

Case Report

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Multi-Fractured Arm Salvage and Reconstruction

***Edgardo Mauricio Gonzalez Pereyra**

Clinical Specialist, Arthrex Inc, USA

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***Corresponding author:** Edgardo Mauricio Gonzalez Pereyra, Clinical Specialist for Asia-Pacific, Latin America and the Caribbean MSL at Arthrex Inc, Naples, Florida area. Gulf of Mexico, USA, Tel: 305-610-0506; Email: vancouverdoc@msn.com

Case Report

30 years old Male without any other previous disease, suffered an accident trying to take an 18 wheel truck out of the mud placing wood pieces under the moving tire at high revolutions and got his clothes and hand/arm trapped into the circular movement causing serious damage to the soft tissues and the bones.

The patient was admitted into a public Hospital where the surgical team decided to amputate the arm due to the bad tissue quality and the severe fractures of the arm. The patient was brought to our clinic for a second opinion.

The patient was admitted to our clinic with severe necrosis of the skin in different areas of the arm, a high impact exposed multi-fragmented proximal Radial fracture, a distal oblique ulnar fracture and a multifragmented IP of the 5th finger of the left hand (Figures 1-14).



Figure 1: Multifix 1.



Figure 2: Multifix 2.



Figure 3: Multifix 3.



Figure 4: Multifix 4.

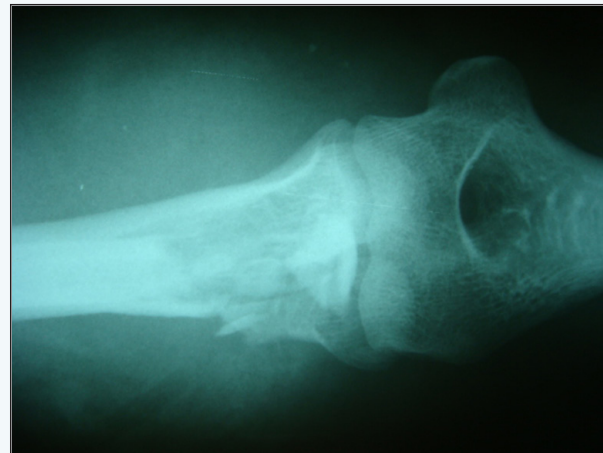


Figure 7: Multifix 7.



Figure 5: Multifix 5.

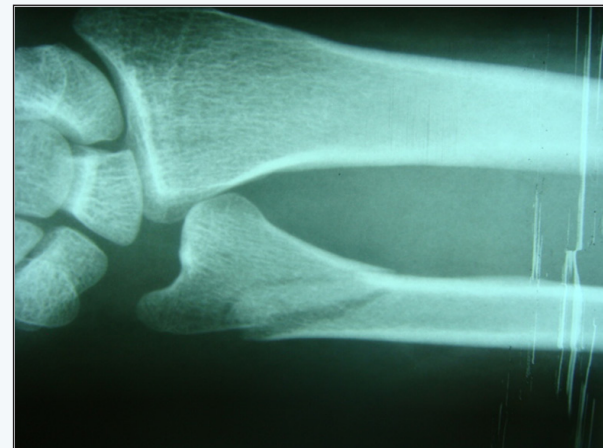


Figure 8: Multifix 8.

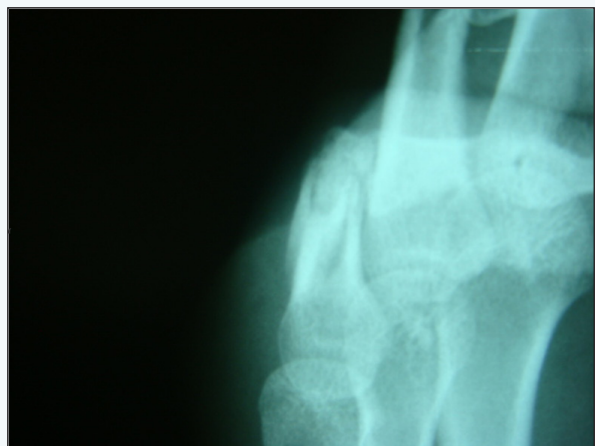


Figure 6: Multifix 6.



