

## عنوان مقاله:

A New Modified Open Posterior Approach for the Fixation of Posterior Cruciate Ligament Tibial Avulsion Fractures

## محل انتشار:

مجله تروما, دوره 22, شماره 5 (سال: 1396)

تعداد صفحات اصل مقاله: 7

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## خلاصه مقاله:

Background: The most efficient treatment of posterior cruciate ligament (PCL) tears and the consequences of untreated PCL injuries is still debatable. Objectives: The aim of this study was to assess the outcomes of a modified technique for the fixation of tibial posterior cruciate ligament (PCL) avulsion fractures. Methods: From January ۲۰۰۹ to March ۲۰۱۲, ۴۵ cases of PCL tibial avulsion fractures were managed through a modified technique. We used a lag screw and washer in the open posterior approach for our patients. Assessment of the range of motion of the knee was initiated on the day after the surgery. Clinical stability, range of motion of the knee, strength of the gastrocnemius muscle, radiographic investigation, and the quality of life of each of our patients was analyzed upon the last follow-up evaluation. Results: The mean of the overall musculoskeletal functional assessment (MFA) scores was ۱۵ (range ۳ - ۳۵). At the last follow-up evaluation, all of the fractures in our patients were unified, and all of their knees were stable upon physical examination. Preoperative assessments showed that the mean Lysholm score for ۱۵ knees was  $۶۲ \pm ۸$  with a range of ۵۰ - ۷۵, which changed to  $۹۲ \pm ۷$  with a range of ۷۵ - ۱۰۱ after the operation; our analysis showed that this difference was significant ( $P < ۰.۰۵$ ). At the first-year follow-up evaluation, differences of less than ۱۰ mm in thigh circumference were observed in ۴۲ (۹۳%) patients when comparing their injured to healthy knee. Conclusions: The management of tibial PCL avulsion fractures with the use of a cancellous lag screw and a washer by means of a modified open posterior approach leads to satisfactory clinical, radiographic, and functional results, and reduces operation time and blood loss.

## کلمات کلیدی:

Posterior Cruciate Ligament, Tibial Fracture, Lysholm Knee Score, Patient Outcome Assessment

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