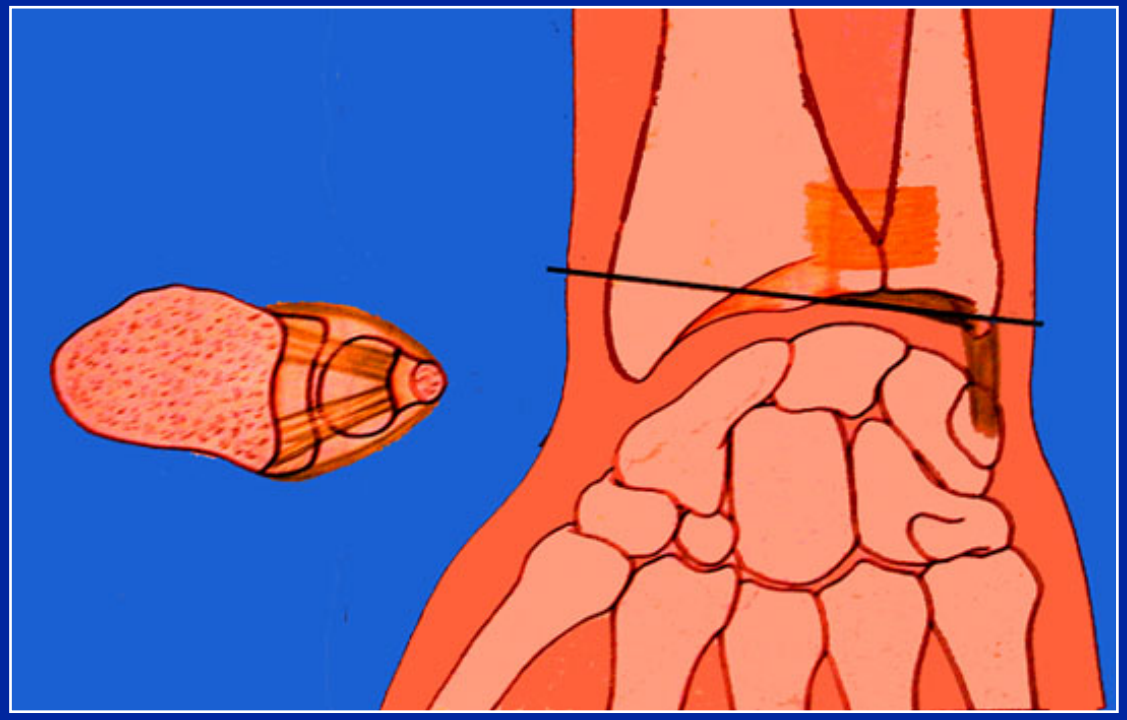
Fratture di polso

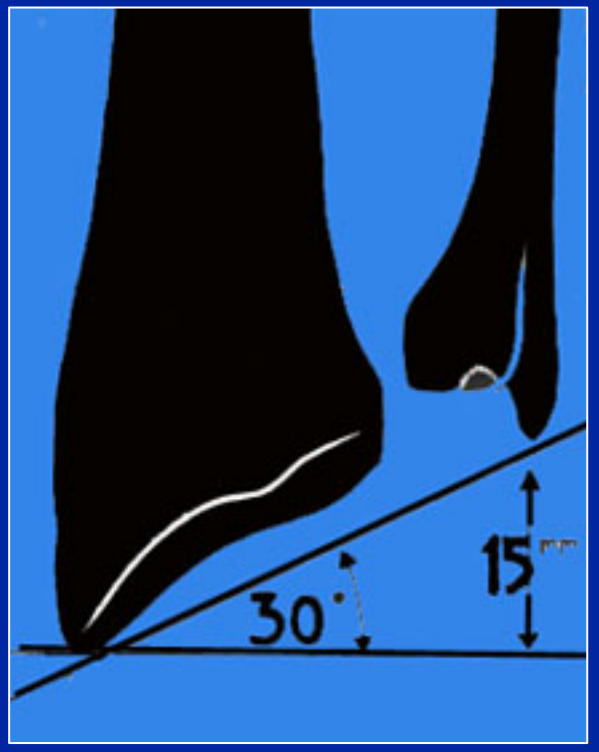
Fratture dell’estremità distale di radio

Fratture dello scafoide

www.fisiokinesiterapia.biz

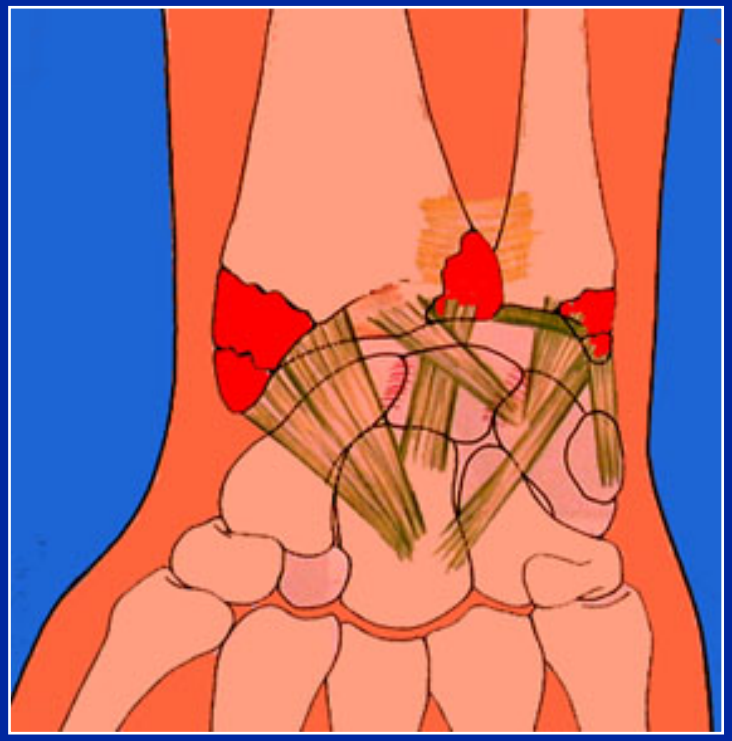
Cenni di anatomia

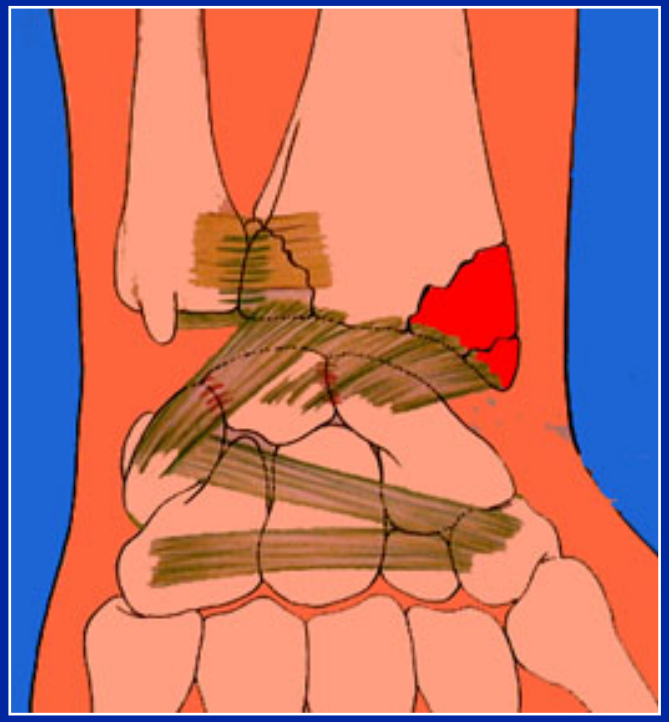




L’interlinea radio-carpica è obliqua

Cenni di anatomia





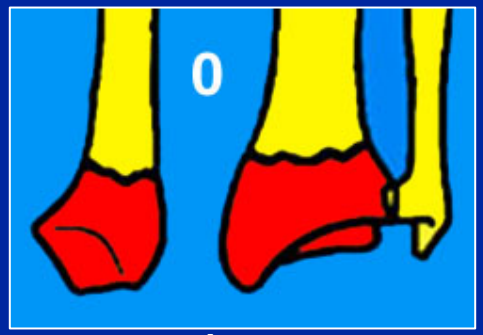
Fratture dell’estremità distale di radio

- Frequenti nelle donne anziane
- Giovani : sports ++

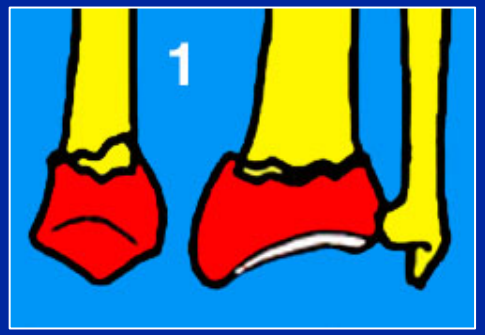
Caduta sulla mano

- Iper-estensione (scomposizione dorsale)
- Iper-flessione(scomposizione volare)
- Inclinazione radiale
- Inclinazione ulnare

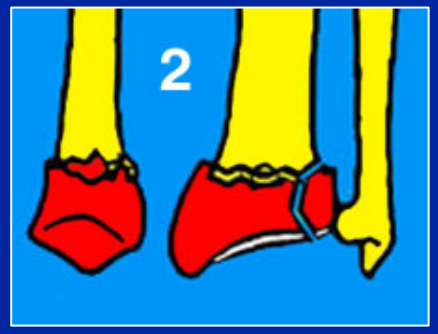
Classificazione (Castaing)



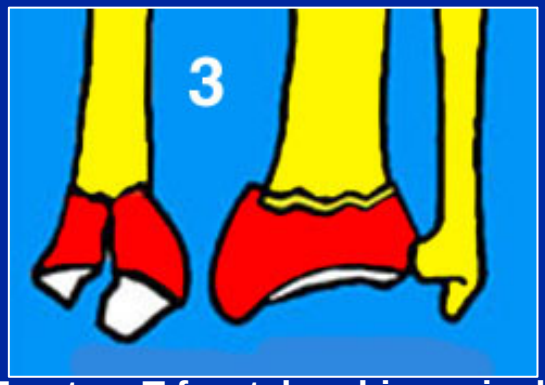
Sans déplacement



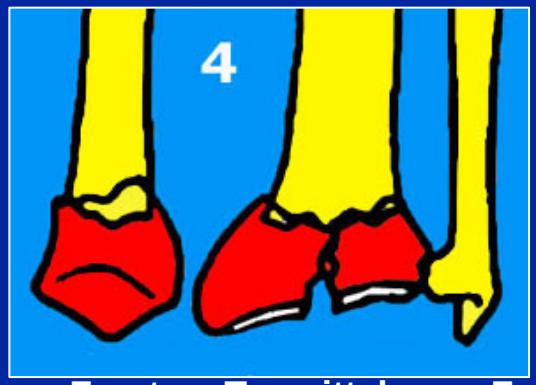
Pas de comminution post.



