

Dr. Obrebsky's Tip January, 2013

Proximal Humerus Plate for Fixation of Selected Medial Femoral Condyle Fractures

A relatively uncommon but difficult clinical problem is a comminuted medial femoral condyle fracture. I have often struggled with the most appropriate fixation of these fractures. In my experience, these usually occur from either a direct blow or a gunshot wound to the medial femoral condyle. The fractures which have a clean shear fracture are fairly easily treated with a medial parapatellar approach, lag screw fixation and buttress plating with a standard plate.

(Figure 1 and 2) I have been challenged when there was a large cavitory defect from impaction injury or gunshot wound blast combined with multiple intra-articular fragments and the need for a broader plate on the medial femoral condyle to either capture and contain bone graft or provide support across multiple fragments. The case here demonstrates the use of a proximal humeral locking plate placed along the medial femoral condyle to act as 1) a buttress plate, 2) screw support of multiple fragments and 3) a broad plate to contain bone graft. (See figures 3-6) It contours well to the medial femoral condyle. (See Figure 7) This **off-label** plate and screw configuration is 8-10 X more expensive than using a standard Recon or DC plate, but I feel it is warranted in these more complex scenarios when one needs a broader plate and multiple point fixation for multiple fragments. I hope it is helpful.

William T. Obrebsky, M.D., M.P.H.

WTO/dts171

dd: 09/07/2012

dt: 09/07/2012

pgt: 1/14/2013