Figure 9: Multifix 9.



Figure 10: Multifix 10.



Figure 13: Multifix 13.



Figure 11: Multifix 11.



Figure 14: Multifix 14.

The skin was cleaned and debrided, reconstructed with "Z" reconstruction of the skin the proximal Radial fracture was reduced with a special titanium bridge plate, being able to reconstruct most of the fragments and saving the Radial Head (Figures 15-27).



Figure 12: Multifix 12.



Figure 15: Multifix 15.



Figure 16: Multifix 16.

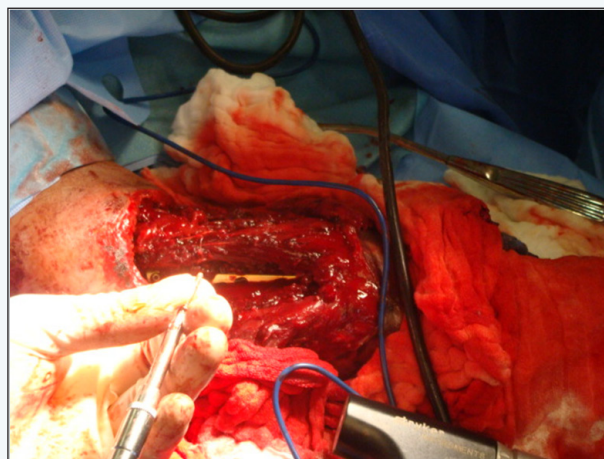


Figure 19: Multifix 19.



Figure 17: Multifix 17.

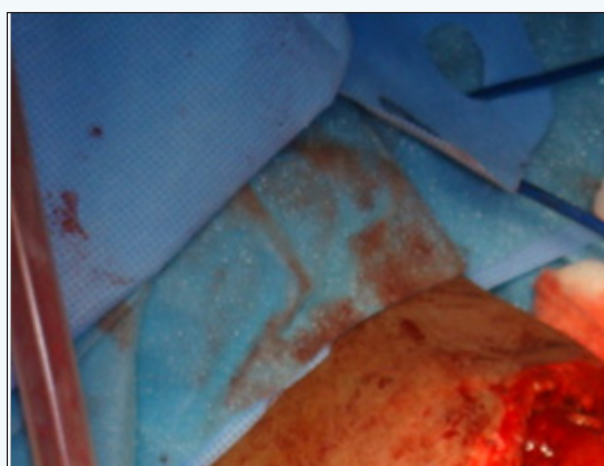


Figure 20: Multifix 20.



Figure 18: Multifix 18.



Figure 21: Multifix 21.



Figure 22: Multifix 22.

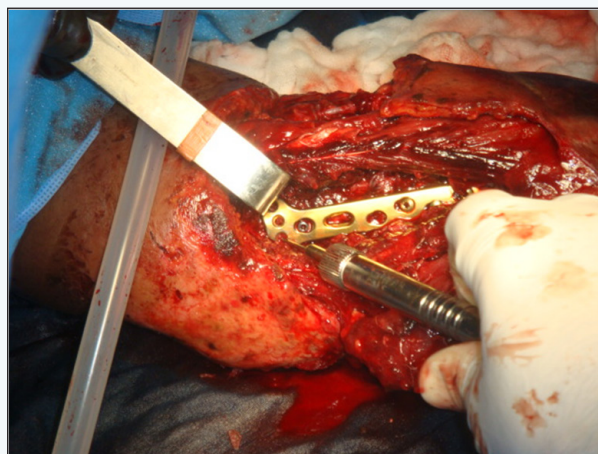


Figure 25: Multifix 25.

