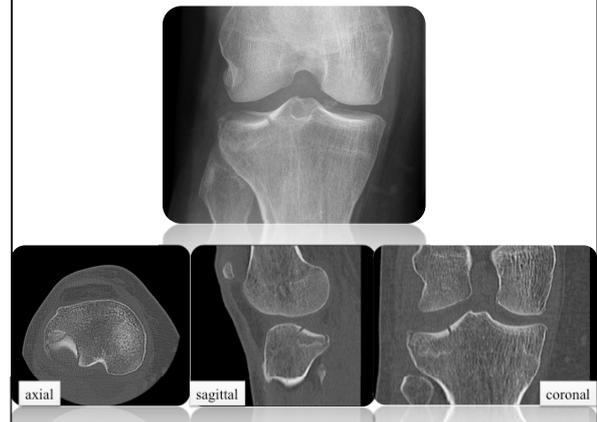
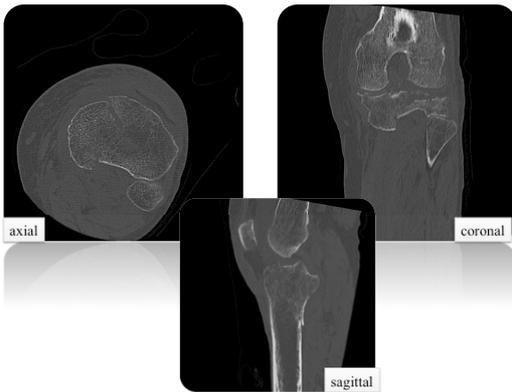


## Imaging of intraarticular proximal fractures



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## Does CT scanning improve reliability of classification systems?

- Brunner et al Injury 2009
- CT scanning improved inter/intra-observer reliability of AO / Schatzker / Hohl classification (“good reproducibility”)



## 2D / 3D CT

- 3D CT increase reliability of classification systems for tibial plateau fractures
- 3D CT is a more reliable radiographic modality than 2D CT in evaluation of fracture patterns. (Hu et al , Injury 2009)



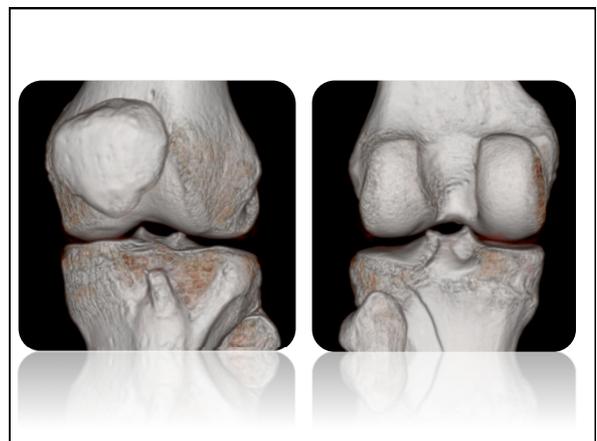
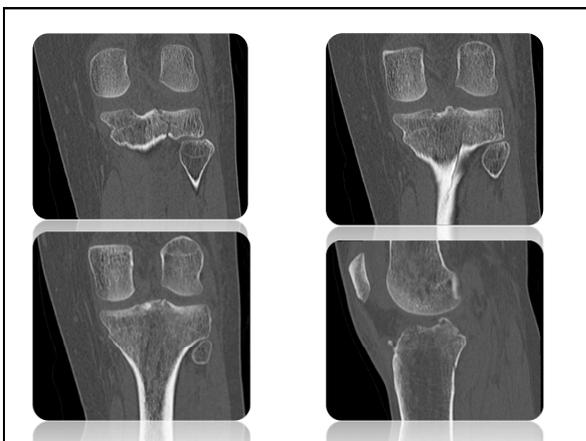
- Comparison of plain radiography and spiral CT with 3D reconstruction
- 3D reconstructions give a better and more accurate demonstration of the tibial plateau fracture and allows a more precise pre-operative surgical plan

*(Wicky et al Eur Radiol. 2000)*



- Use of virtual 3D software for planning of tibial plateau fracture reconstruction
- Special planning software to perform preplanning with successful segmentation analysis, although still time consuming (mean time 174.8 min, 5 cases)

*(Suero et al Injury 2009)*



### Literature

- Markhardt et al Radiographics 2009
- Both CT and MRI imaging are more accurate than plain radiography for classification (Schatzer) of tibial plateau fractures
- Use of cross-sectional imaging can improve surgical planning



### MRI

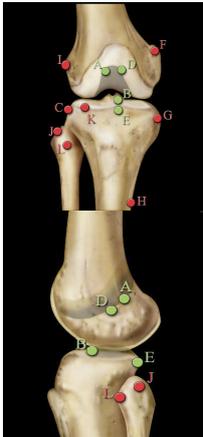


### MRI indications

- Recent study showed 90% of tibial fractures had evidence of meniscal injury on MRI, so either MRI / arthroscopy / open exploration should be considered  
*(Gardner J Orthop Trauma 2005)*
- “nonunion did occur due to incarceration of meniscus tissue in the fracture site”.  
*(Toro-Arbelaez, Injury 2007)*



-Occult fracture lateral tibia



### Avulsion fractures

- ACL, PCL (green) origin, insertion (eminentia)
- MCL (origin, meniscomfemoral and distal insertion)
- Capsular insertion (ligament fibers)
- Segond fracture (almost always with ACL rupture)
- ITB: Gerdy tubercle
- Fibular head: Arcuate ligament (“arcuate sign”), LCL, biceps tendon

