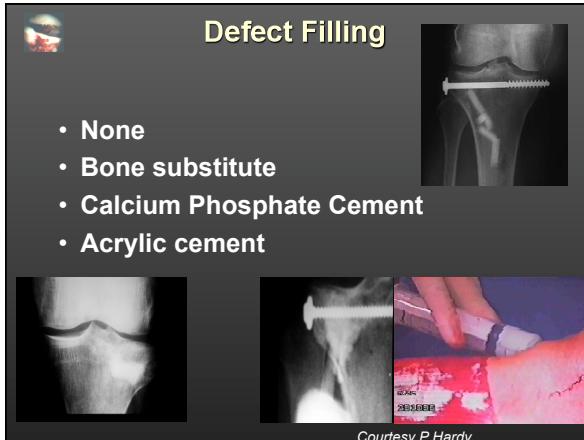
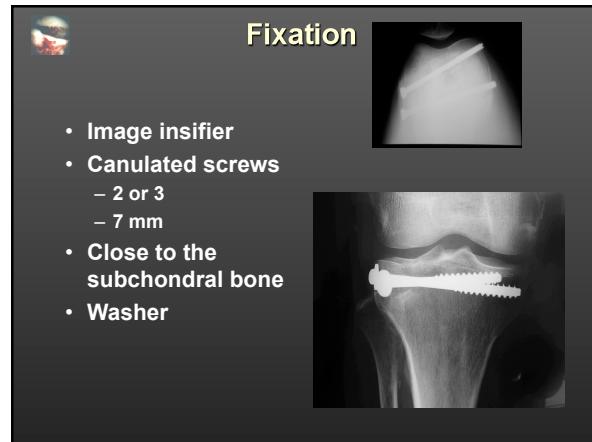
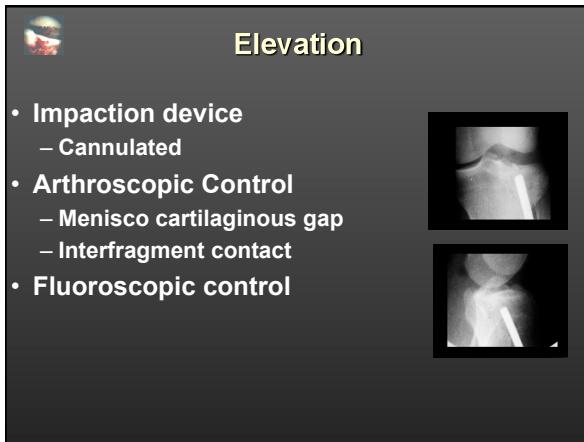
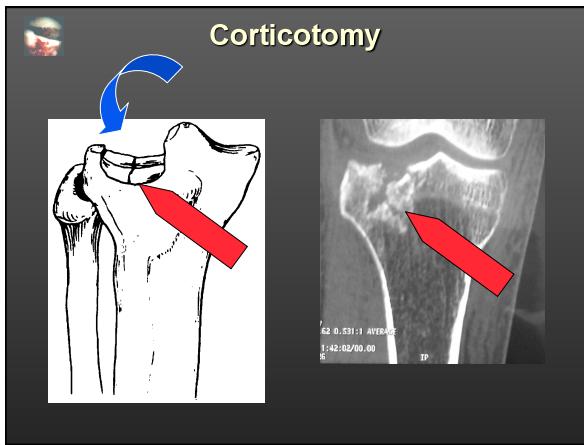


ACL Guide

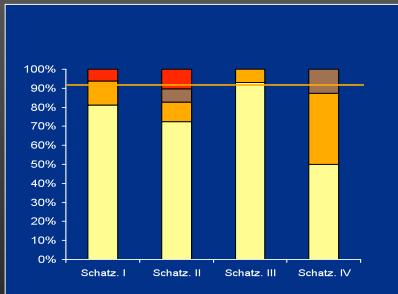


Elevation

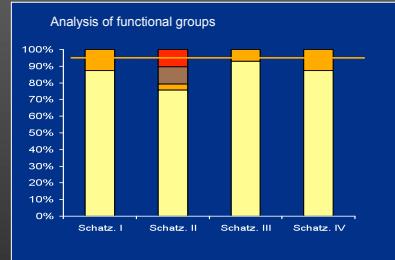




Clinical Results : Fracture type

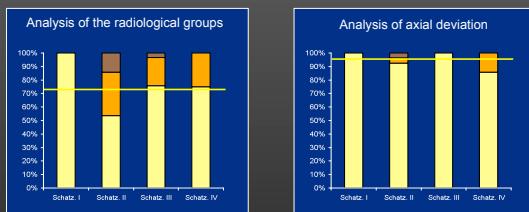


Functional Results: Fracture type



Schatzker type III fractures (depression) have the best results

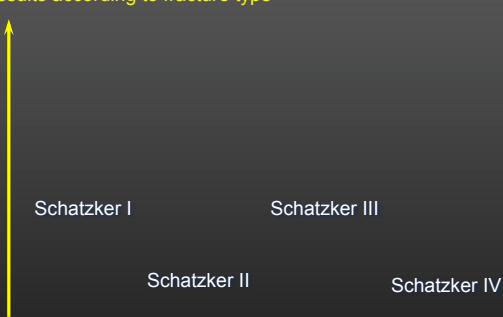
Radiological Results : # type



Depression fractures have better results than split-depression fractures

Augmentation?

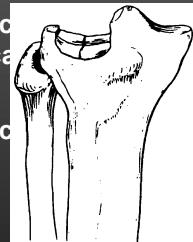
	Augmented	No filling
Knee Score	95	89
Funct. Score	94	95
Axis dev.	0,52°	1,69°
Rx Normal	70%	70%



Indications

Schatzker III

- Excellent clinical and radiological results
 - easy reduction and repositioning





Indications

Schatzker III

**Arthroscopic screw fixation is appropriate
But in case of major depression (>10mm) or old people,
consider : bone filling**