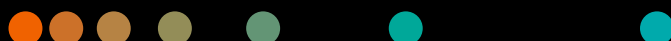
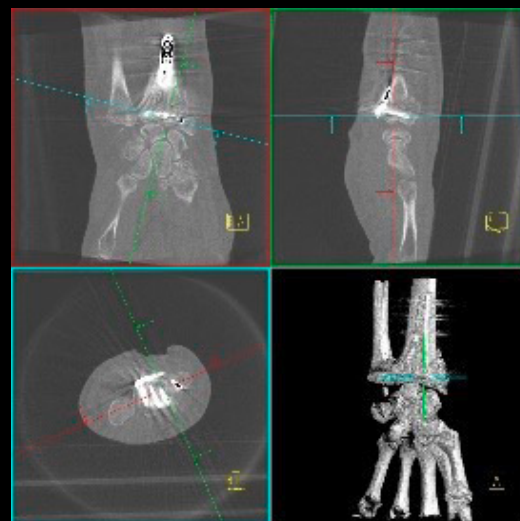


Study protocol

Distal radius fracture

Ortho/trauma surgery



Courtesy of

BG Trauma Center Ludwigshafen,
Germany

System

Cios Spin mobile C-arm

Case description

Patient history

Female, age 75+ years. Stumbled and fell onto left hand. Initial closed reduction and forearm-cast immobilization ex domo. Swelling and deformity of left wrist. Tingling paresthesia in fingers D4/5

Diagnosis

Type 23-C3 distal fracture of left radius (Fig. 1)

Surgical procedure

ORIF – palmar bridge plate:
reducing using via two column
plates (Figs. 2-5)

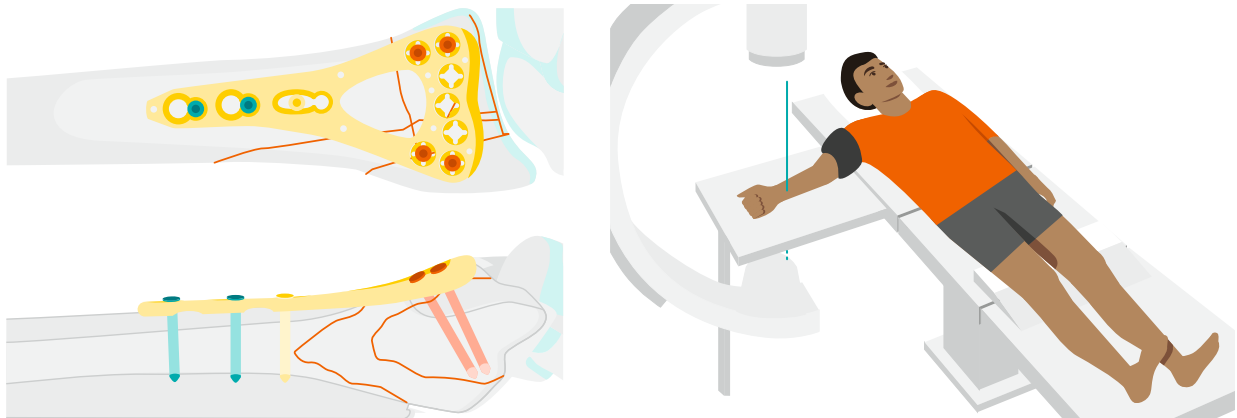
Clinical images and illustrations

Fig. 1



Preoperative X-ray images: AP view of left wrist.
Multifragmentary articular fracture of distal radius.
Dorsoradial fragment dislocation

Fig. 2



ORIF – palmar bridge plate

Clinical images

Fig. 3



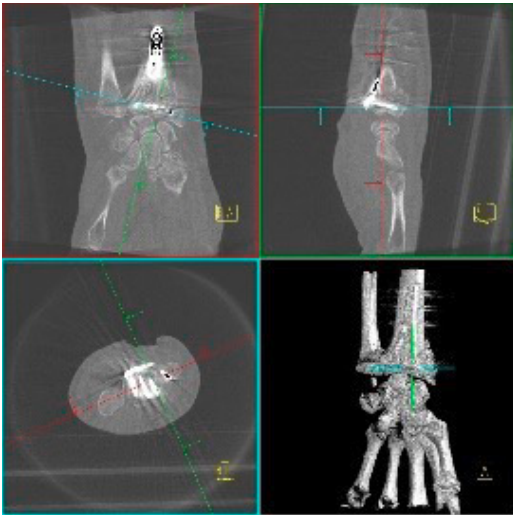
AP view of left wrist: good field of view. Good contrast despite metal objects. Joint line displayed. Multifragmentary situation. Boehler's angle nearly anatomical

Fig. 4



Lateral view of left wrist: good field of view. Joint surface with possible central impression. Boehler's angle neutral. Regular length of proximal screws

Fig. 5



3D scan of left wrist: good bony contrast. Minor metal artifacts thanks to the metal artifact reduction algorithm. No relevant central impression. Regular length of distal screws

The information presented in the study protocol is for illustration only and is not intended to be relied upon by the reader for instruction as to the practice of medicine. Any healthcare practitioner reading this information is reminded that they must use their own learning, training, and expertise in dealing with their individual patients. This material does not substitute for that duty and is not intended by Siemens Healthineers to be used for any purpose in that regard.

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