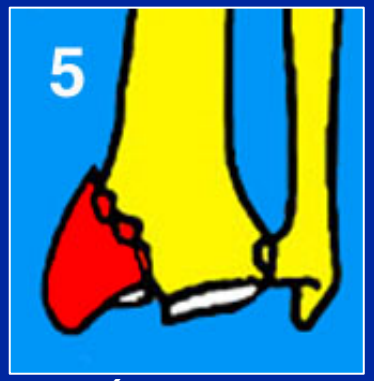
Commin. Post + 3ème fragt



Fract en T frontal ou bimarginale

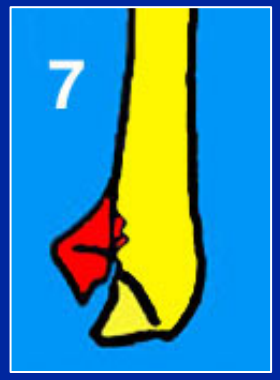


Fract en T sagittal



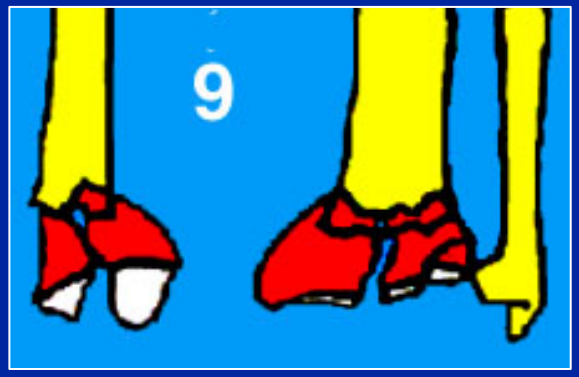
Fract cunéenne externe

Marginale post

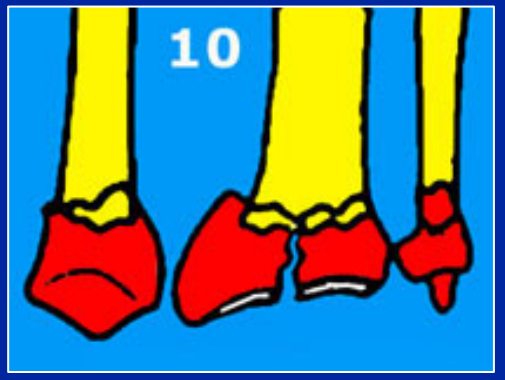


Marginale ant

Goyrand

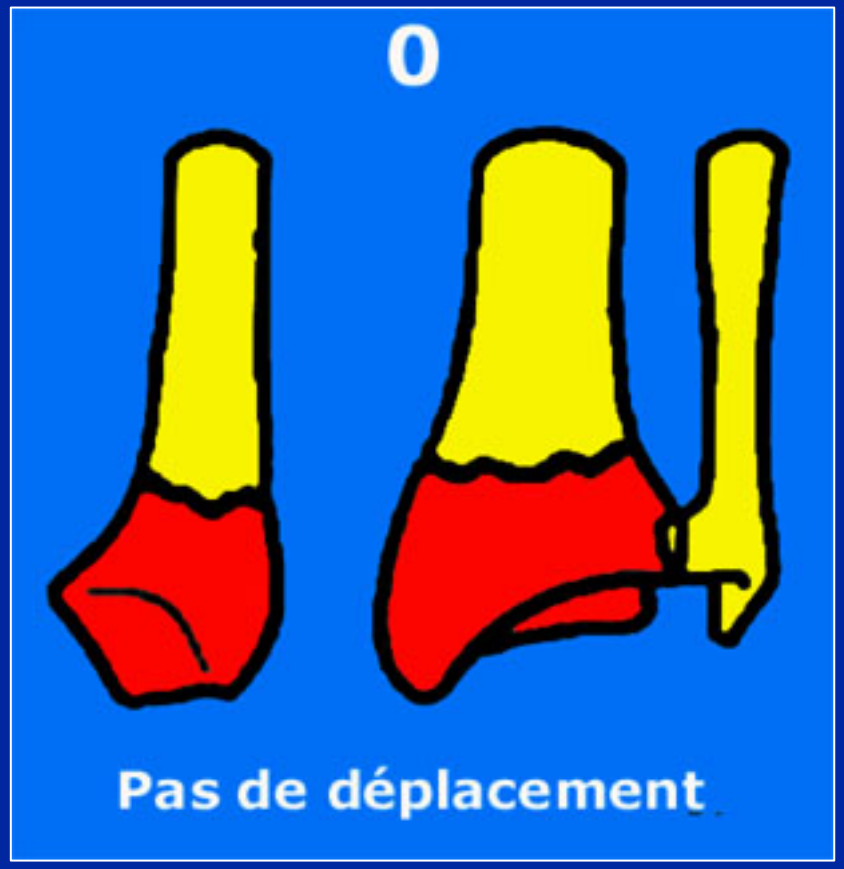


Fract en croix

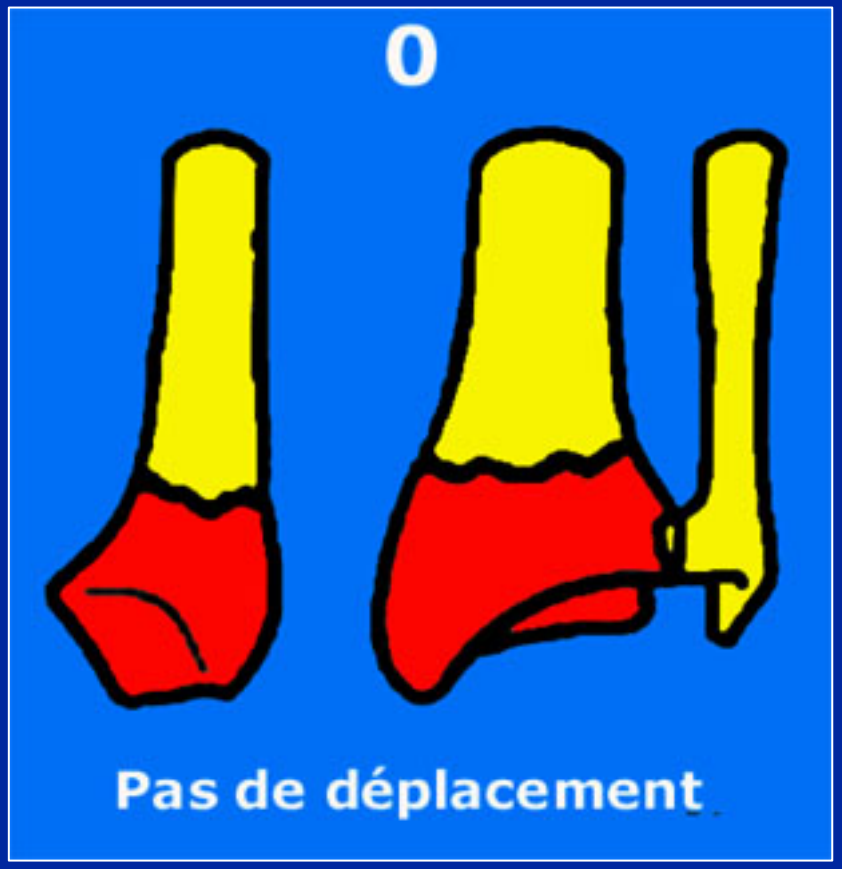


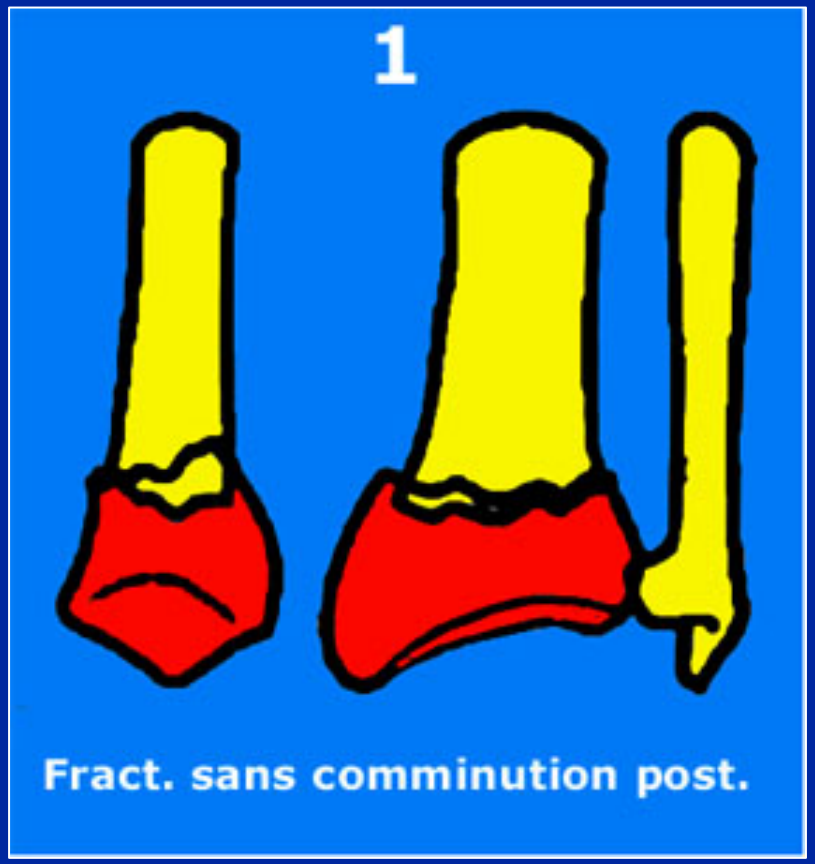
Fract des 2 os

Classificazione delle fratture dell'estremità inferiore del radio

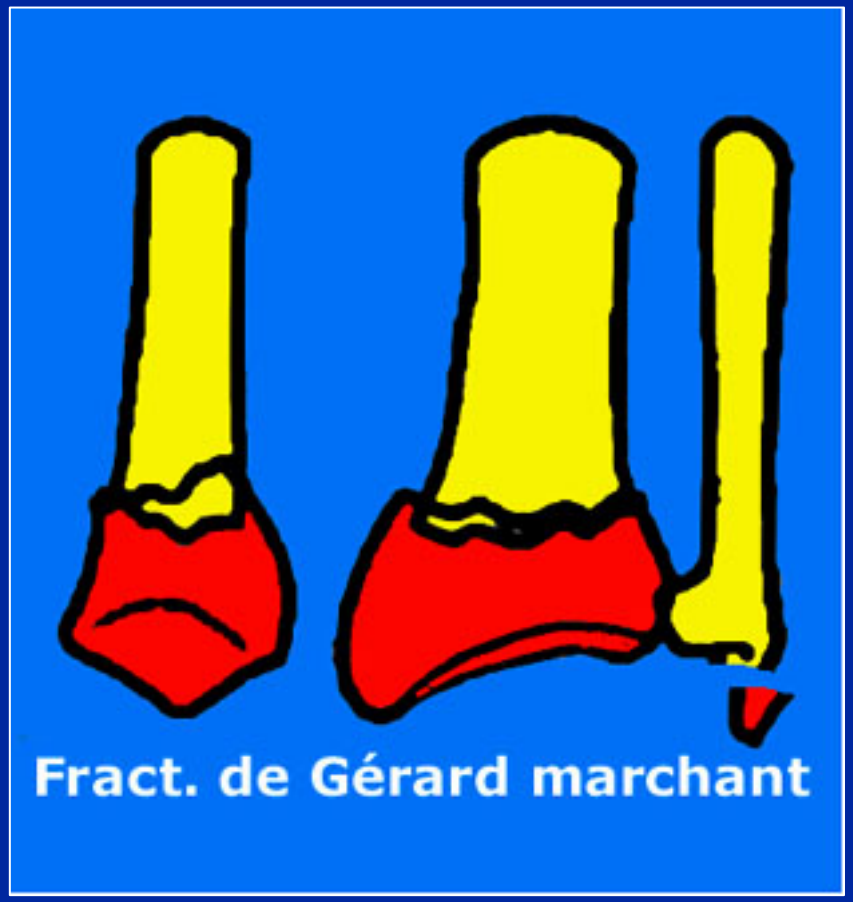


Classificazione delle fratture dell'estremità inferiore del radio

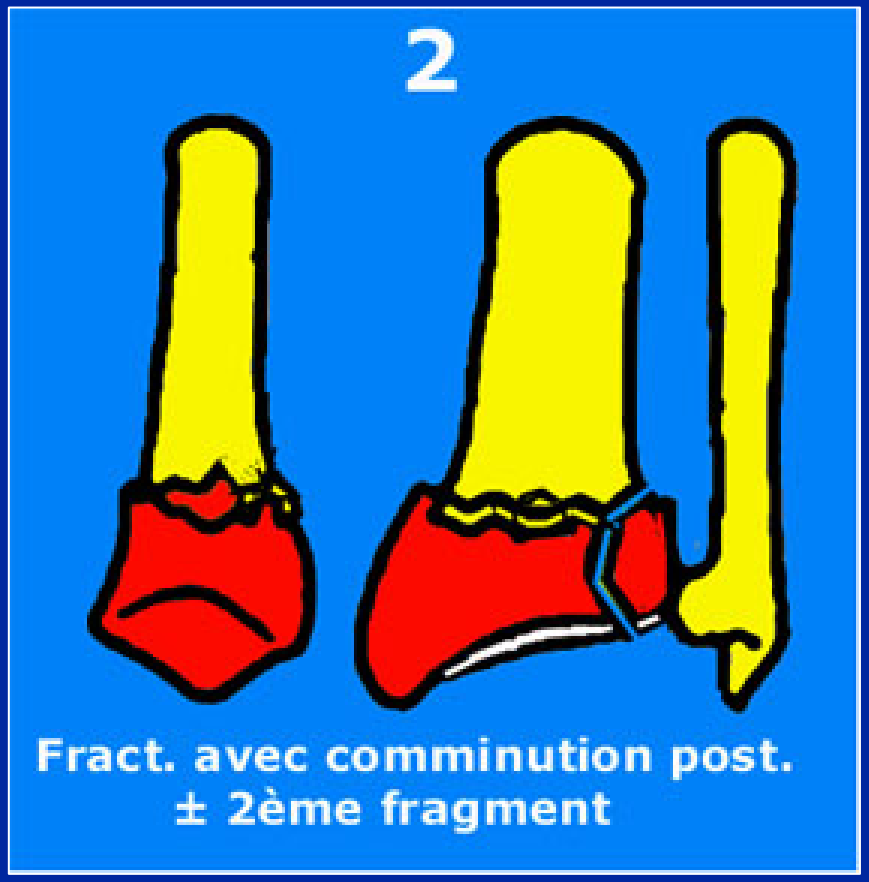




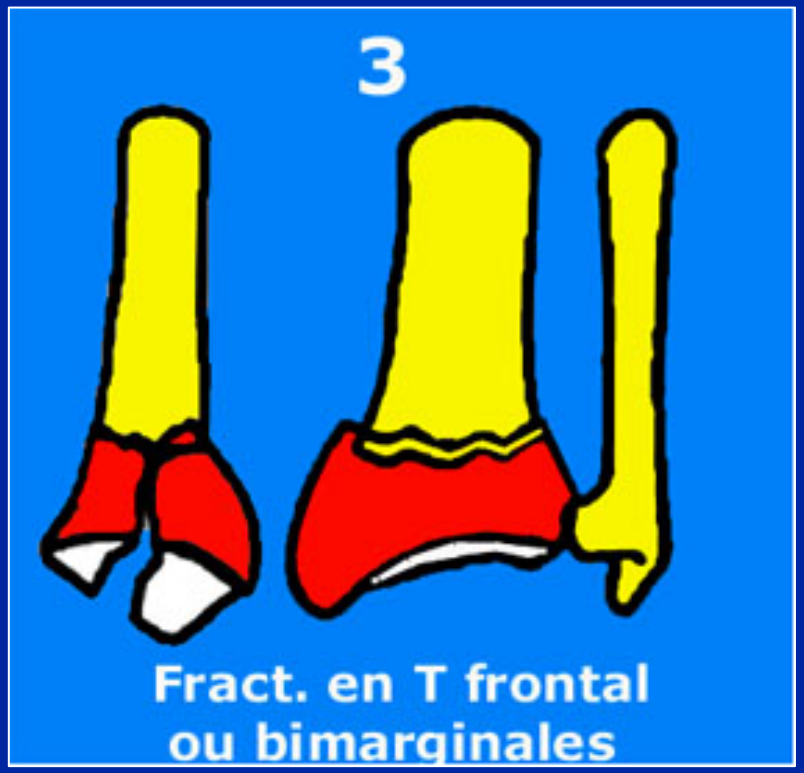
Classificazione delle fratture dell'estremità inferiore del radio

