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شبكة المعلومات الجامعية
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شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

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ASSIUT UNIVERSITY FACULTY OF MEDICINE
DEPARTMENT OF ORTHOPEDIC SURGERY AND TRAUMATOLOGY
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EVALUATION OF THE RESULTS OF TREATMENT OF PILON FRACTURES

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INTRODUCTION AND AIM OF THE WORK

INTRODUCTION

AND AIM OF WORK

Pilon fracture is among the most challenging problems faced by the orthopaedic surgeon.

Historically, the term *pilon* was first used by Destot in 1911. He compared this explosive injury of the talus impacting against the tibia to that of a hammer striking a nail.

Bonnin in 1950 emphasized that this fracture involved the tibial plafond of the ankle joint. As more experience with this fracture has been gained, the large compressive forces with the resulting crush injury and the significant disruption of the articular surface have been recognized.

Fracture of the tibial pilon is among the most severe injuries to the ankle joint. It represents from 1% to 10% of fractures of the lower extremity but this figure may be misleading as there is considerable overlap of pilon fracture with the other fracture types (Ruedi, 1973).

In 1989, Bourne stated that pilon fracture represents approximately 7% of tibial fracture, in his series, between 1972 and 1980, 700 tibial fractures were identified. Fifty of these fractures were intra-articular fractures of distal tibia (Bourne, 1989).

By 1970s, papers on operative management based on the AO principles began to appear in the British orthopaedic literature (Ruedi, 1979).

This fracture with the soft tissue injuries associated with it, has been among the most difficult to treat. With the advent of greater numbers of motor vehicle accidents, falls from heights, and penetrating trauma, the numbers of these injuries have increased, because they are associated with high-energy insults.

Increasing sophistication of the methods of documenting associated soft tissue injuries has definitely improved our ability to determine the appropriateness of various treatment alternatives. These schemes have been developed independently by Tschernie and Gotzen (Tschernie 1989).

The aim of this work is to evaluate the results of treatment of pilon fracture by various means as, conservative by cast, internal fixation, and external fixation, with particular reference to various factors that influence the success of treatment. The late functional results, of various factors as the reduction of the fracture, range of motion of the ankle joint, and pain, after management of these fractures will be also evaluated.

REVIEW OF LITERATURE
