

MALUNION OF DISTAL 1/3 RADIUS FRACTURE IN CHILDREN: REMODELLING SPEED (RS) & REMODELLING POTENTIAL IN ANGULAR MALUNIONS MORE THAN 15 DEGREES

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INTRODUCTION:

Friberg (author) discovered the ability of significant remodelling in children after fractures. There is remodelling and correction of angulation nearer to linear. Distal end radius fracture in children are common -and many controversy in the acceptable angulation that demarcates treatment option of conservative or surgical intervention.

METHODS:

A sample size of 35 patient: Sample from all distal end radius fracture that has angular deformity of more than 15 degrees. The initial Lateral & AP angulation are taken as data in comparison with the final radiographic angulation of both lateral and AP view, Dorso-volar angulation and the radio-ulna angulation. Along side with this data: the amount days between the initial and final radiograph is taken with the distance of the fracture from the physal plate.

The rate of expected correction are also correlated with the age gender, race and also the fracture distance from the physal plate

RESULTS:

Correction rate in lateral of 0.11 degrees/day and AP of 0.08 degrees/day. The correlation with age, gender and race had been proven to be non significant with conclusion of poor correlation.

Several graphs and tables had been use for illustration in the study
Correlation found between rate with the distance of fracture from the physal plate

CONCLUSION:

This study confirms the study suggested by Friberg in 1979, Remodelling takes place over time in children, therefore there is an acceptable range of deformity that can still go through observation and conservative management prior to offering surgical intervention.