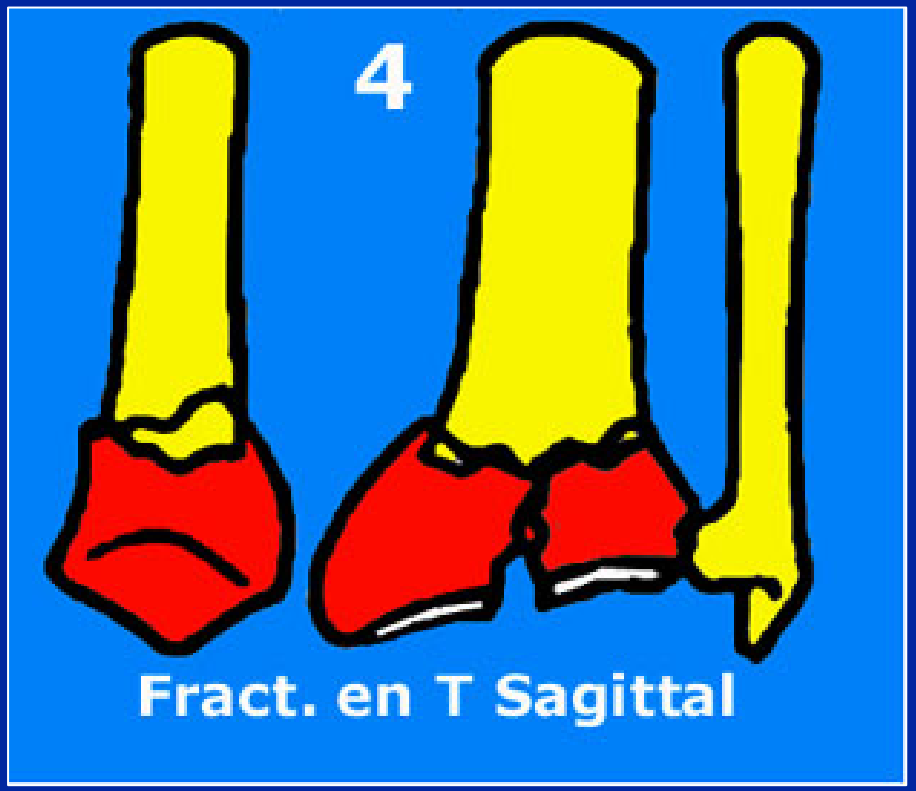


Classificazione delle fratture dell'estremità inferiore del radio

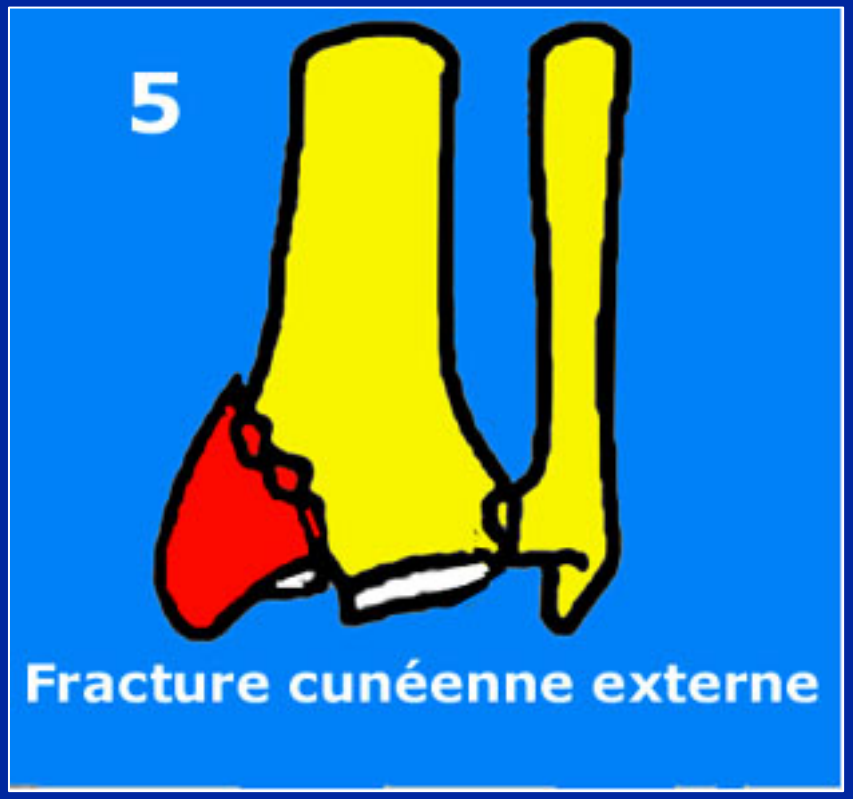


Classificazione delle fratture dell'estremità inferiore del radio

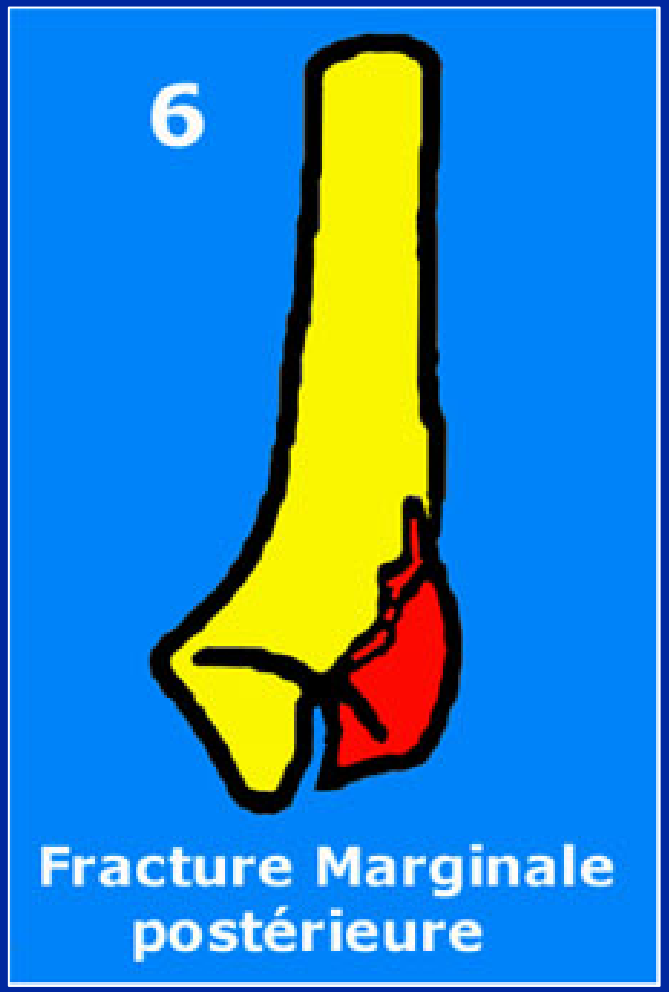


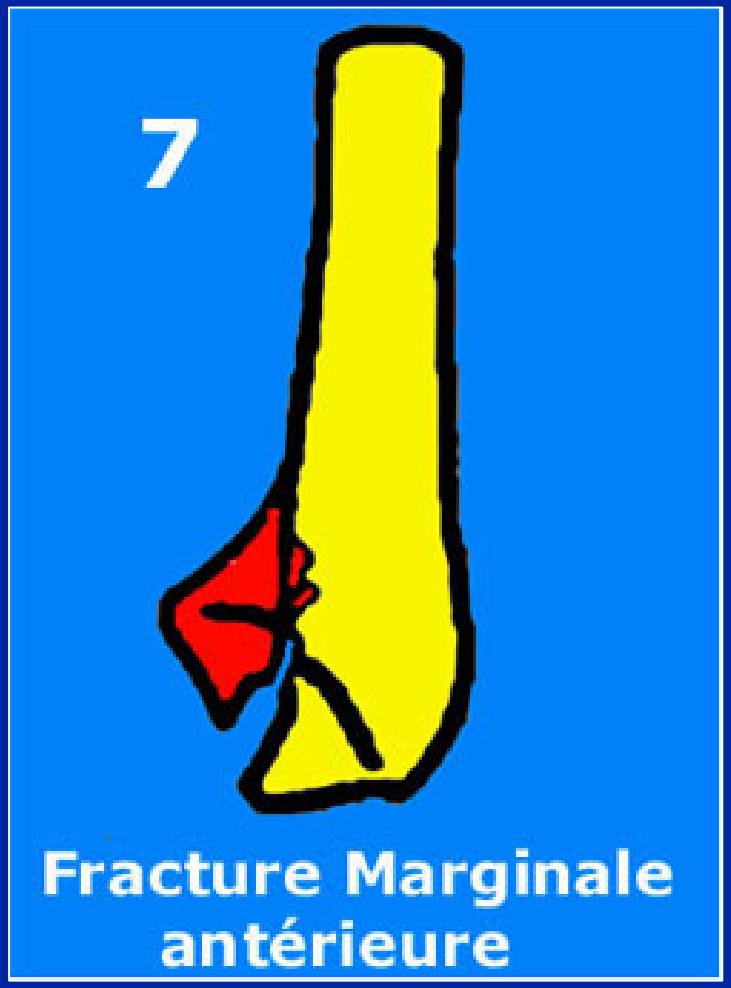


Classificazione delle fratture dell'estremità inferiore del radio

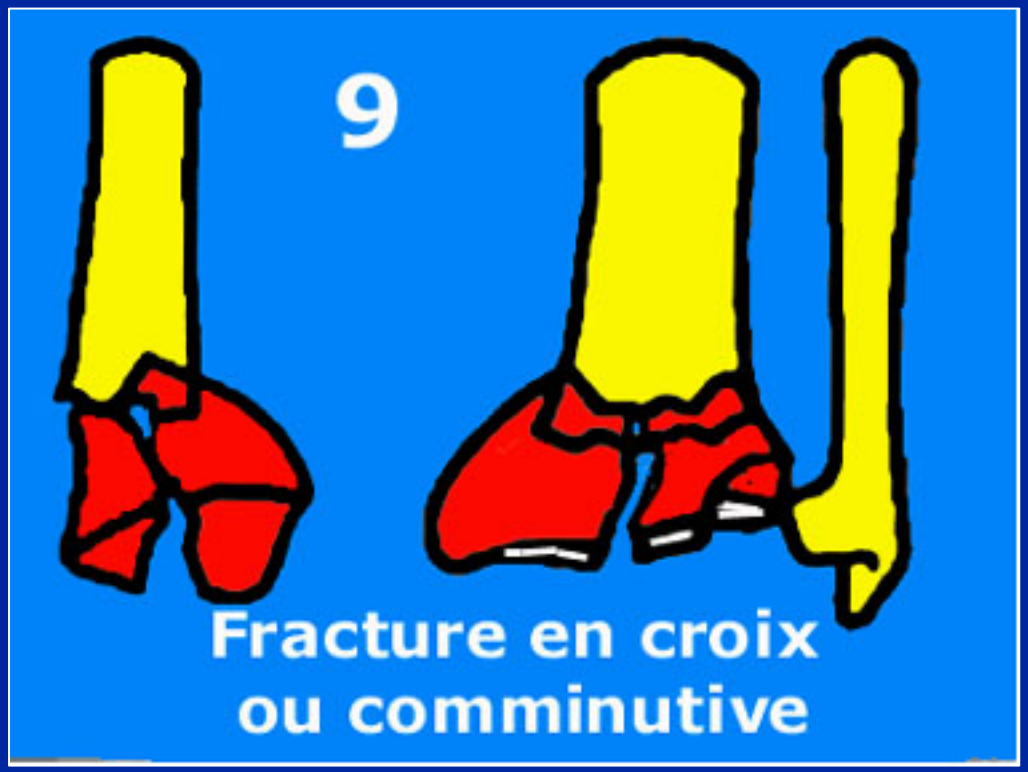


Classificazione delle fratture dell'estremità inferiore del radio

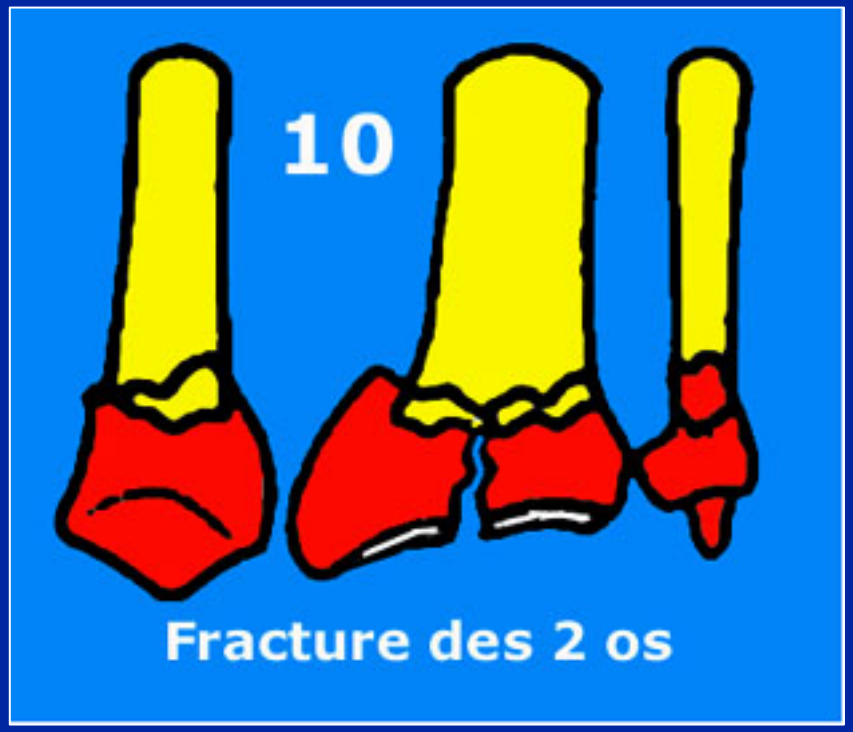




Classificazione delle fratture dell'estremità inferiore del radio



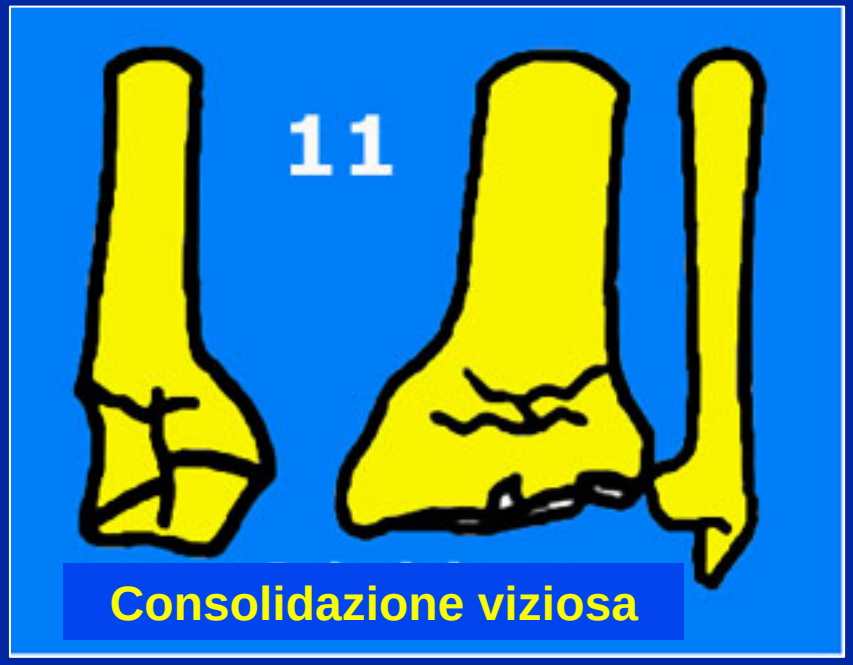
Classificazione delle fratture dell'estremità inferiore del radio



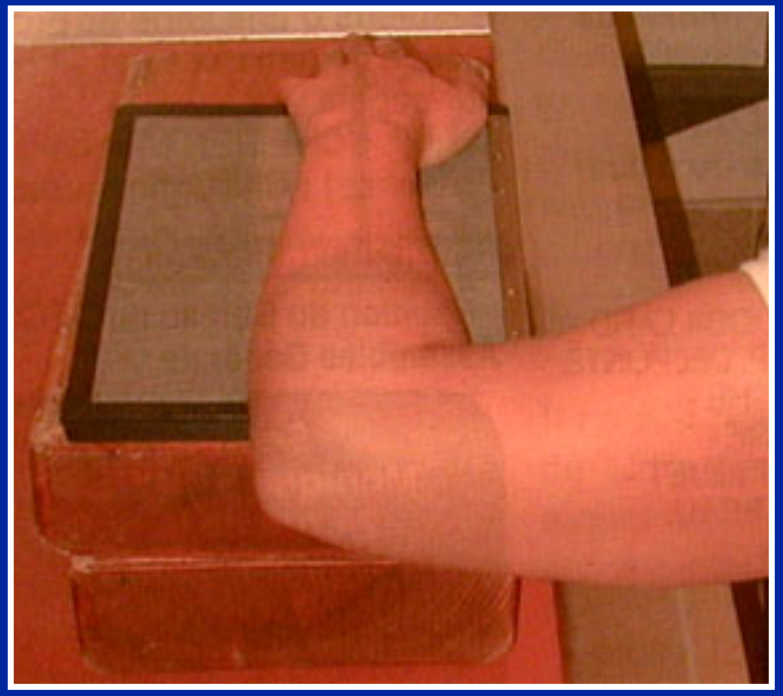
Fratture articolari

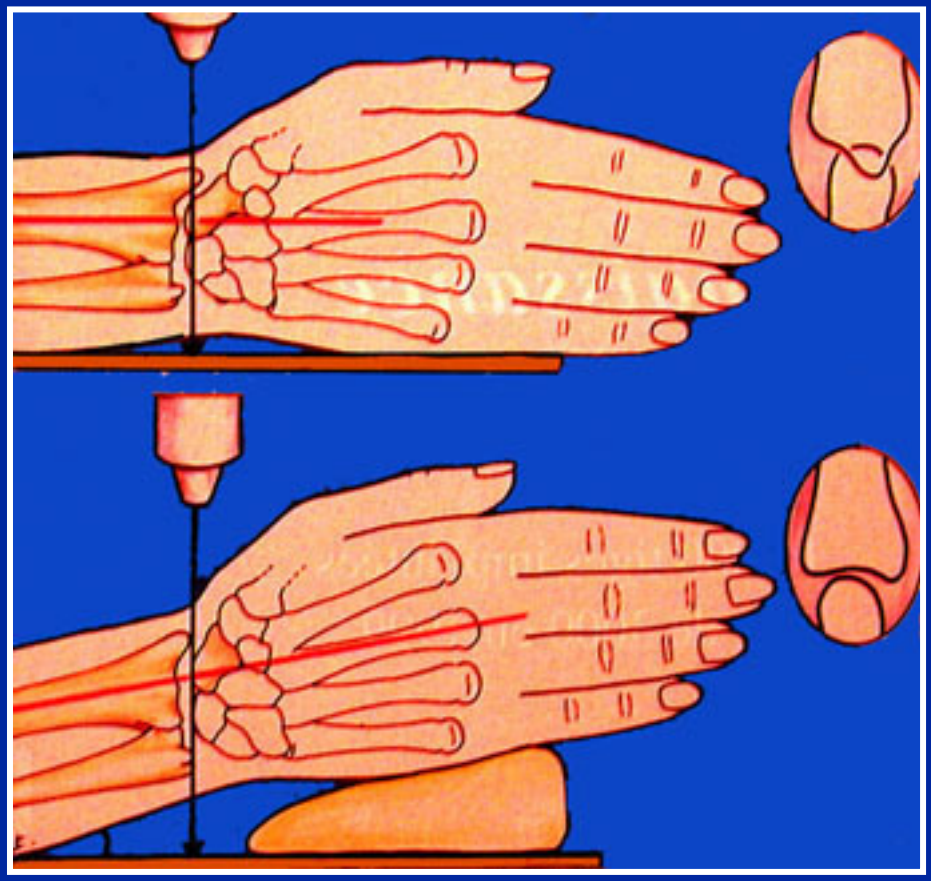
Fratture articolari

Classificazione delle fratture dell'estremità inferiore del radio



Radiografie del polso





Fratture di Pouteau-Colles

- Caduta sulla mano
- Compressione + iper-estensione
- Tratto situato a 2,5 cm dalla Radio-Carpica
- Adulto o anziano

