

Bicondylar Tibial Plateau Fractures: When Is More than One Approach Needed?

David Shearer, MD, MPH

Associate Professor

Dept. of Orthopaedic Surgery

University of California, San Francisco

Disclosures

- None

Why two approaches?

- To Obtain Reduction
- To Maintain Reduction (i.e. Fixation)



Why not two approaches?

- Wound healing and infection
- Faster and easier



Classification - Shatzker



Type I
Split



Type II
Split-depression



Type III
Central
depression



Type IV
Split fracture,
medial plateau



Type V
Bicondylar
fracture



Type VI
Dissociation of
metaphysis and
diaphysis

Classification - Shatzker



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Lateral approach

Classification - Shatzker



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Lateral approach



Medial approach*

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Lateral approach



Medial approach*



Dual approach*

Case – 65yo F Schatzker 2



Case – 65yo F Schatzker 2 - Intraop



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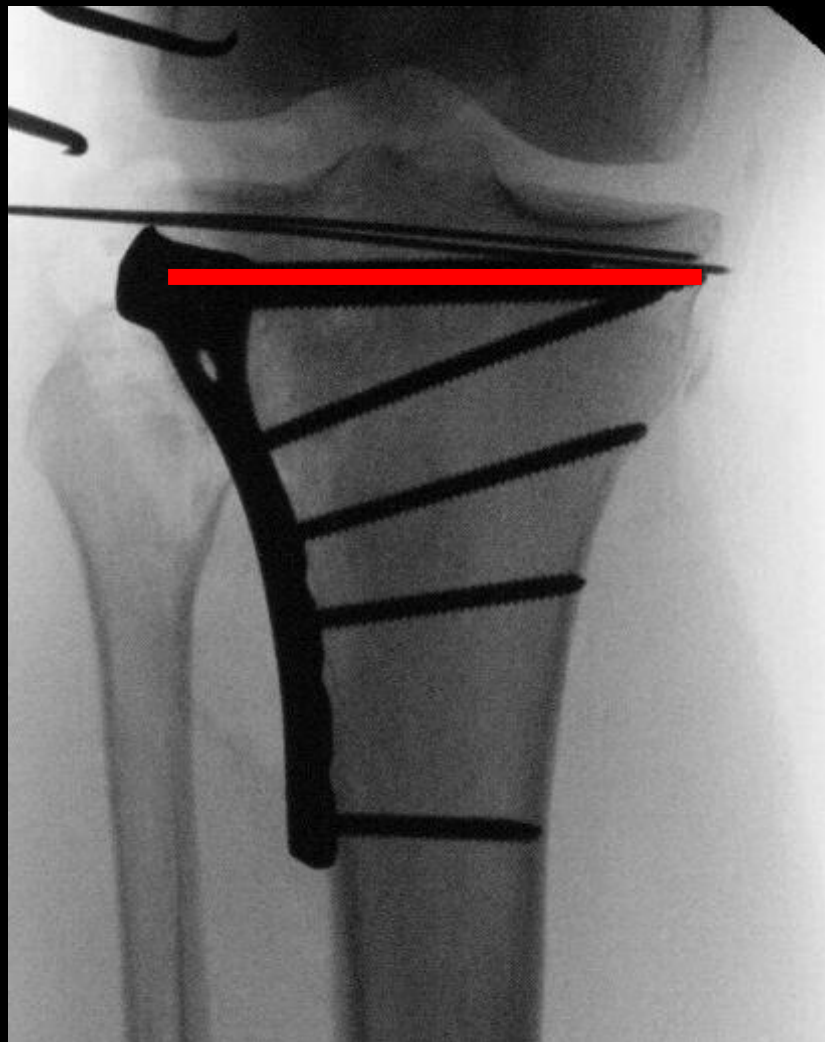