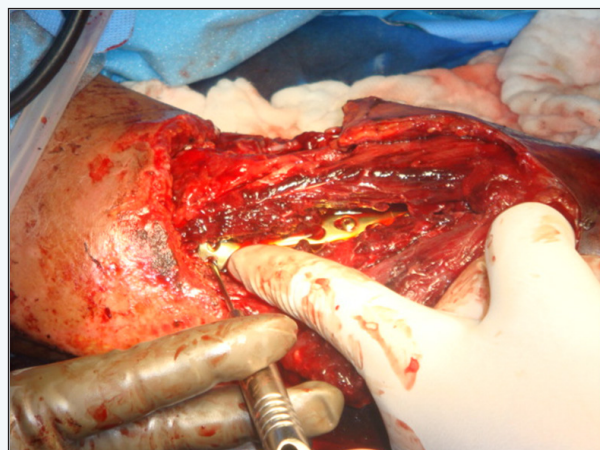


Figure 23: Multifix 23.

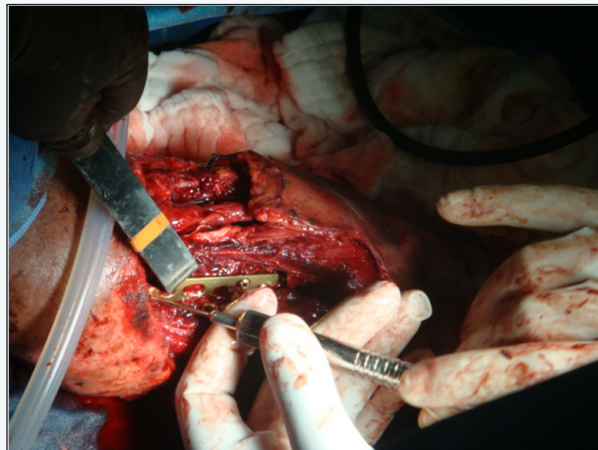


Figure 26: Multifix 26.

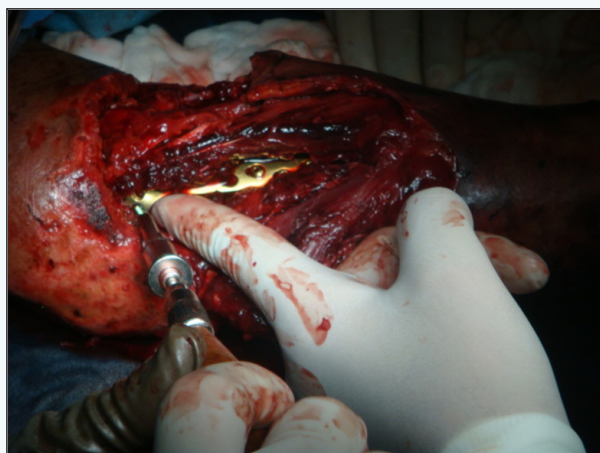


Figure 24: Multifix 24.

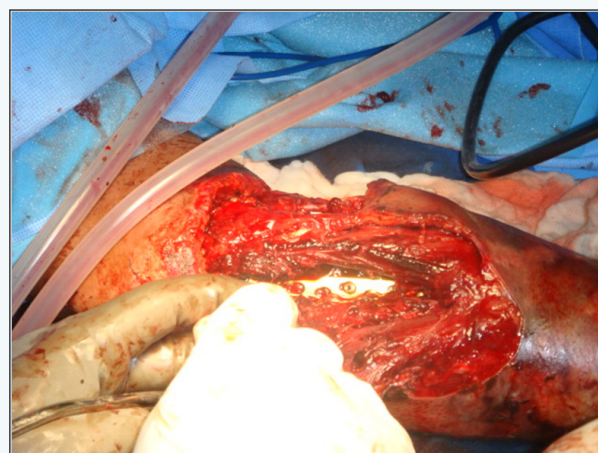


Figure 27: Multifix 27.