Frattura di Pouteau-Colles poco scomposta

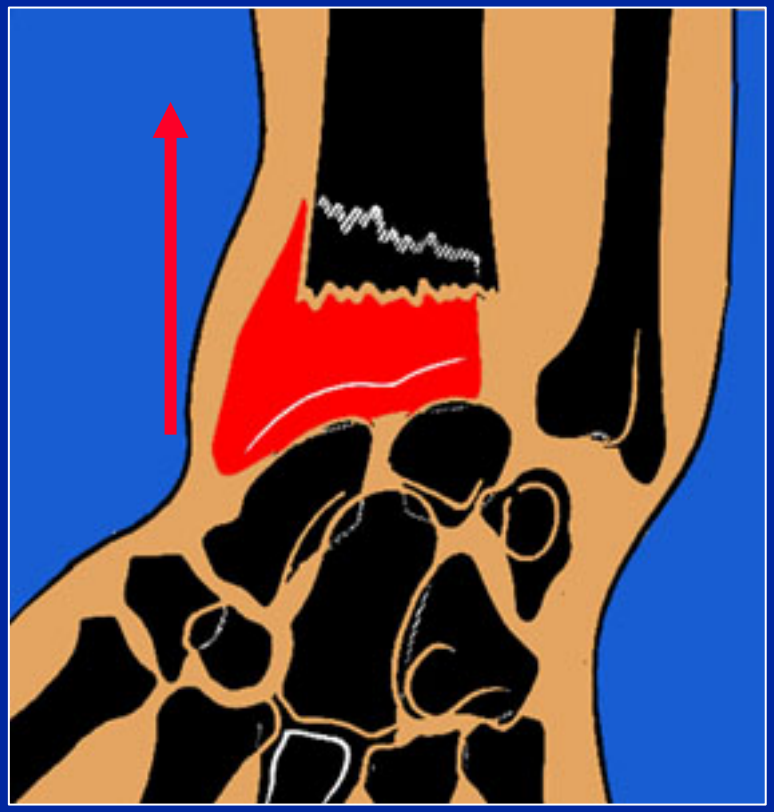
Frattura di Pouteau-Colles : scomposta

Deformazione a dorso di forchetta

Inclinazione radiale

Frattura di Pouteau-Colles : scomposta

Ascensione della stiloide radiale



Veduta palmare

Veduta dorsale

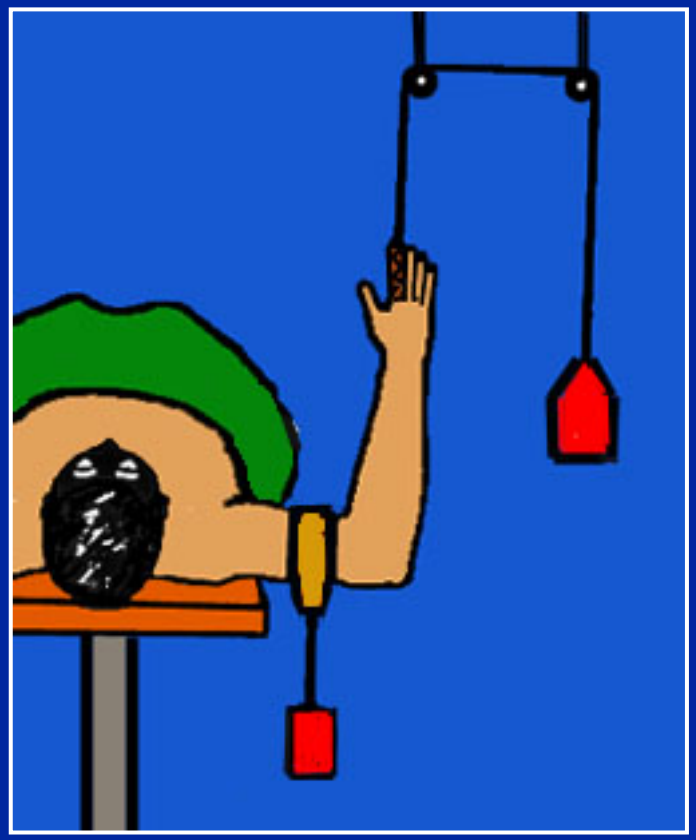
Trattamento

- **Le fratture composte sono ingessate da 4 a 6 settimane**

Fratture di Pouteau-Colles: scomposta

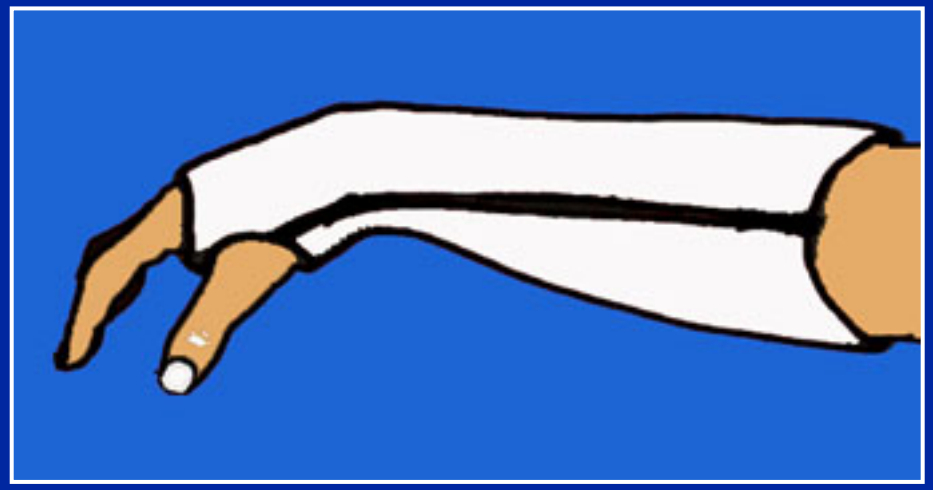
Pouteau-Colles : riduzione

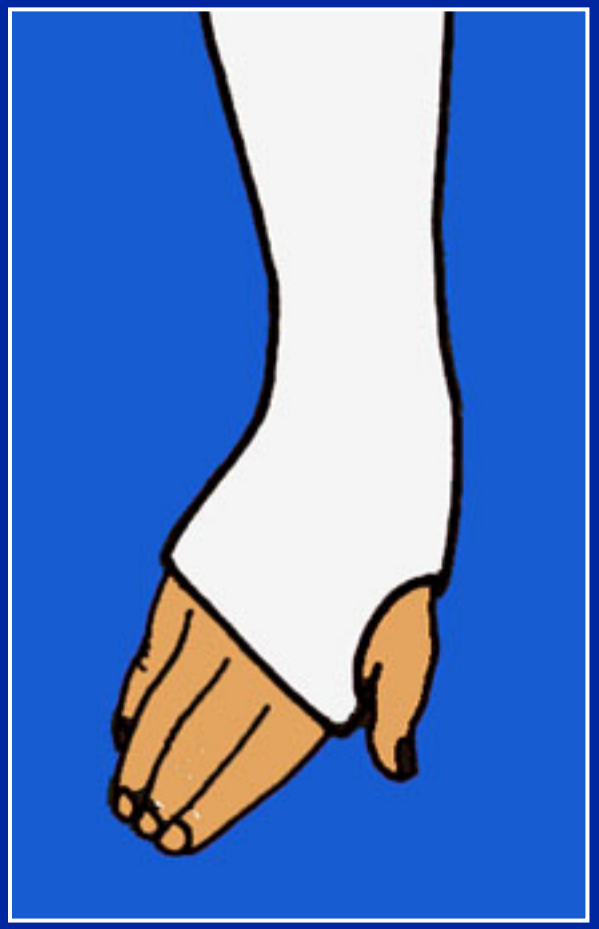
Riduzione lenta e progressiva sotto A-G



“tiradita giapponesi”

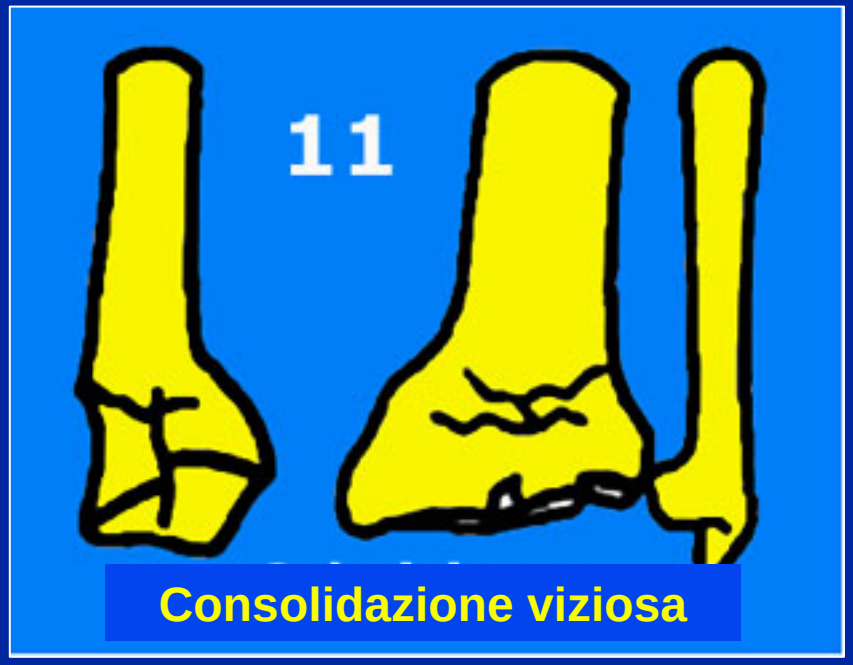
Pouteau-Colles : Immobilizzazione dopo riduzione



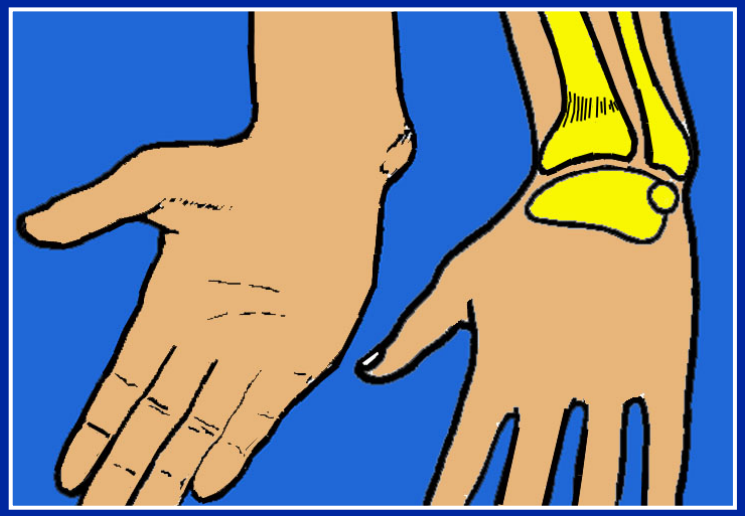


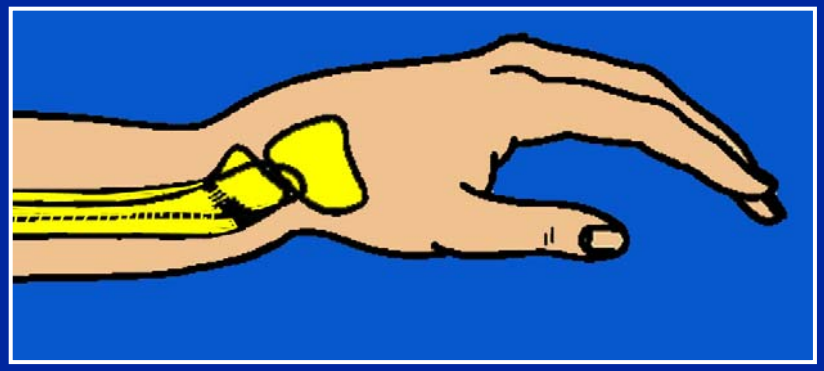
- **Flessione + inclinazione ulnare**
- **Radiografie di controllo**
- **Durata 6 settimane**

Complicazioni principali del trattamento ortopedico : la consolidazione viziosa

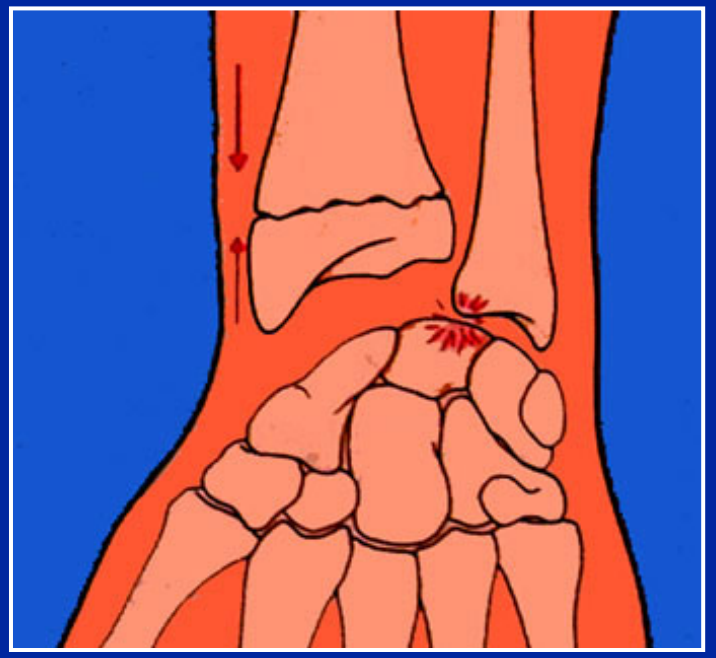


Complicazioni principali del trattamento ortopedico: la consolidazione viziosa



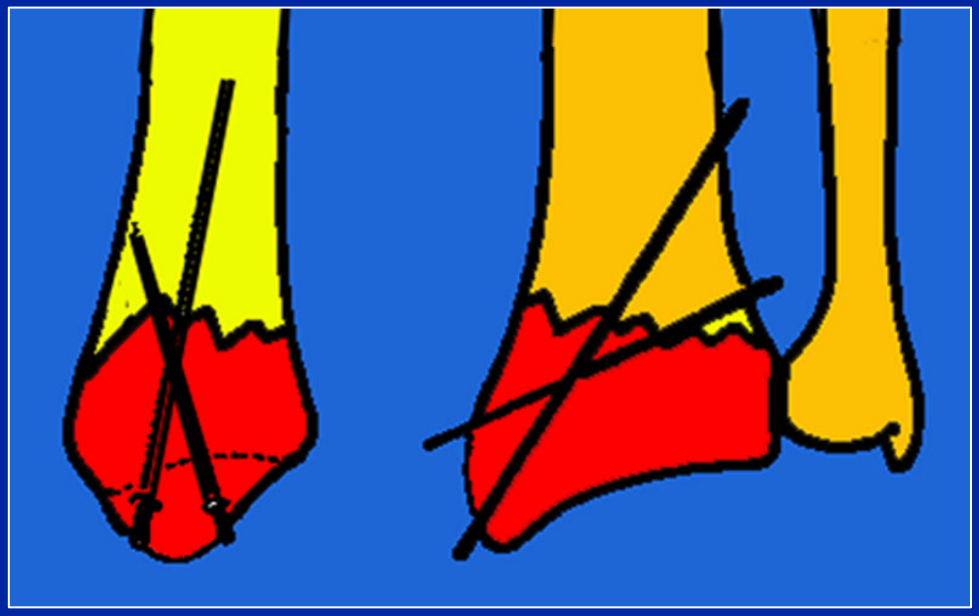


Deformità radiale della mano



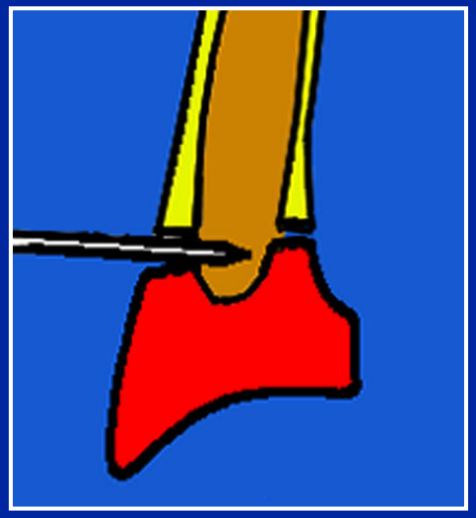
Consequenza dell'accorciamento del radio : sovraccarico della cubito-carpica

Trattamento con fili intra-focali



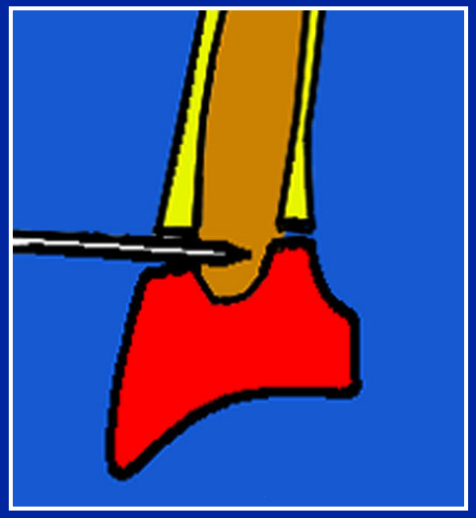
+ Gesso

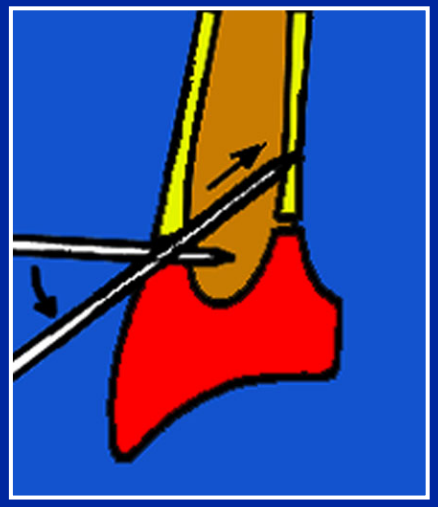
Tecnica di Kapandji



1filo nel focolaio di frattura

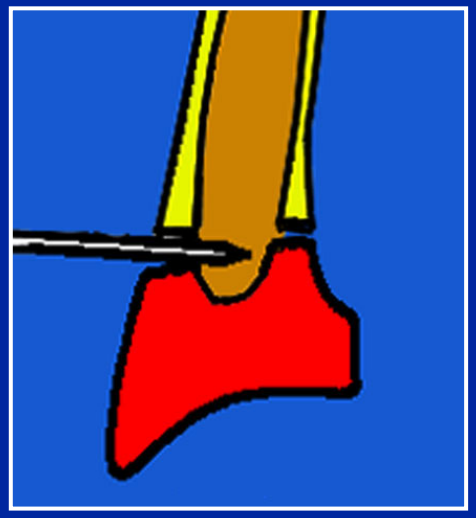
Tecnica di Kapandji

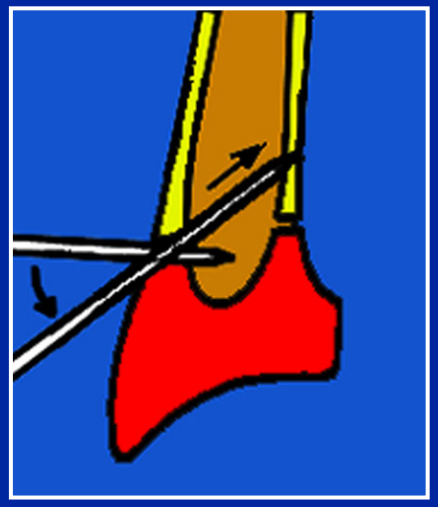


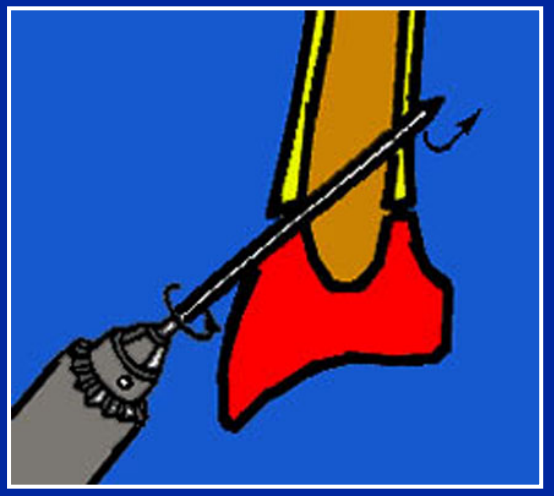


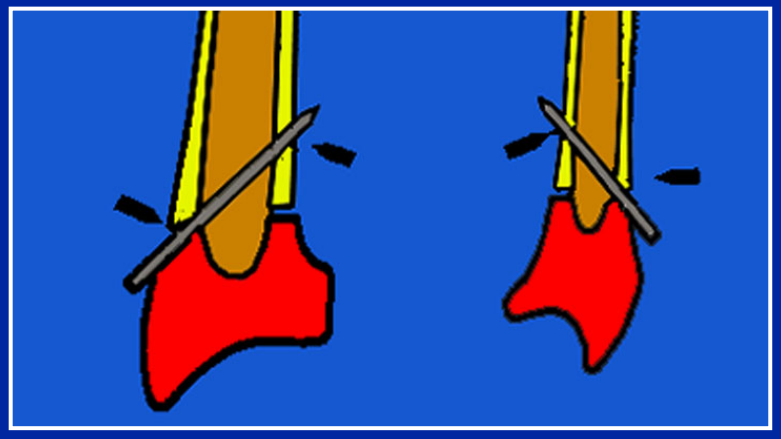
IL filo è inclinato e perfora la corticale

