

# How I Fix A Depression Fracture

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disclosure

**NOTHING  
TO DECLARE**

Advanced Course in Knee surgery  
February 2<sup>nd</sup> - 7<sup>th</sup>, 2014  
Val d'Isère - France

tendinopathy

Carmont  
BOSTAA  
Hospital, Telford  
Hospital, Sheffield  
United Kingdom



BOSTAN



February 2<sup>nd</sup> - 7<sup>th</sup> 2014 Val d'Isère



5<sup>th</sup> Advanced  
Course on  
Knee Surgery

February 2<sup>nd</sup> - 7<sup>th</sup> 2014 Val d'Isère





11<sup>th</sup>

Advanced Course  
on Knee Surgery

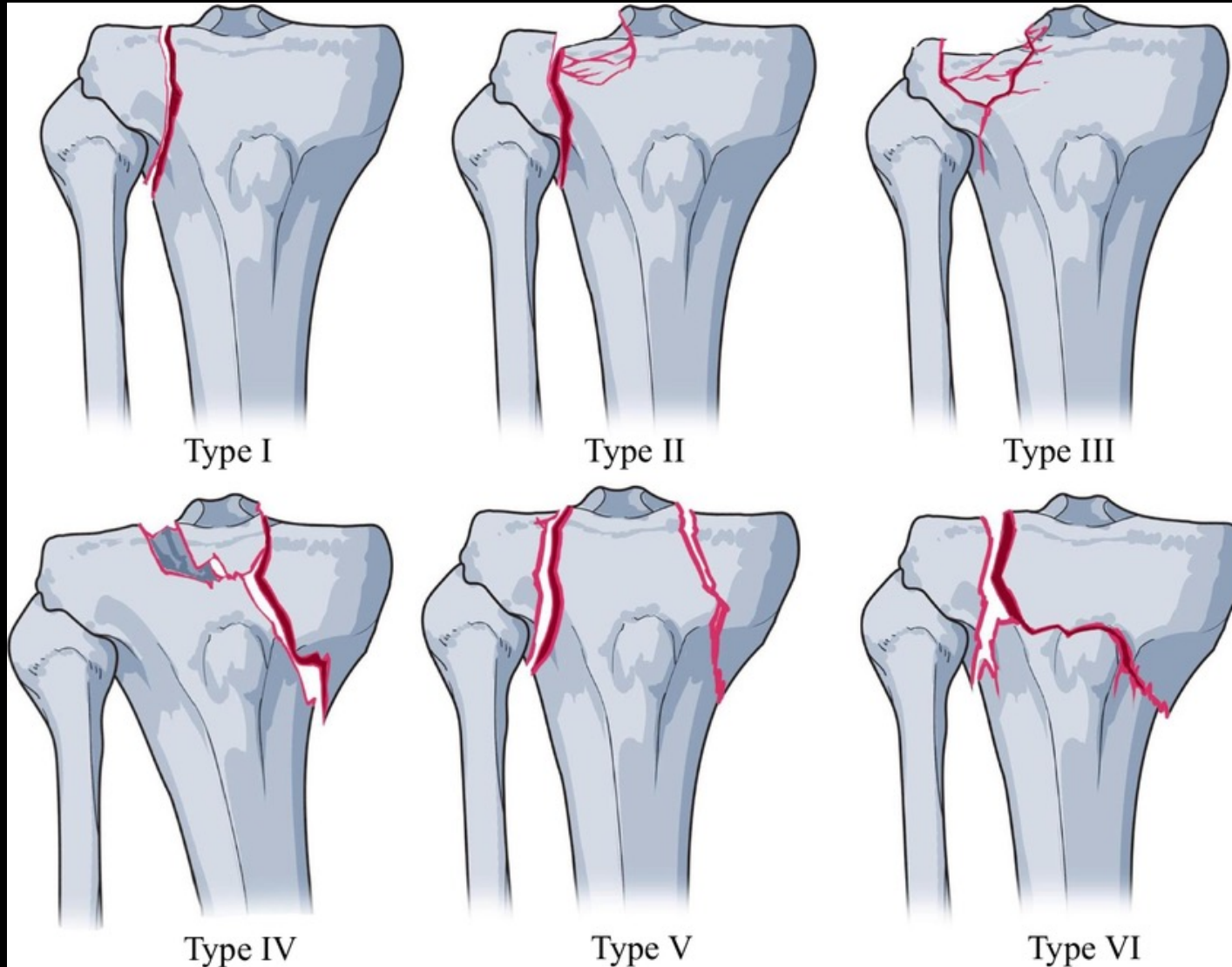


JANUARY  
19<sup>TH</sup> TO 23<sup>RD</sup>  
2025



# ■ Schatzker Classification 1974

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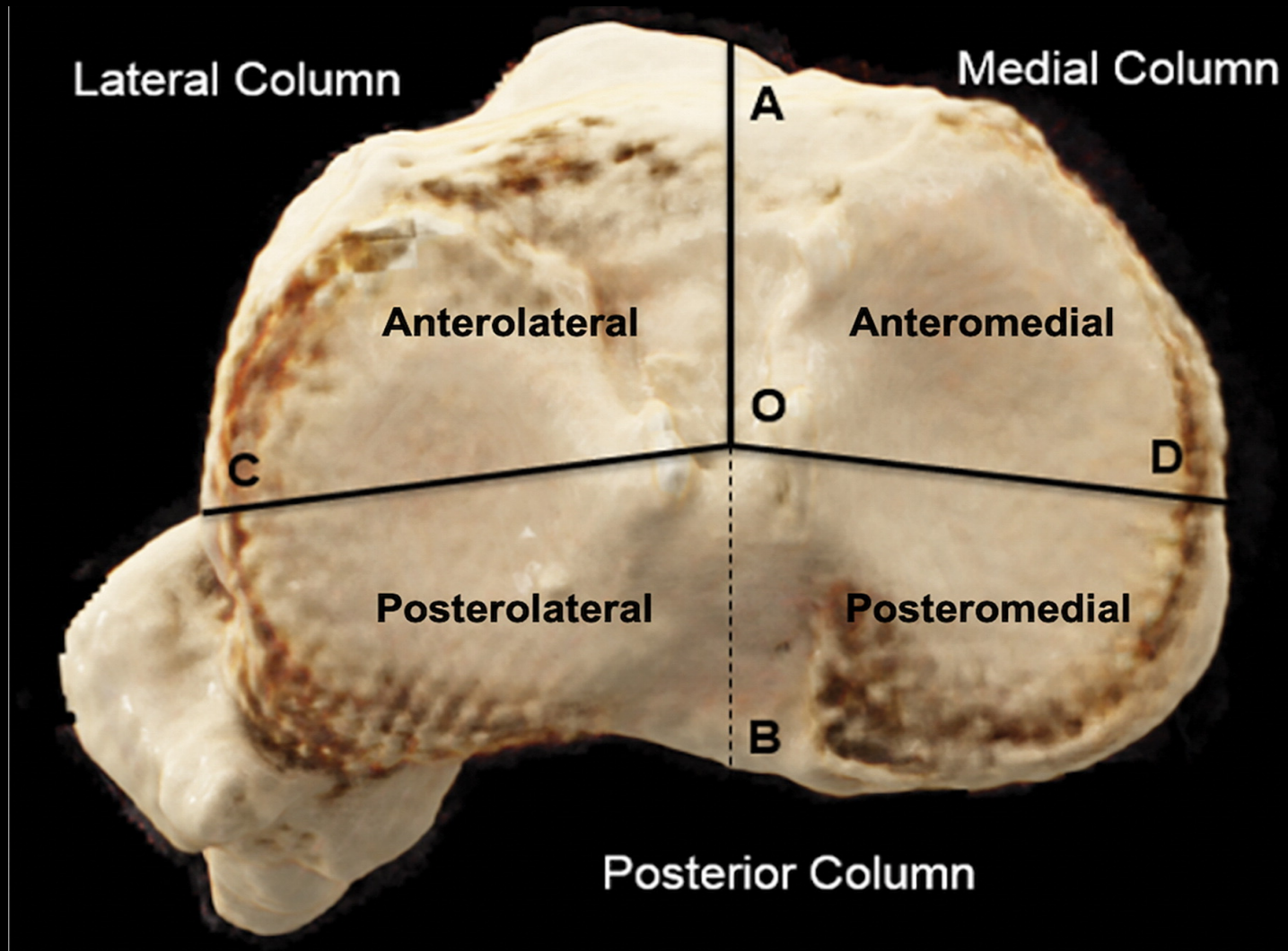


Types II and III





# Luo Classification 2010



## □ ■ **My Preferred Technique**

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### Arthroscopically Assisted





## **My Preferred Technique**

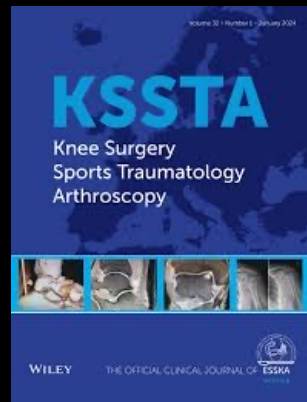
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# □ ■ Why Arthroscopically assisted?