The patient was immobilized postoperatively with IV 3rd generation antibiotics for 10 days and started early passive mobilization in 5 days with wound care every day (Figures 28-39).



Figure 28: Multifix 28.

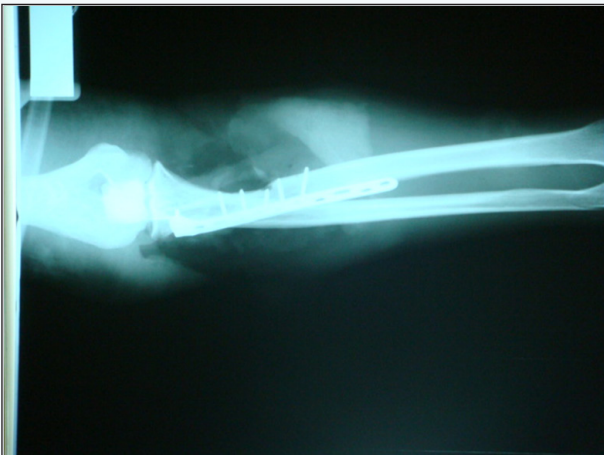


Figure 29: Multifix 29.



Figure 30: Multifix 30.

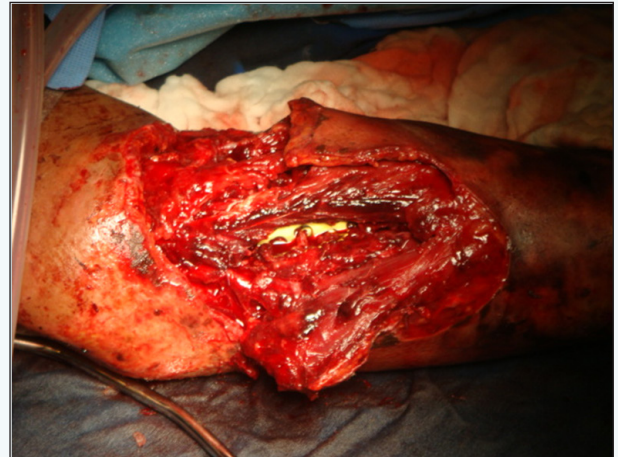


Figure 31: Multifix 31.



Figure 32: Multifix 32.

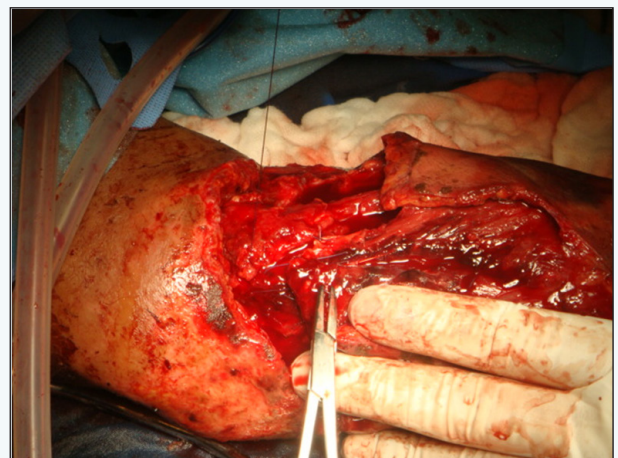


Figure 33: Multifix 33.



Figure 34: Multifix 34.

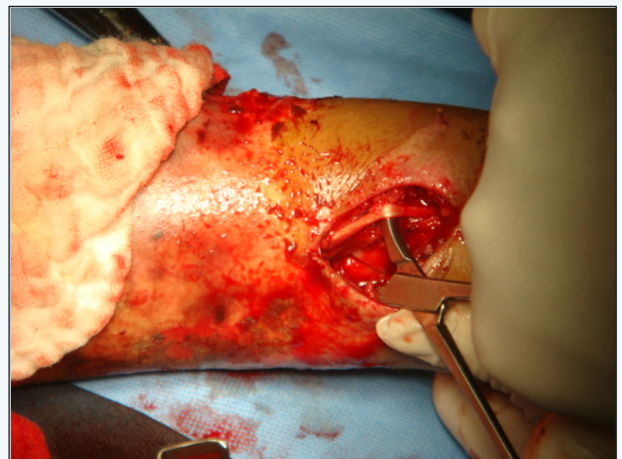


Figure 37: Multifix 37.