Tecnica di Kapandji



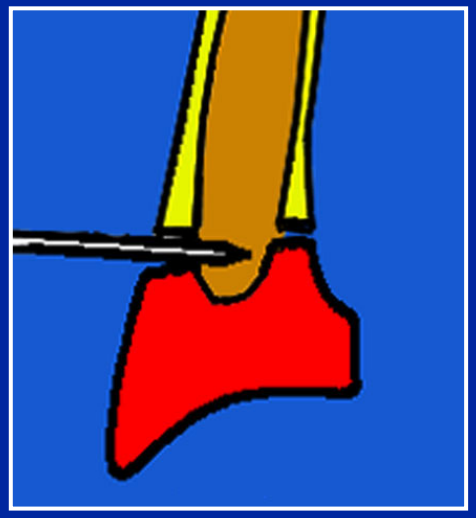


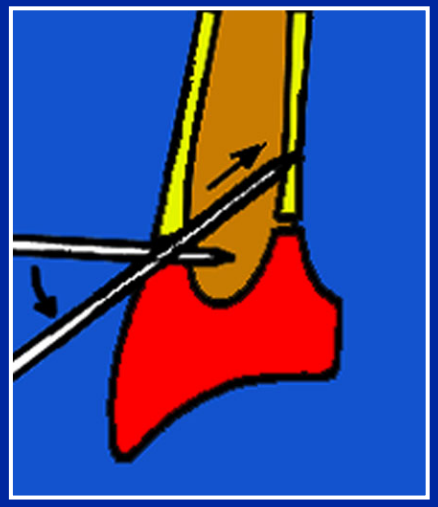


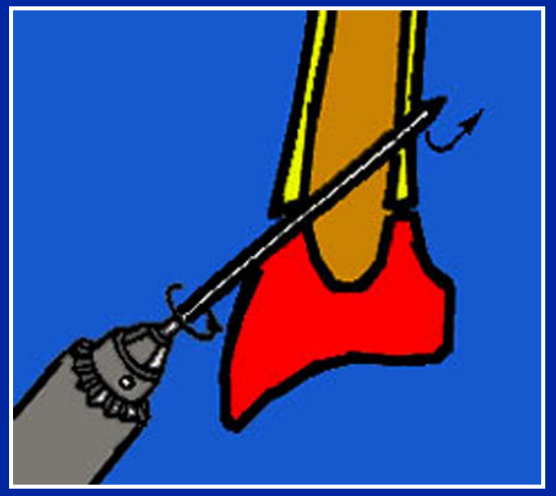


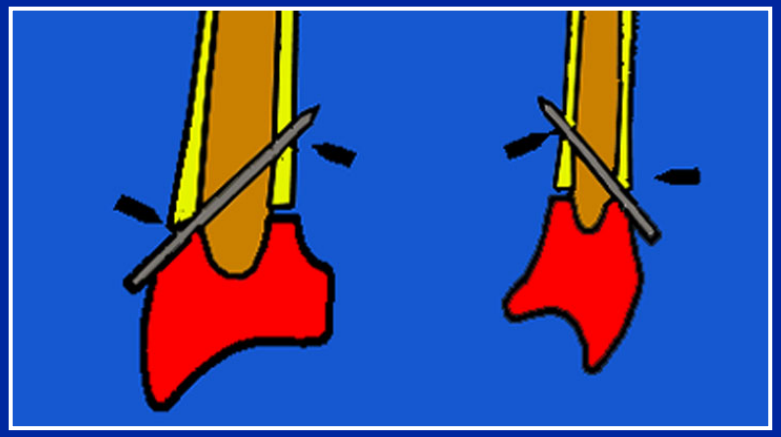
Visione frontale e di profilo

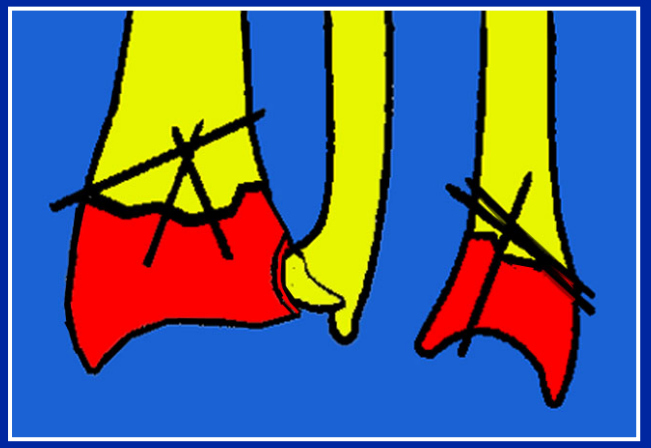
Tecnica di Kapandji





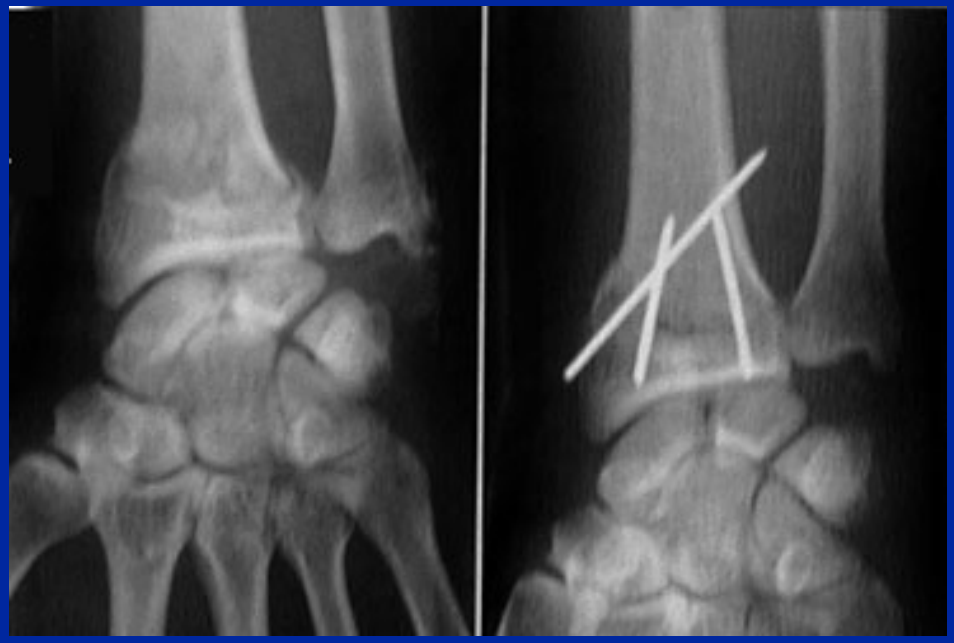


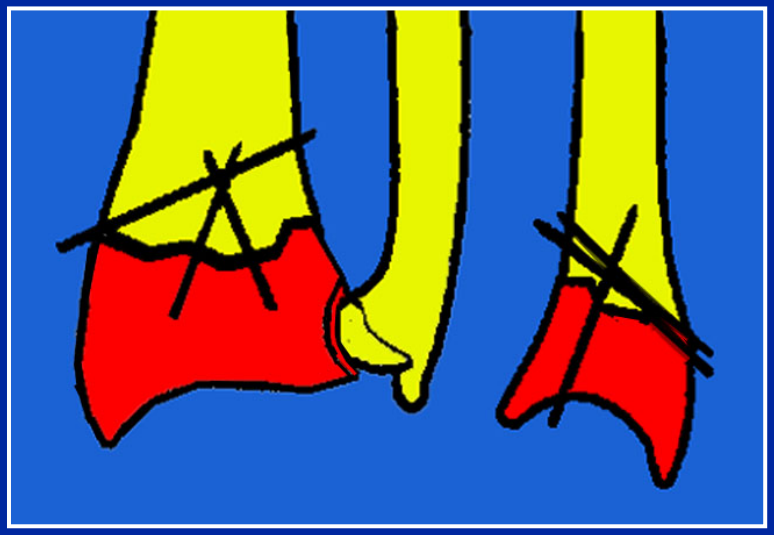




2 fili, o anche 3, sono posizionati in aggiunta

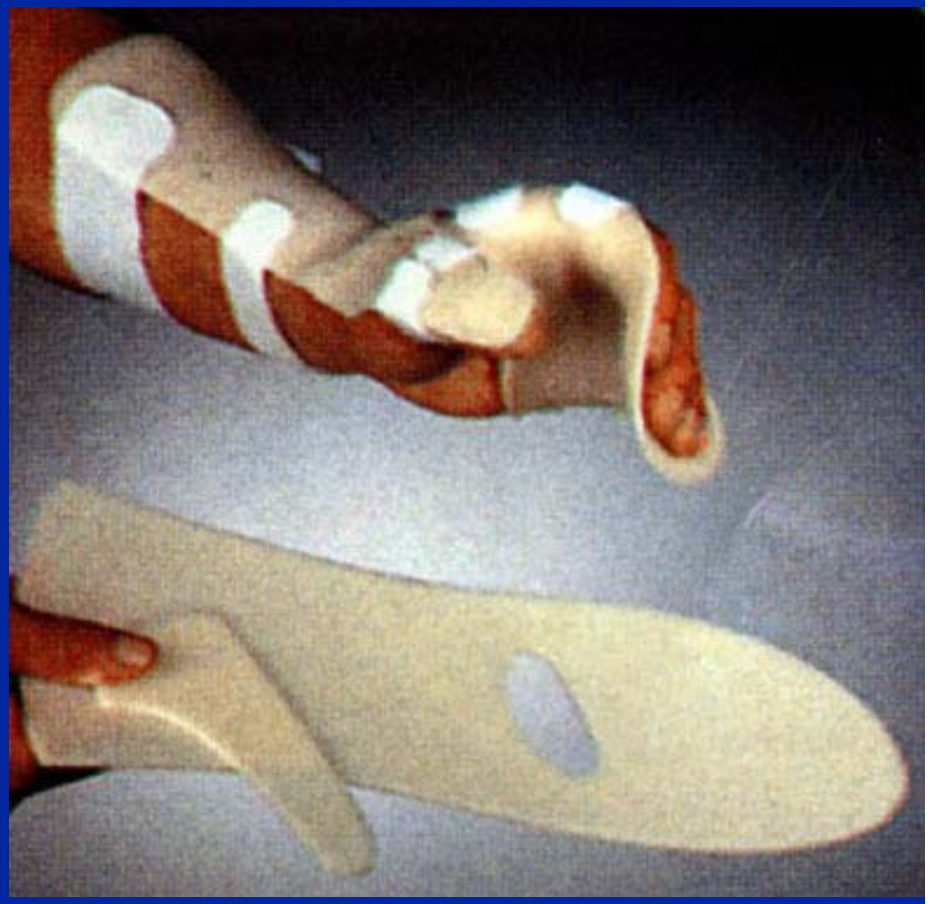
Tecnica di Kapandji





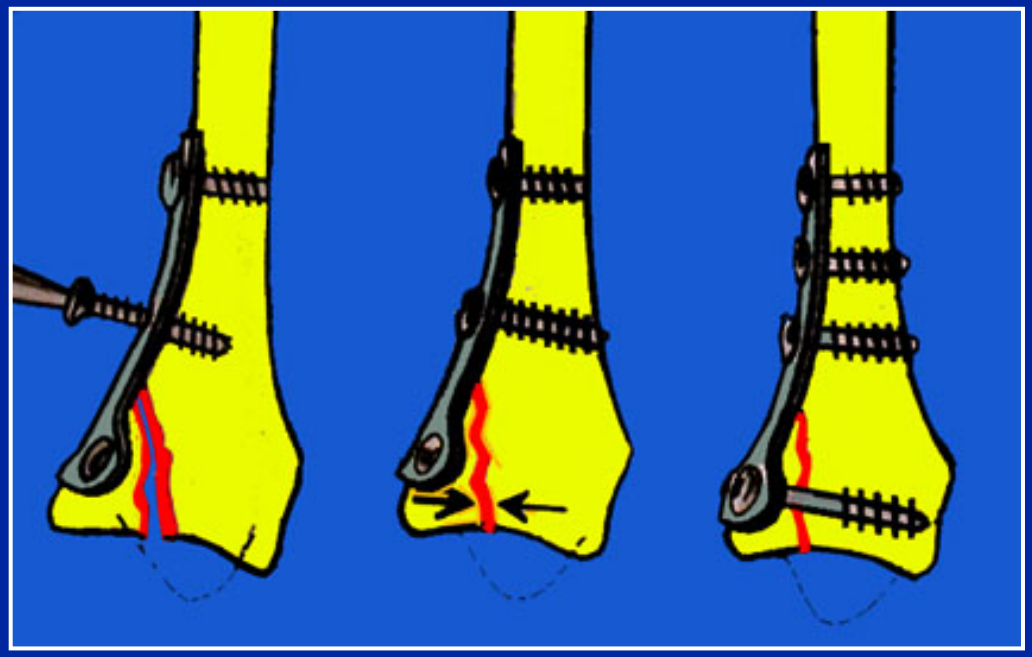
2 fili, o anche 3, sono posizionati in aggiunta

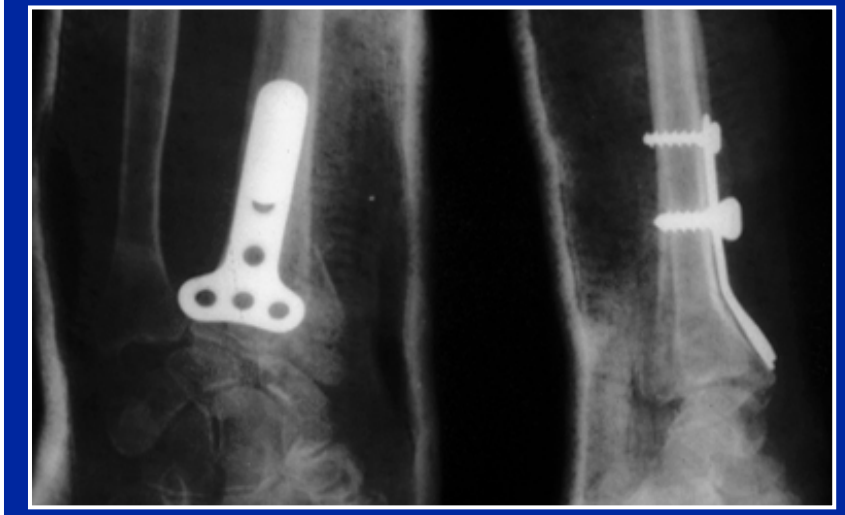
Doccia gessata di protezione con mobilizzazione precoce