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Knee Surg Sports Traumatol Arthrosc (2013) 21:564–570  
DOI 10.1007/s00167-012-2201-5

KNEE

## The degree of articular depression as a predictor of soft-tissue injuries in tibial plateau fracture

Alexander S. Spiro · Marc Regier · Alexander Novo de Oliveira · Eik Vettorazzi ·  
Michael Hoffmann · Jan Philipp Petersen · Frank Oliver Henes · Thomas Demuth ·  
Johannes M. Rueger · Wolfgang Lehmann

Significant impact of increasing tibial plateau fracture depression on the incidence of:

- meniscus lateralis tears ( $P = 0.025$ )
- anterior cruciate ligament lesions ( $P = 0.018$ )

# Why Arthroscopically assisted?



## Original

### Arthroscopic soft tissue findings associated with tibial plateau fractures

M. Ibáñez<sup>1</sup>, J. Chahla<sup>2</sup>, J. Erquicia<sup>1,3</sup>, H. Simesen de Bielke<sup>4</sup>, S. Sasaki<sup>5</sup>, S. Svarzchtein<sup>5</sup>, J.C. Monllau<sup>1</sup>, A. Cid Casteulani<sup>5</sup>

<sup>1</sup> ICATME. Hospital Universitari Quirón-Dexeus. Barcelona, España

<sup>2</sup> Rush University Medical Center. Chicago, United States

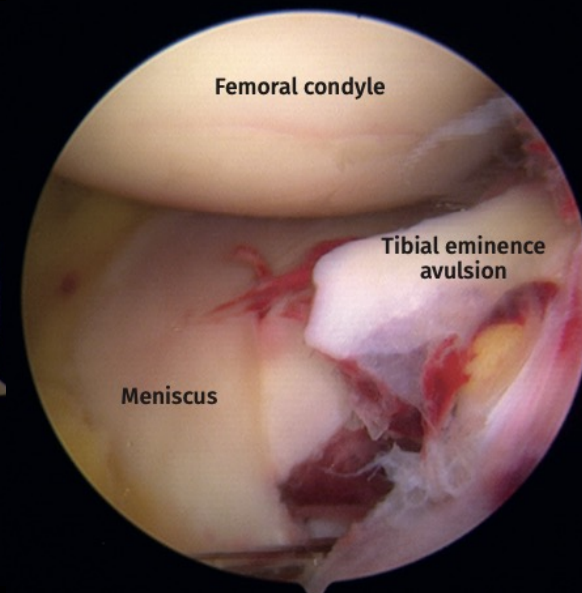
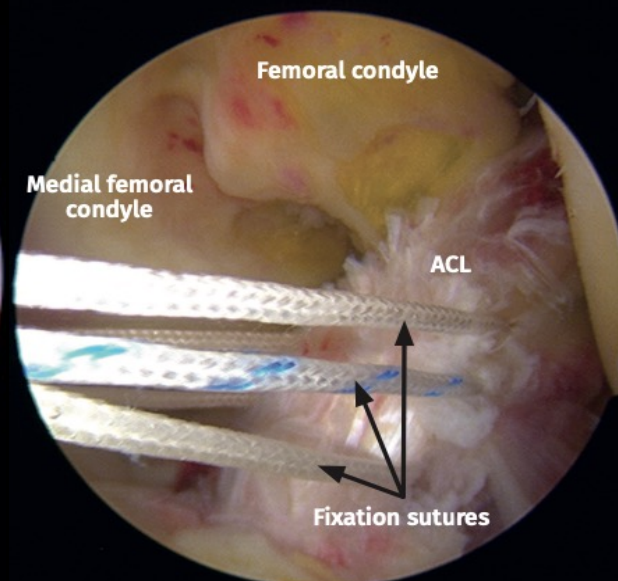
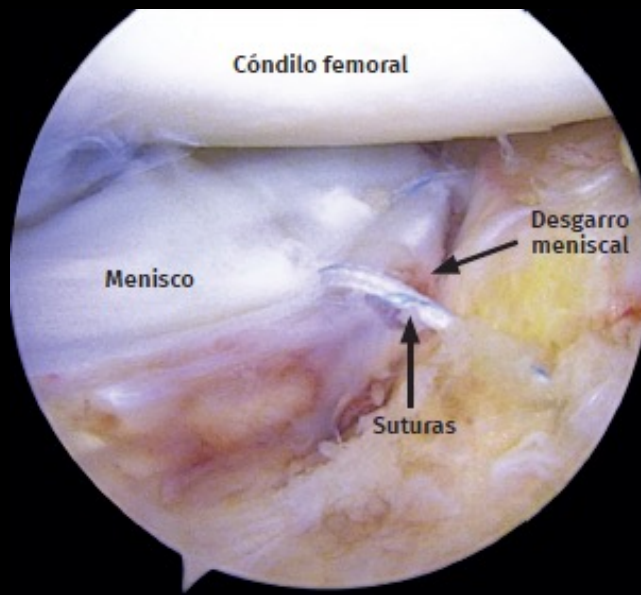
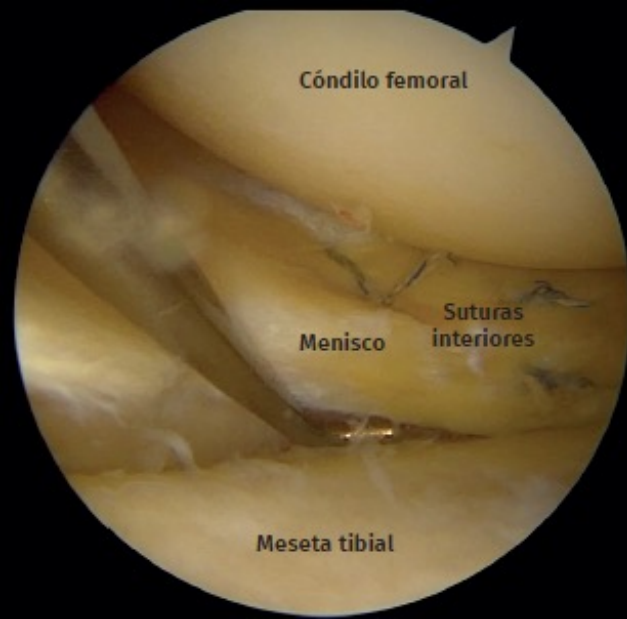
<sup>3</sup> Departamento de Cirugía Ortopédica. Consorci Sanitari de l'Anoia. Igualada, España