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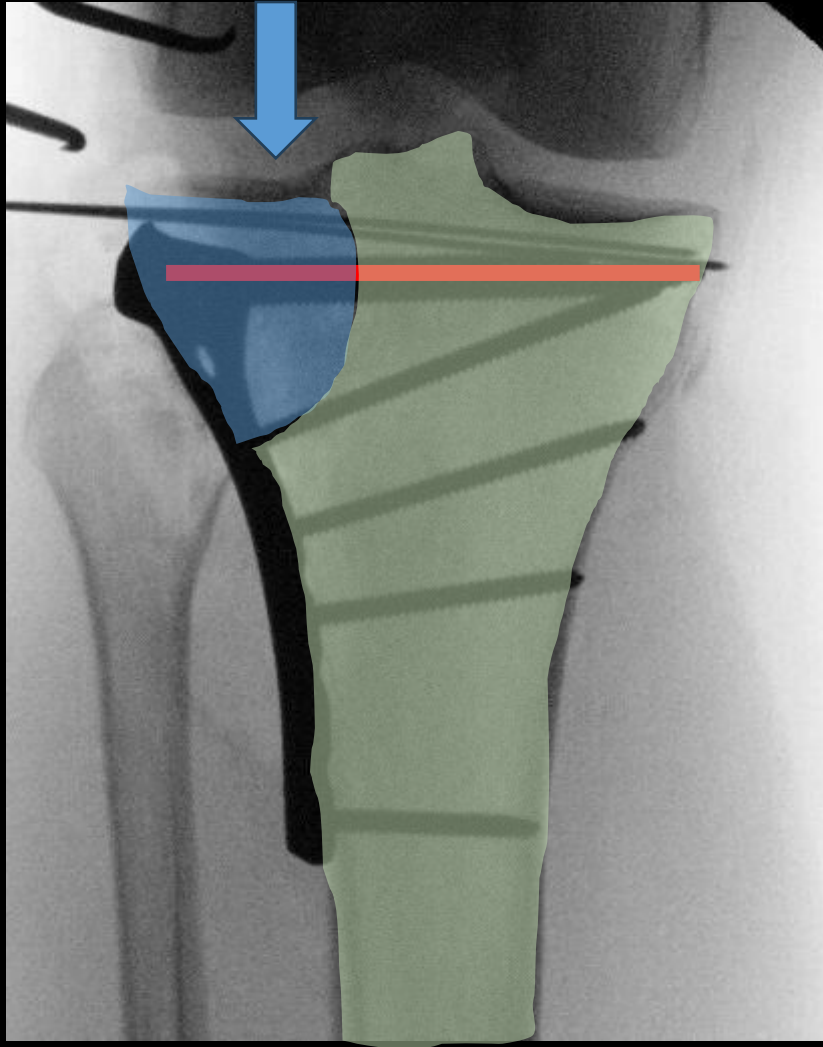
Case – 65yo F Schatzker 2 - Intraop



