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Current concepts in fixation of distal radius fractures

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Distal radius fractures are one of the most common fractures and continue to challenge orthopedic and upper extremity surgeons. With improved understanding of the injury mechanism, local anatomy, surgical techniques, the functional outcomes continue to improve helping patients regain functional use of the injured extremity. The purpose of this paper is to review the current concepts and treatment methods available for distal radius fracture management. In patients for whom function is a priority especially active young age group patients, anatomic reduction and stable fixation are prerequisites for good outcomes. Several techniques exist, including internal fixation with pins, external fixation which may or may not bridge the wrist, and different internal fixation techniques with dorsal or palmar plates including the newer variable fixed angle devices. In the presence of significant metaphyseal bone defects, filling of the comminution with bone grafts, phosphocalcium cements may be indicated. Restoration of native anatomical alignment is the key in achieving optimum functional outcome. The new generations of palmar plates have revolutionized fixation of these fractures and secondary displacement is becoming a rare phenomenon.

Biography

Sameer Naranje has completed his fellowship in joint replacement and adult reconstructive surgery from University of Minnesota after completing his M.R.C.S from Royal College of Physicians and Surgeons, Glasgow and Orthopaedic Residency from prestigious All India Institute of Medical Sciences, New Delhi, India. He is currently Chief of Surgery and Orthopaedics at Helena Regional Medical Center, AR, USA and Consultant Orthopaedic Surgeon at East Arkansas Orthopaedic Associates, AR, USA. He has extensive research background, numerous conference presentations, has published more than 30 papers in reputed journals and has been serving as an editorial board member and reviewer of number of reputed Orthopaedic journals.

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