<sup>4</sup> Sanatorio Modelo de Tucumán. Argentina

<sup>5</sup> Sanatorio Fitz Roy. Buenos Aires, Argentina



# 77%



# Why Arthroscopically assisted?



Cheng et al.  
Journal of Orthopaedic Surgery and Research (2023) 18:448  
<https://doi.org/10.1186/s13018-023-03938-8>

Journal of Orthopaedic  
Surgery and Research

## RESEARCH ARTICLE

## Open Access

### Arthroscopic-assisted reduction and internal fixation for complex tibial plateau fracture: radiographic and clinical outcomes with 2- to 15-year follow-up

You-Hung Cheng<sup>1,4</sup>, Cheng-Pang Yang<sup>2,4</sup>, Shih-Sheng Chang<sup>2,4</sup>, Chun-Jui Weng<sup>2,4</sup>, Chih-Hao Chiu<sup>2,4</sup> and Yi-Sheng Chan<sup>2,3,4\*</sup>



Grade	Pre-operative K-L classification					The last follow-up K-L classification				
	0	1	2	3	4	0	1	2	3	4
All	73	15	4	0	0	43	28	15	4	2
C1	19	1	0	0	0	13	5	2	0	0
C2	16	4	1	0	0	9	6	5	1	0
C3	38	10	3	0	0	21	17	8	3	2

OA Osteoarthritis, K-L Kellgren–Lawrence

Fracture type	No. of patients	Mean clinical score (range)	Excellent	Good	Fair	Poor
All	92	27.55 (16–30)	67	22	3	0
C1	20	28.05 (27–30)	17	3	0	0
C2	21	27.67 (25–30)	18	3	0	0
C3	51	27.31 (16–30)	32	16	3	0

p value of Analysis of Variance (ANOVA): C1–C2: 0.862, C1–C3: 0.466, C2–C3: 0.833

- Good to excellent clinical outcomes
- Low complications
- Good maintenance of radiography





- Accurate joint line reduction control
- Good long-term outcomes
- Low additional complications
- Soft tissue injuries diagnosis and management

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