Figure 35: Multifix 35.



Figure 38: Multifix 38.



Figure 36: Multifix 36.



Figure 39: Multifix 39.

Result

The patient received Skin graft in a second intention and recovered complete mobility and function of the arm with good bone consolidation at 12 weeks with no infection of the wounds (Figures 40-55).



Figure 40: Multifix 40.



Figure 41: Multifix 41.

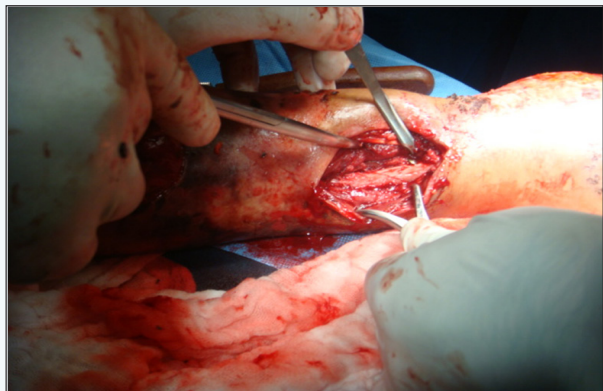


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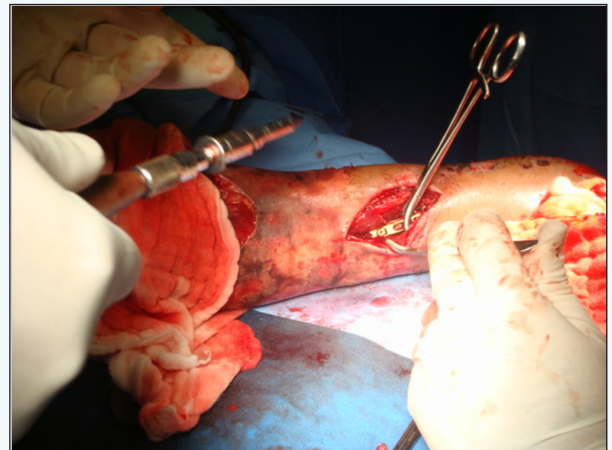


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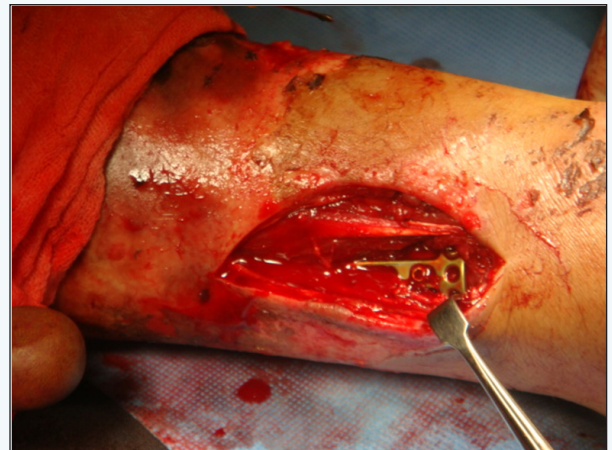


Figure 44: Multifix 44.



Figure 45: Multifix 45.



Figure 46: Multifix 46.