Le fratture marginali

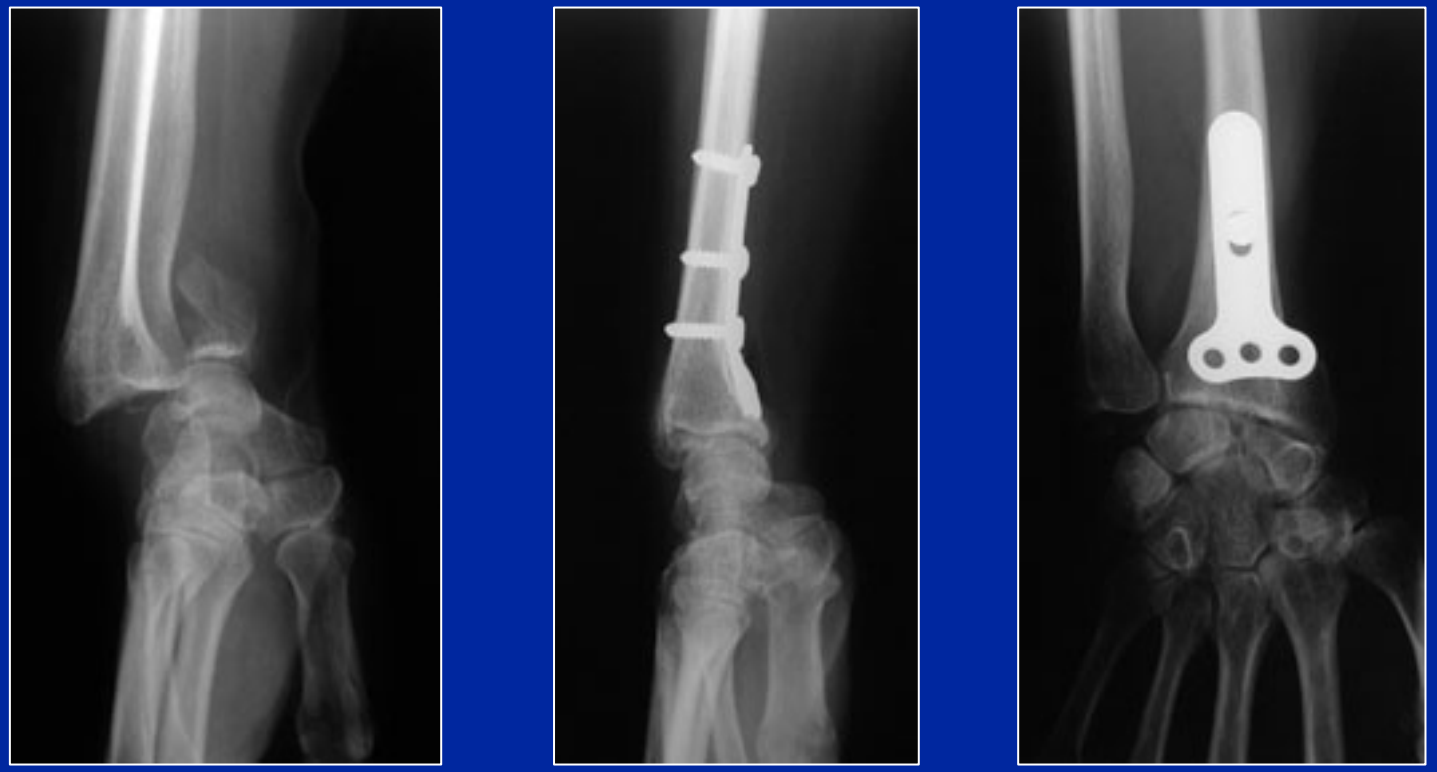
Trattamento delle fratture marginali





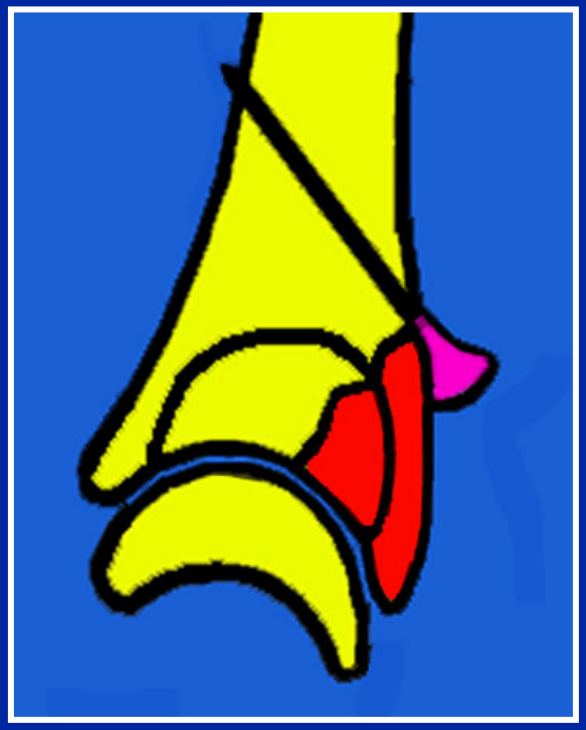
Placca posizionata ant. o post.