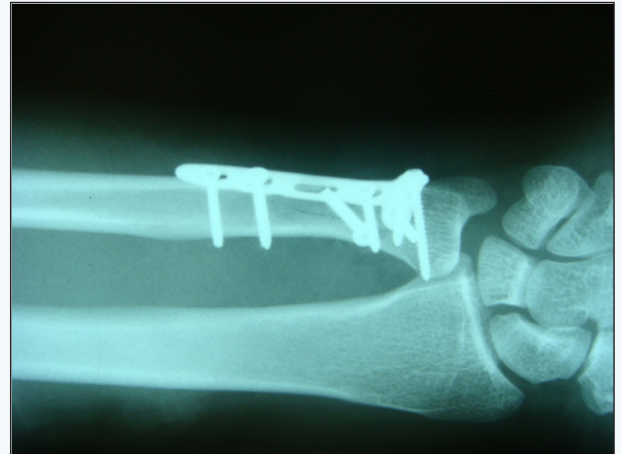


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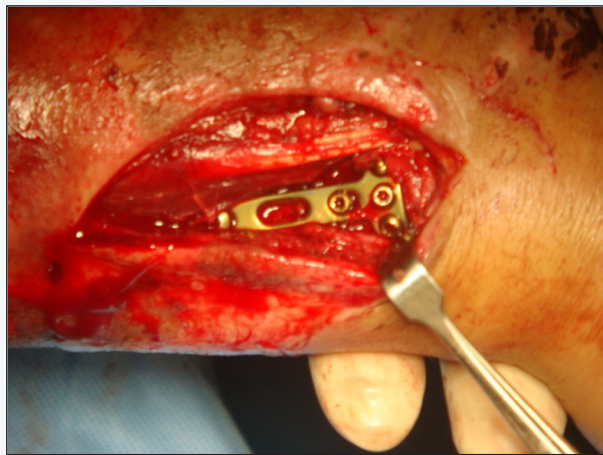


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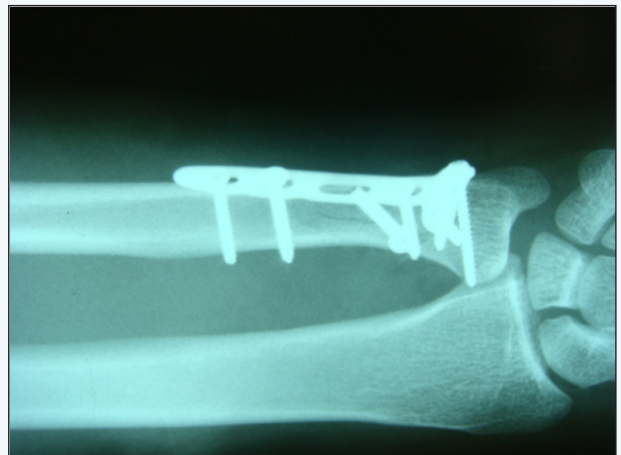


Figure 50: Multifix 50.



Figure 48: Multifix 48.

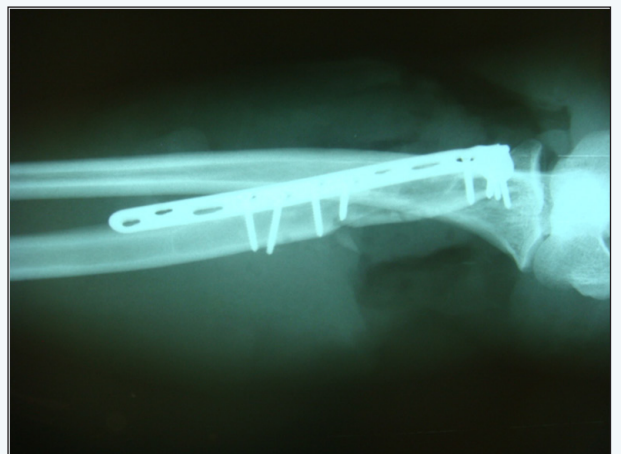


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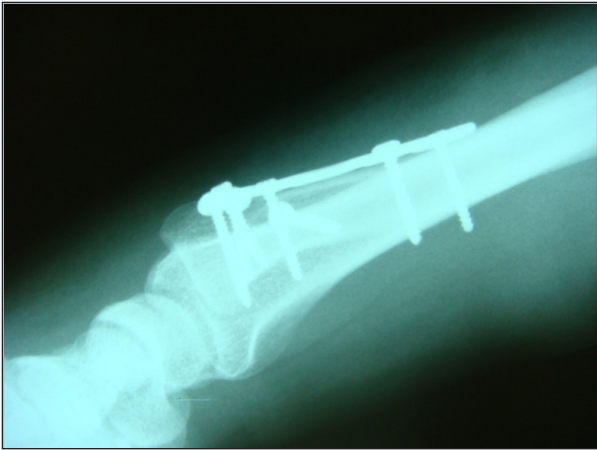


Figure 52: Multifix 52.

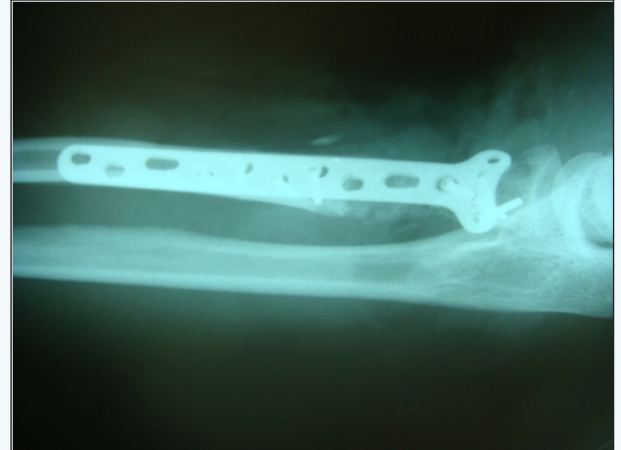


Figure 54: Multifix 54.

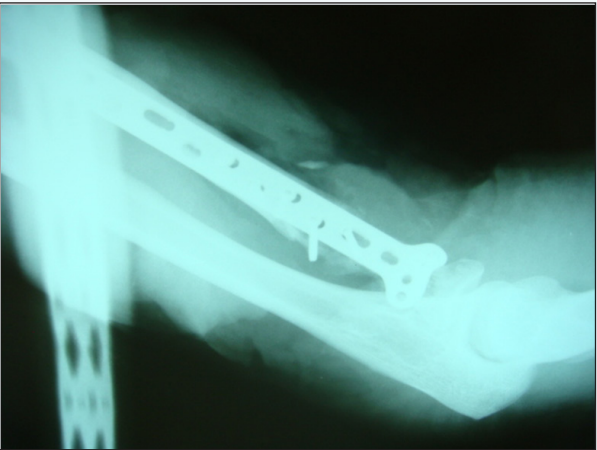


Figure 53: Multifix 53.

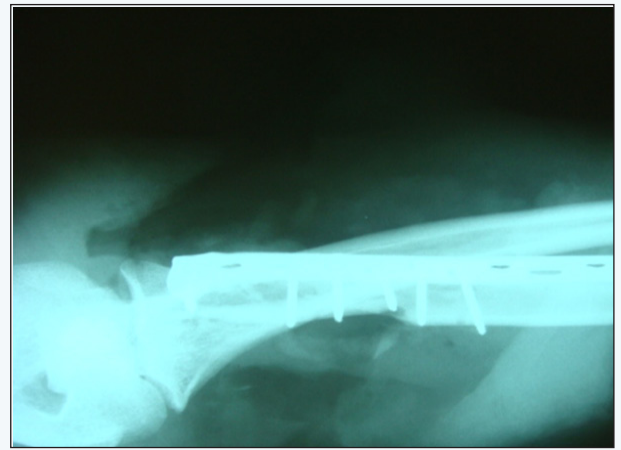


Figure 55: Multifix 55.