Trattamento delle fratture marginali



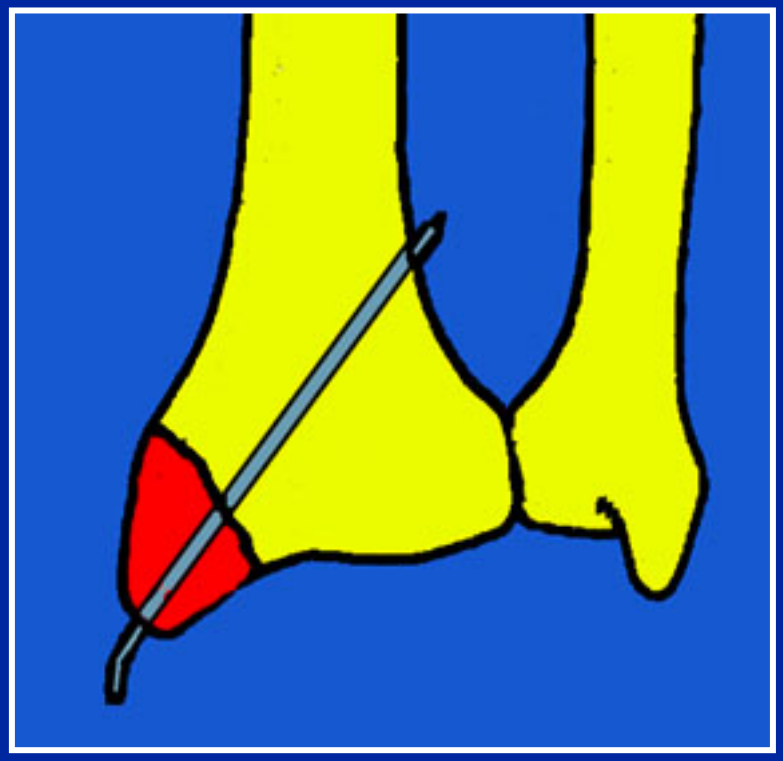
Placca posizionata anteriormente

Trattamento delle fratture marginali



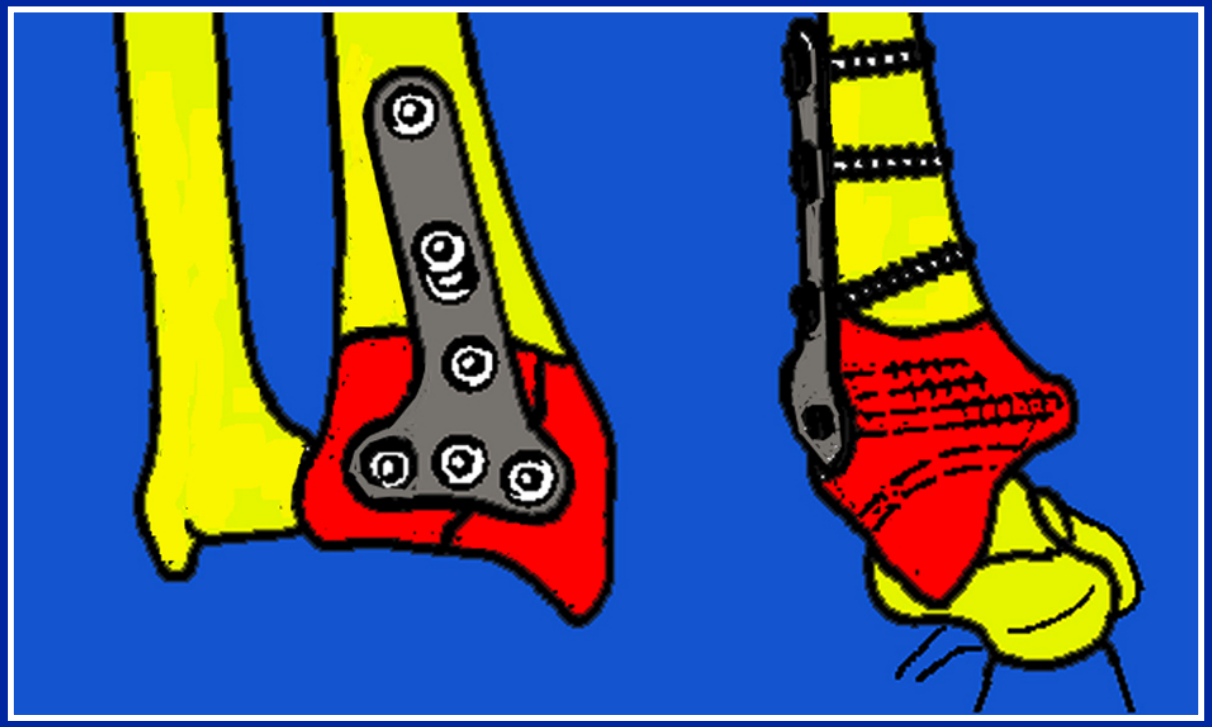
Tecnica di Kapandji

Trattamento delle fratturea cuneo



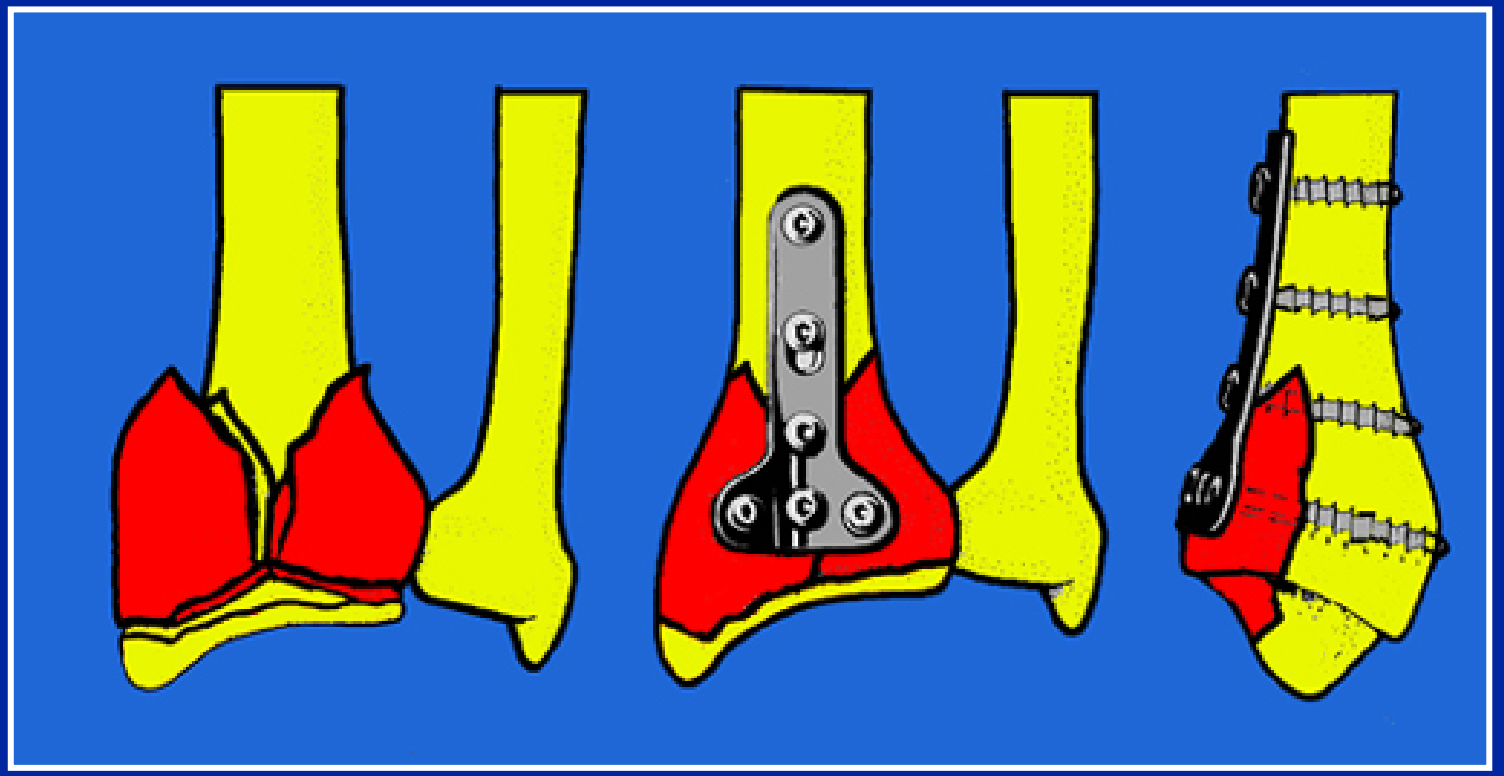
Inchiodamento diretto intra-focale

Trattamento delle fratture comminute



Osteosintesi con placca

Trattamento delle fratture comminute

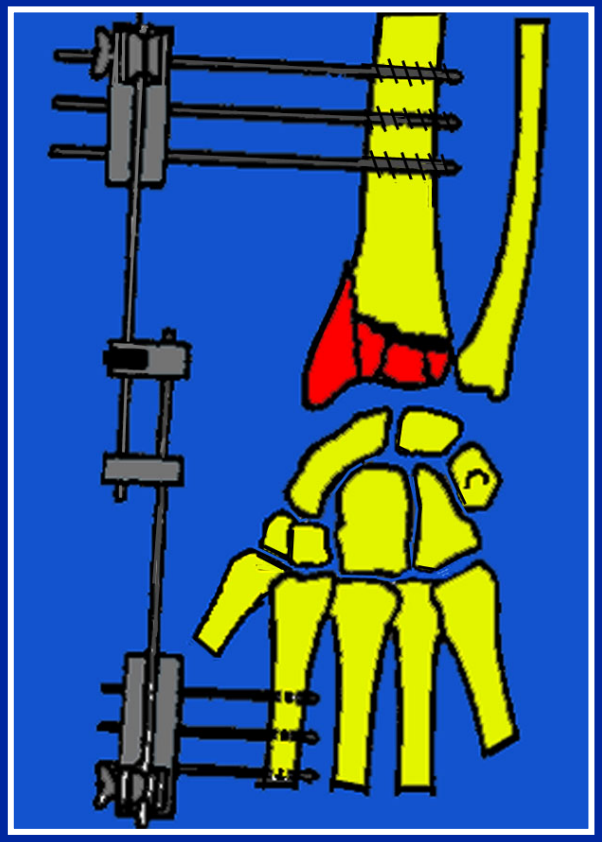


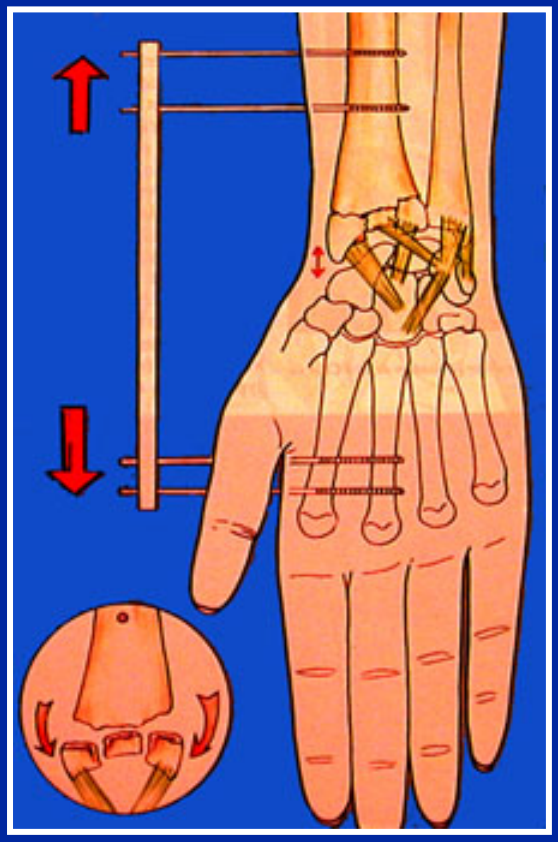
Osteosintesi con placca

Trattamento delle fratture a T

Variante della tecnica di KAPANDJI

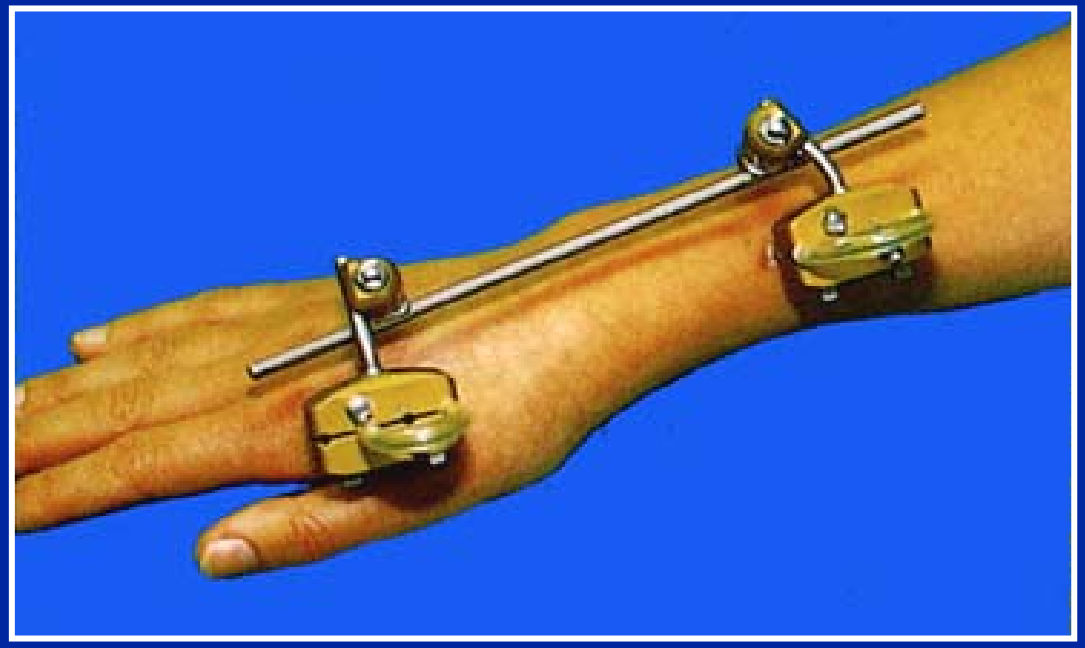
Trattemento delle fratture comminute aperte





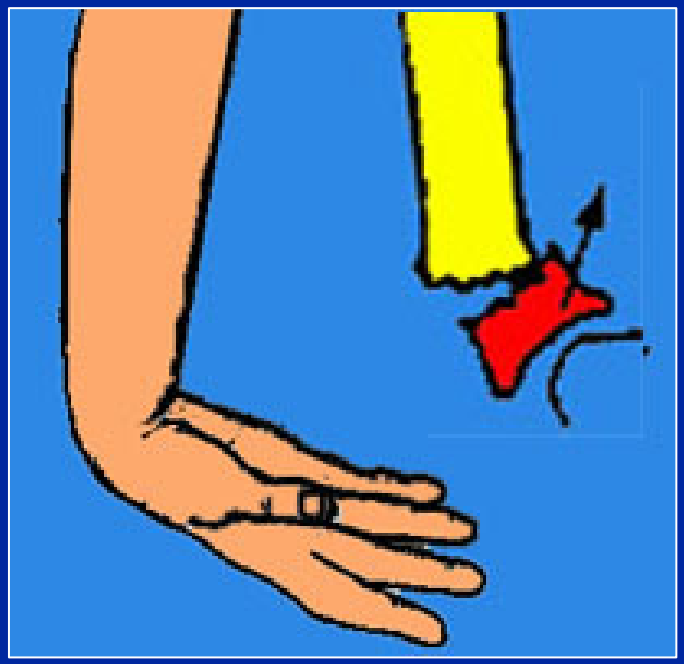
Fissatore esterno in distrazione

Trattemento delle fratture comminute aperte

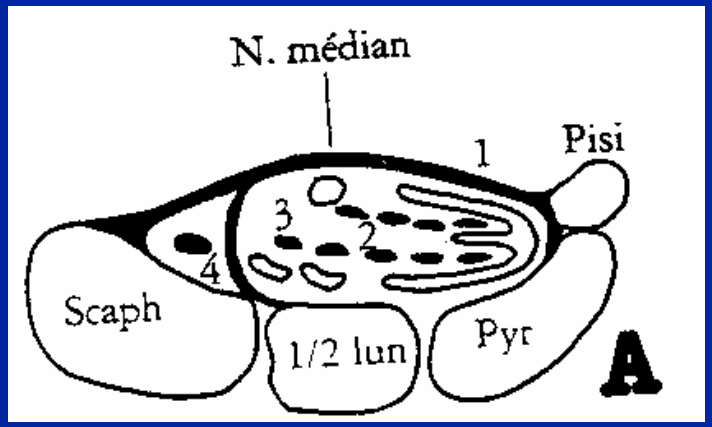


Fissatore esterno in distrazione

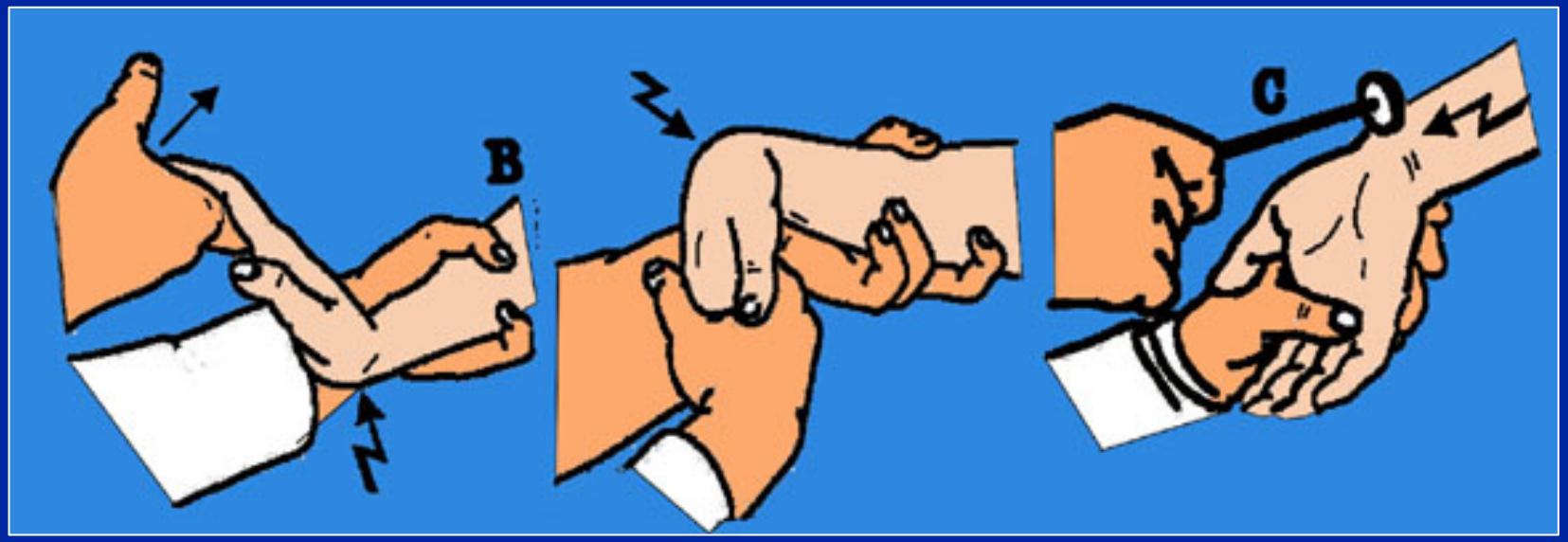
Fratture di Goyrand-Smith



Syndrome du canal carpien



Conflit contenant-contenu : Irritation du médian

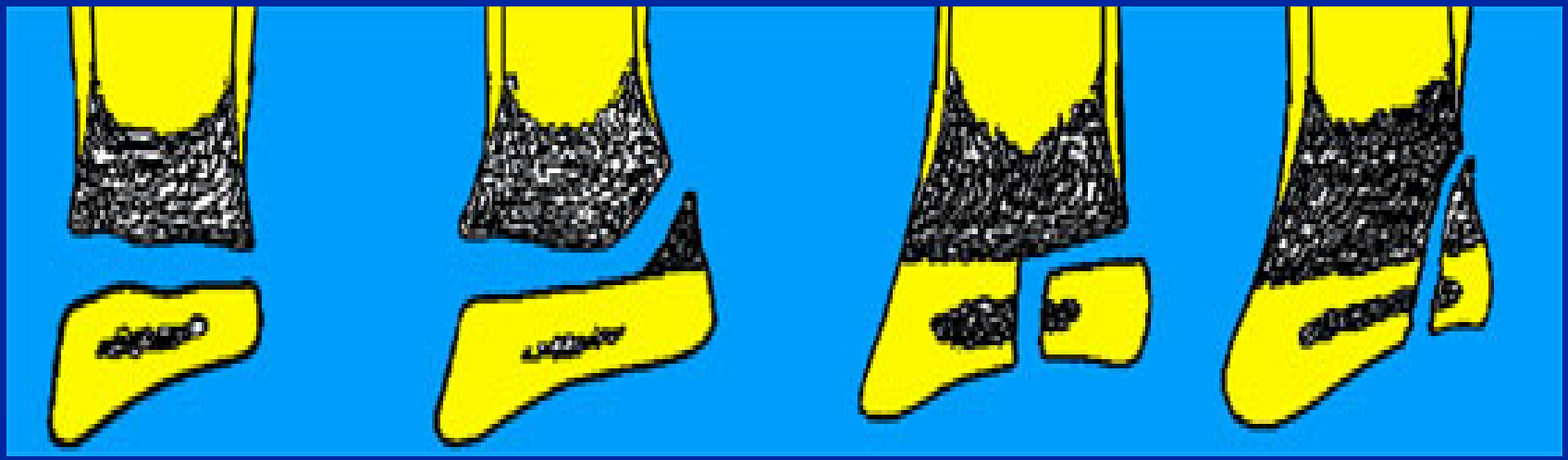


Douleurs nocturnes accentuées par l'hyperextension, l'hyperflexion et la percussion

Fratture nei bambini

Fratture a pane di burro

Fratture nei bambini



Salter 1 Salter 2 Salter 3 Salter 4

Distacci epifisari

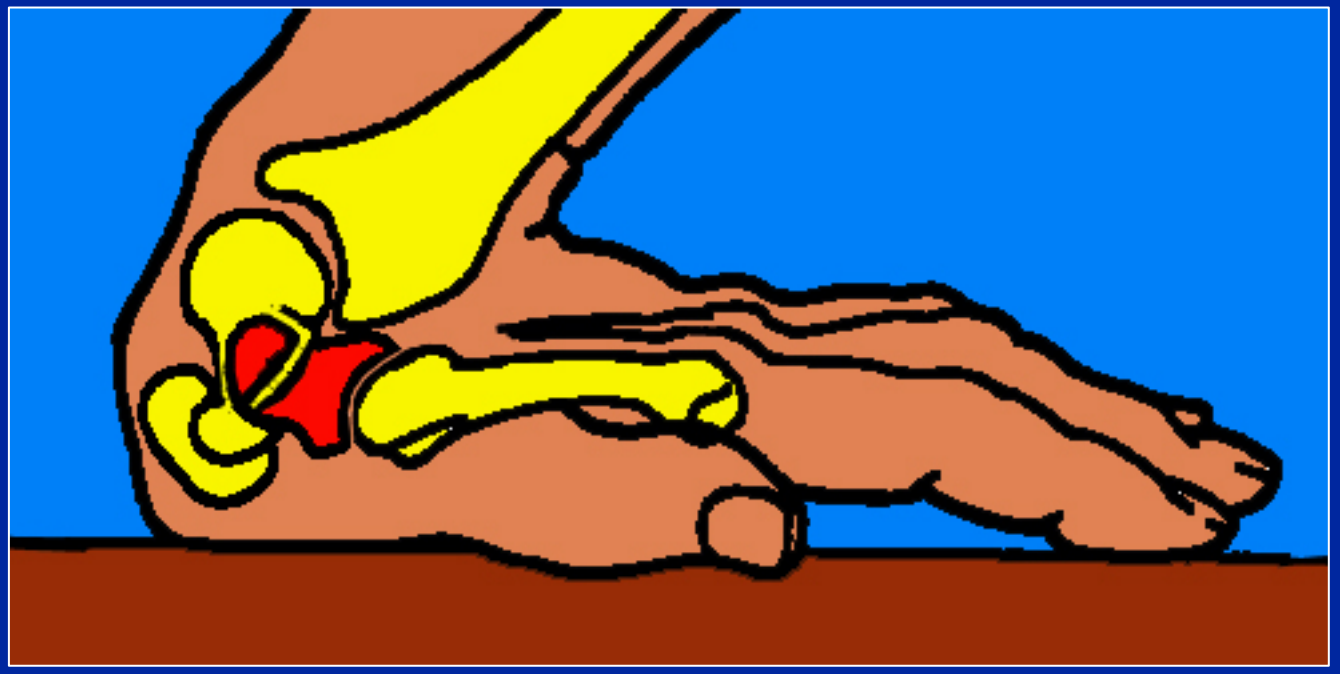
Distacchi epifisari

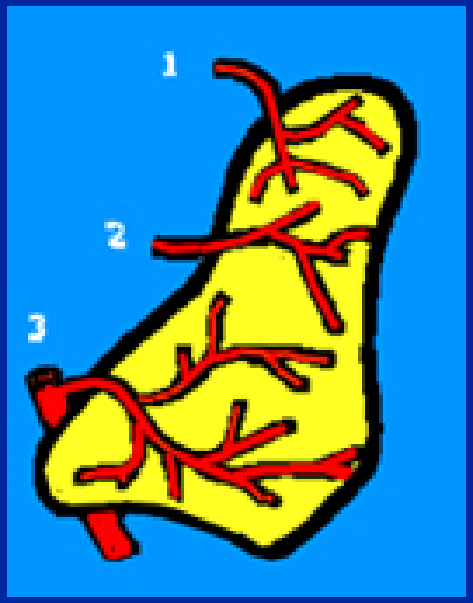
Salter 2

riduzione imperfetta nuova riduzione

Fratture dello scafoide carpale

Fratture dello scafoide carpale




1
2
3

- **Scomposizioni minime più frequenti**

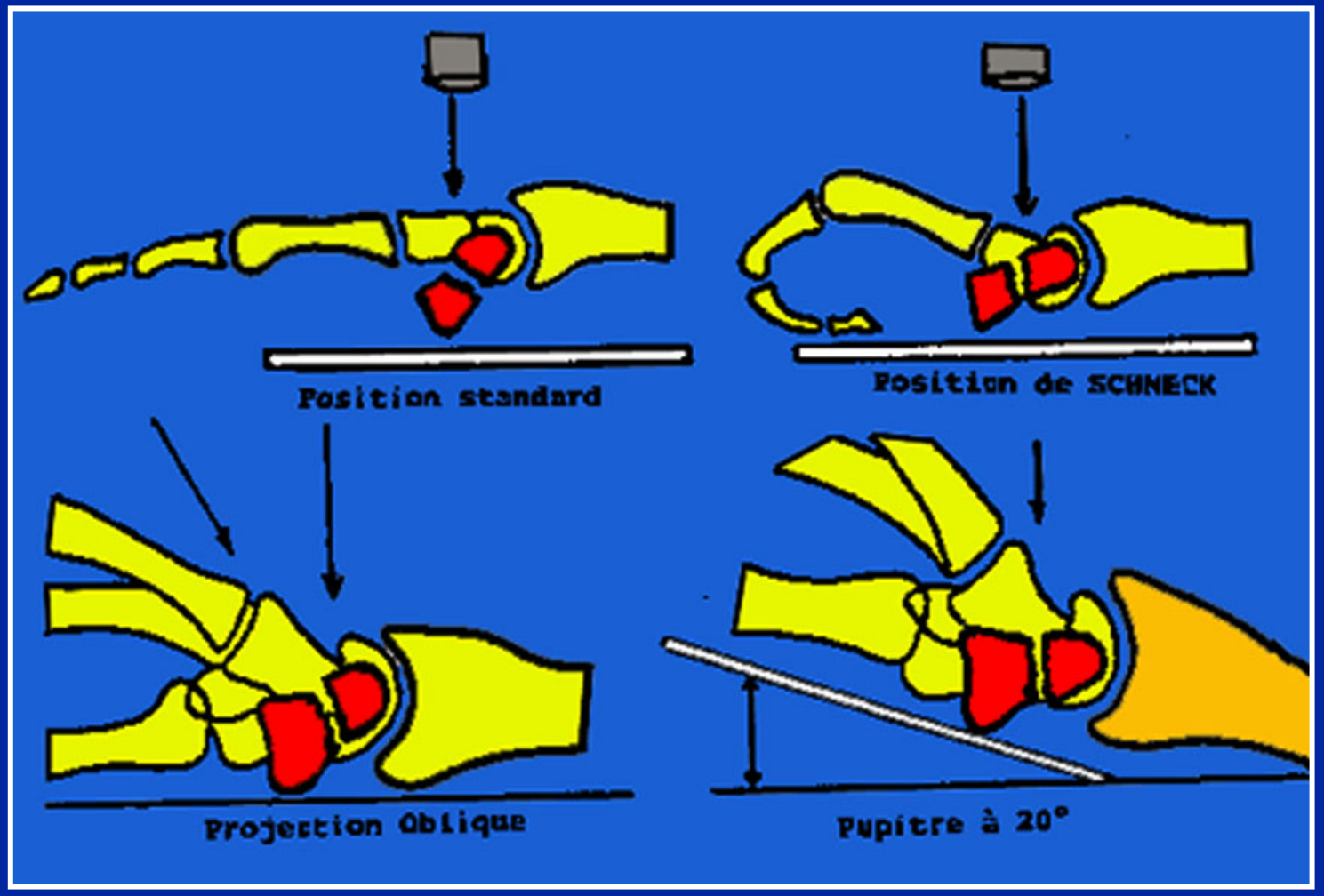
20 % al polo sup.

70 % al collo

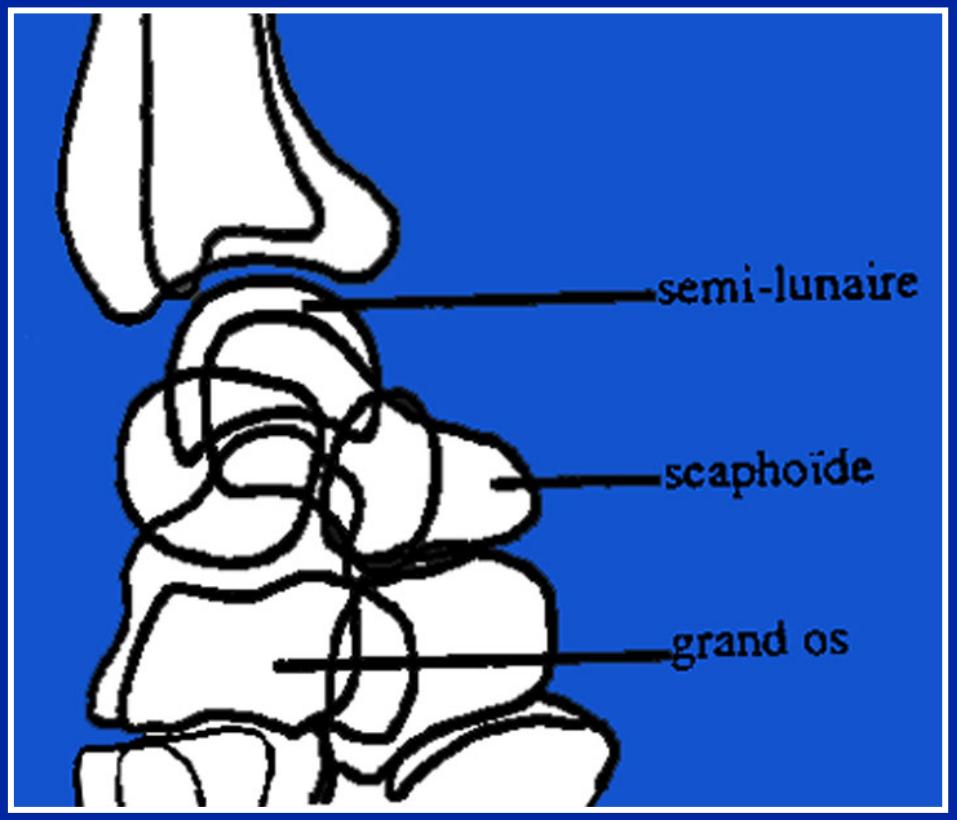
10 % alla base

- **Dolore alla tabacchiera anatomica**

Le 4 incidenze classiche per lo scafoide

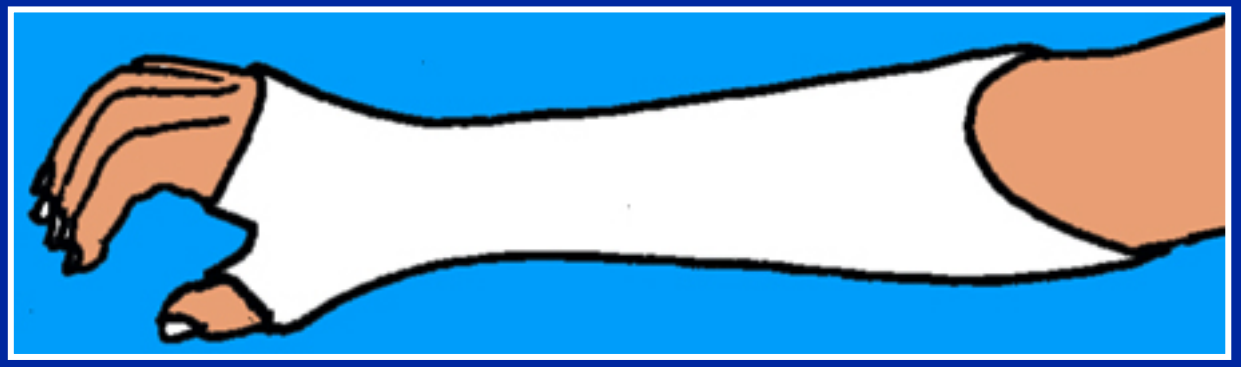


Reperi radiografici del polso



In caso di dubbio di una frattura dopo traumi del carpo : controllo radiografico dopo 15 gg

In assenza di scomposizione : gesso



- **Immobilizzazione della 1° falange del pollice in abduzione**
- **polso in dorsi-flessione**
  in pronazione
  in inclinazione radiale
- **Durata 6 settimane**

Dopo 4 settimane di gesso

3 ipotesi :

- **1 : Consolidazione corretta, nessun dolore :**
  lasciare il polso libero e fare una rx grafia di controllo 15 gg dopo

- **2 : Dubbi sulla consolidazione:**
  si prolunga il gesso da 4 a 6 settimane

- **3 : Se il tratto resta visibile o si riscontra necrosi :**
  trattamento chirurgico

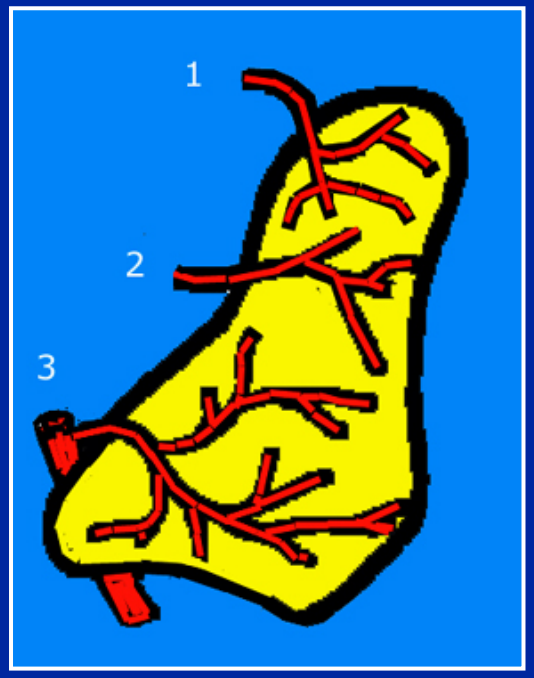
In caso di scomposizione : trattamento chirurgico

Evoluzione delle fratture di scafoide

Consolidazione lenta

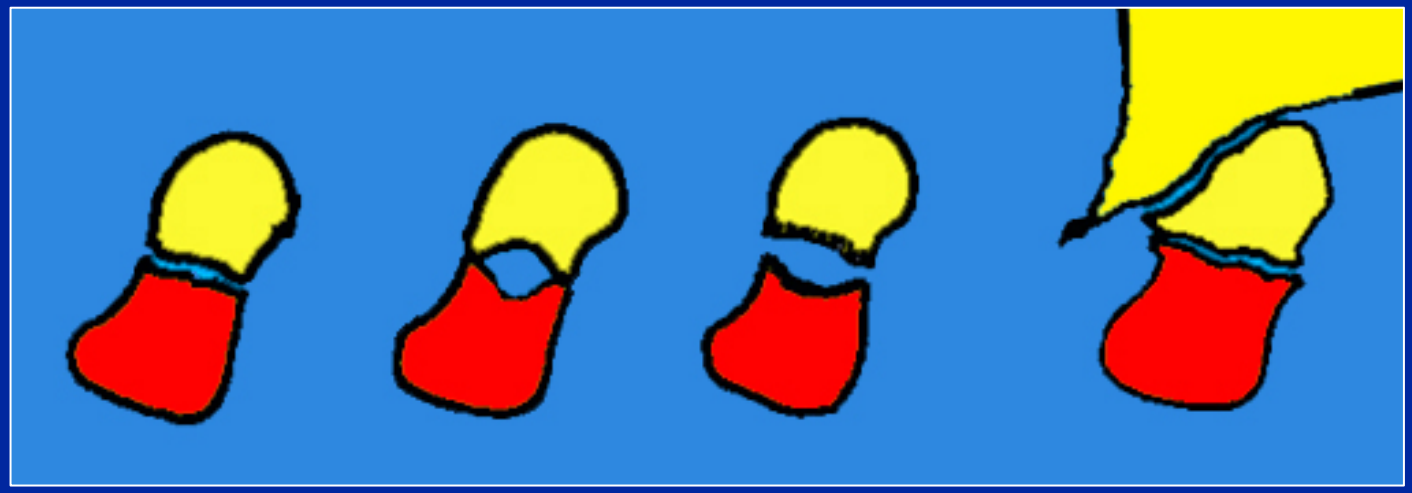
Pseudoartrosi frequente

Evoluzione

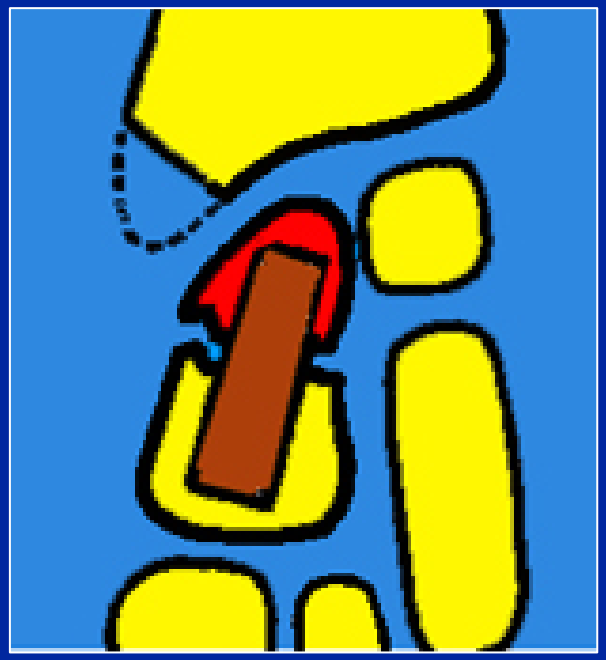


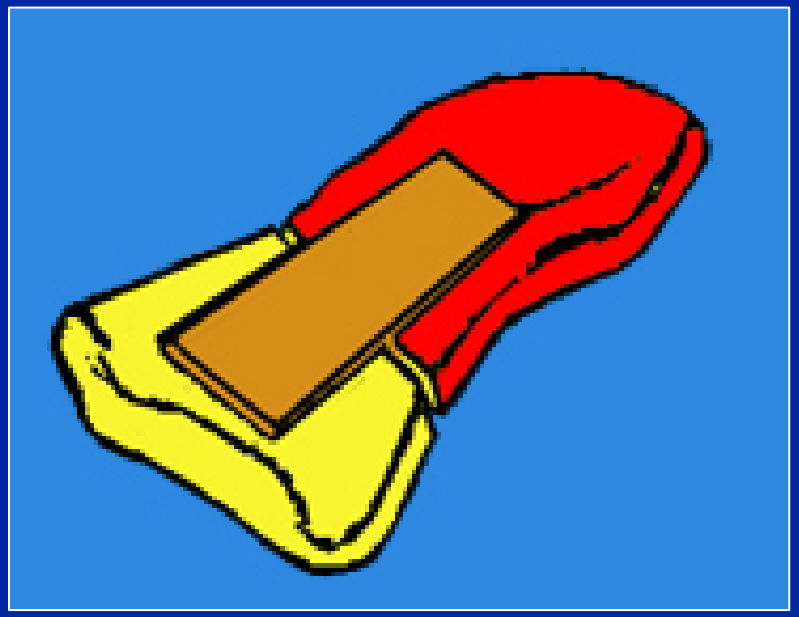
Necrosi avascolare : **30 %**
delle fratture del polo superiore

Pseudoartrosi



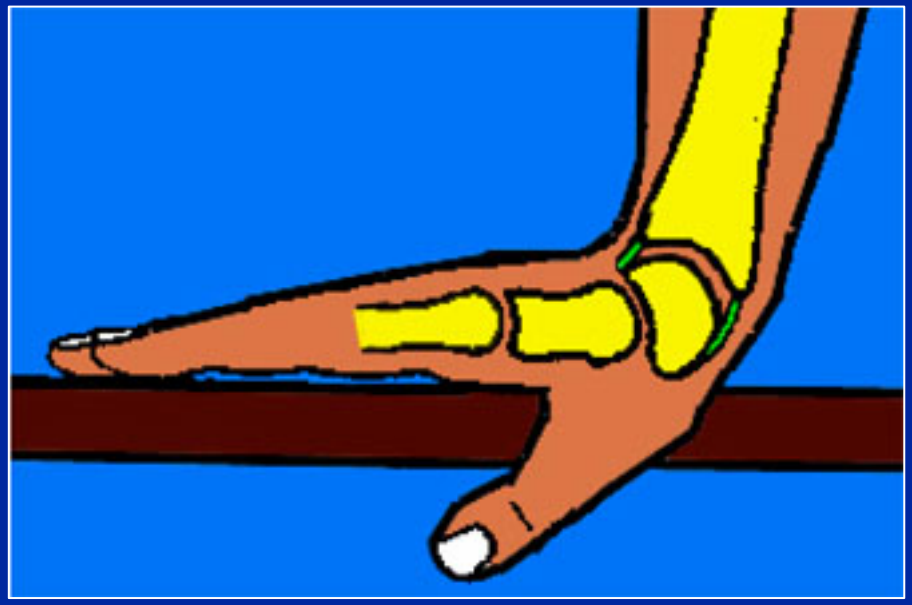
Trattamento delle pseudoartrosi

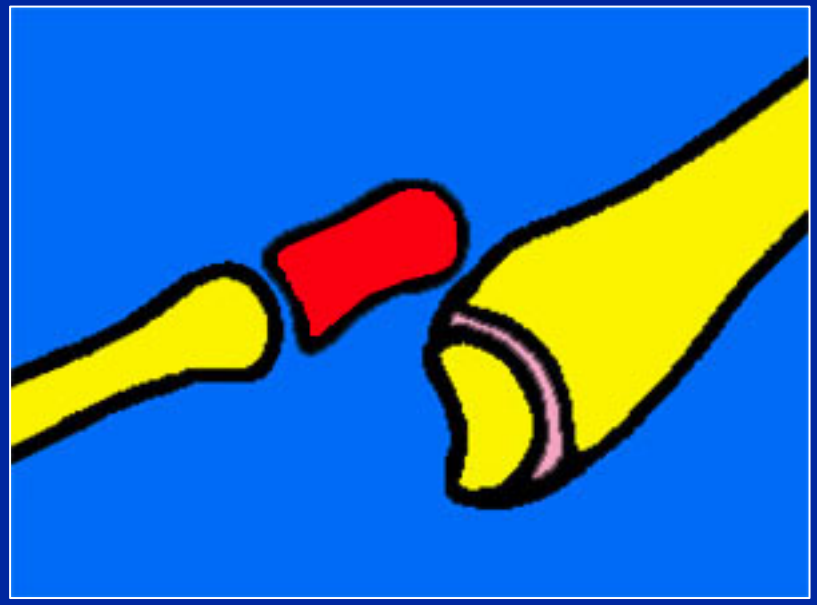




Trapianto di Matti

Lussazione perilunare del carpo





Luxation du semi lunaire

Risque de nécrose