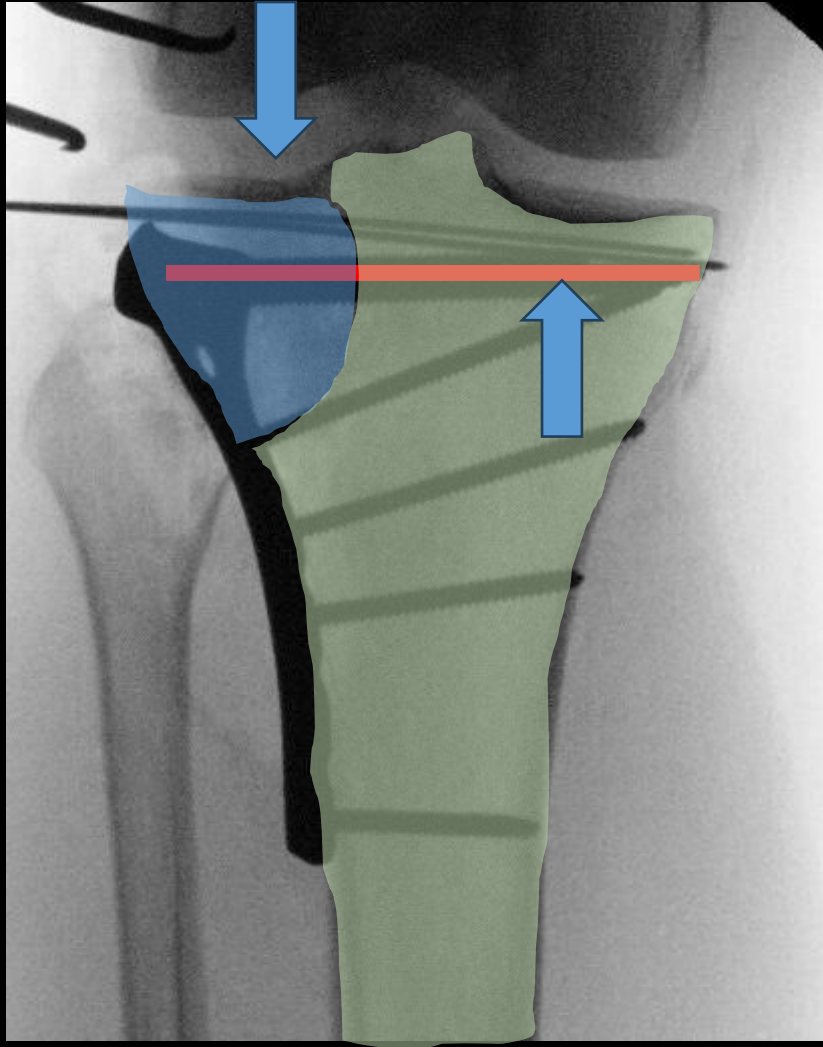
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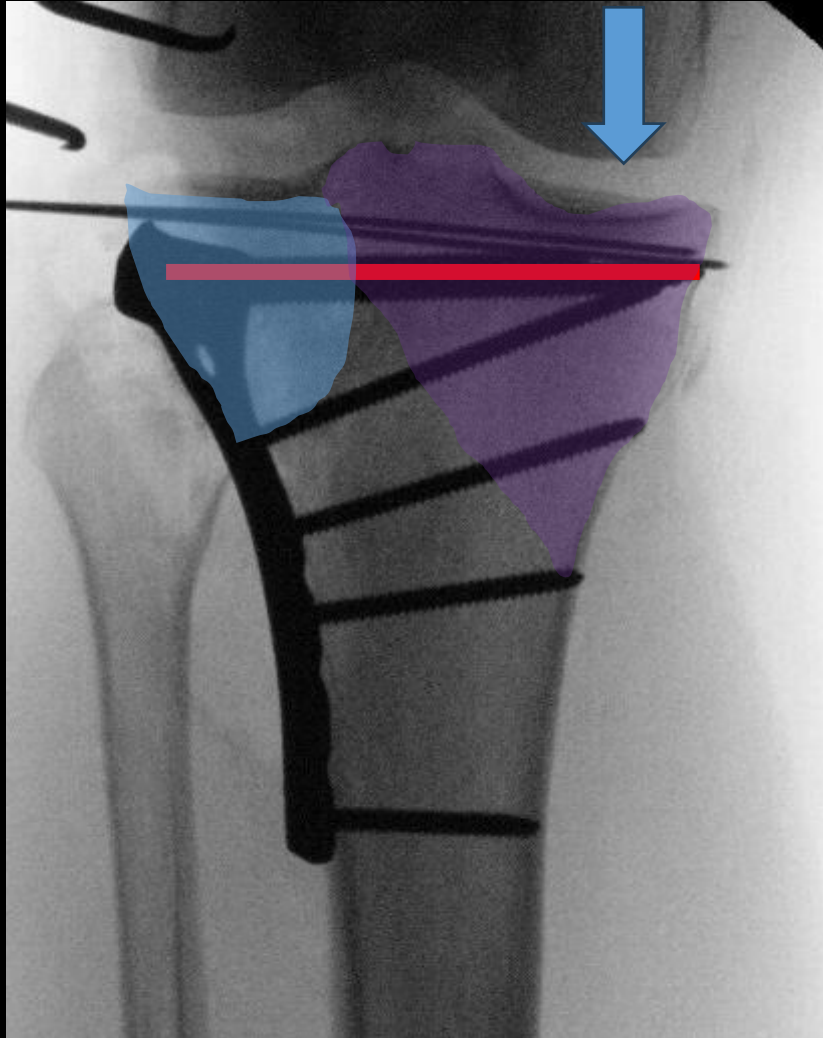
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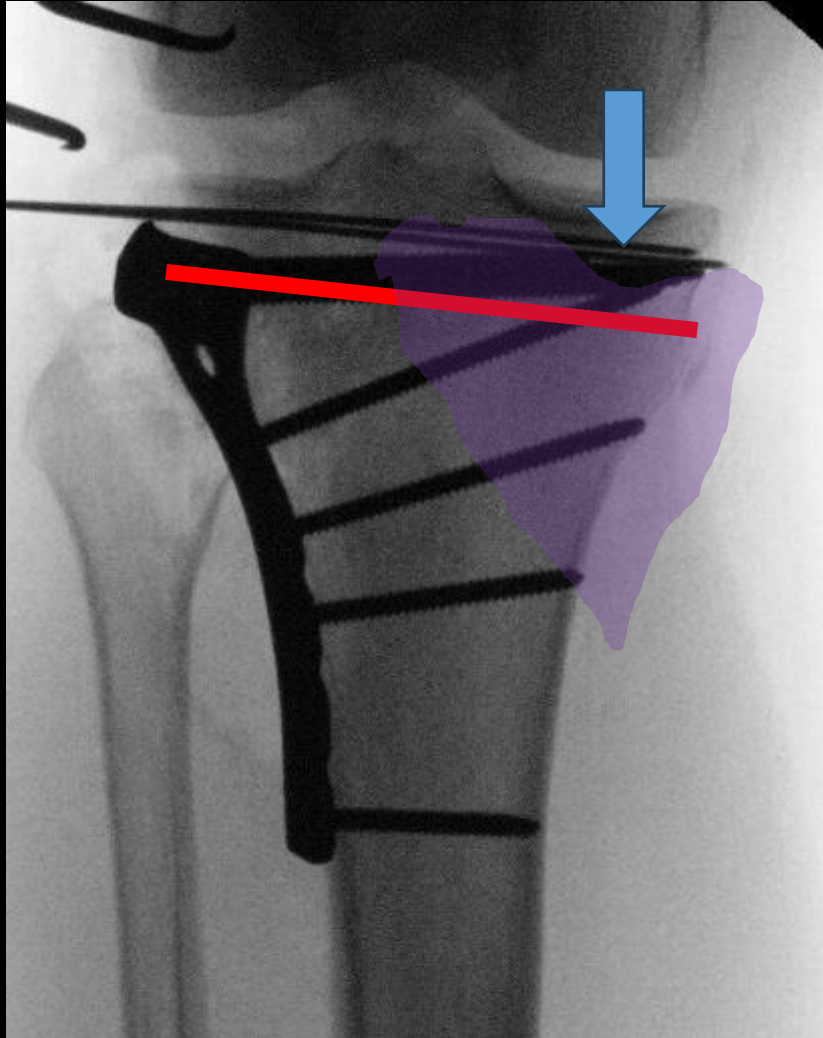
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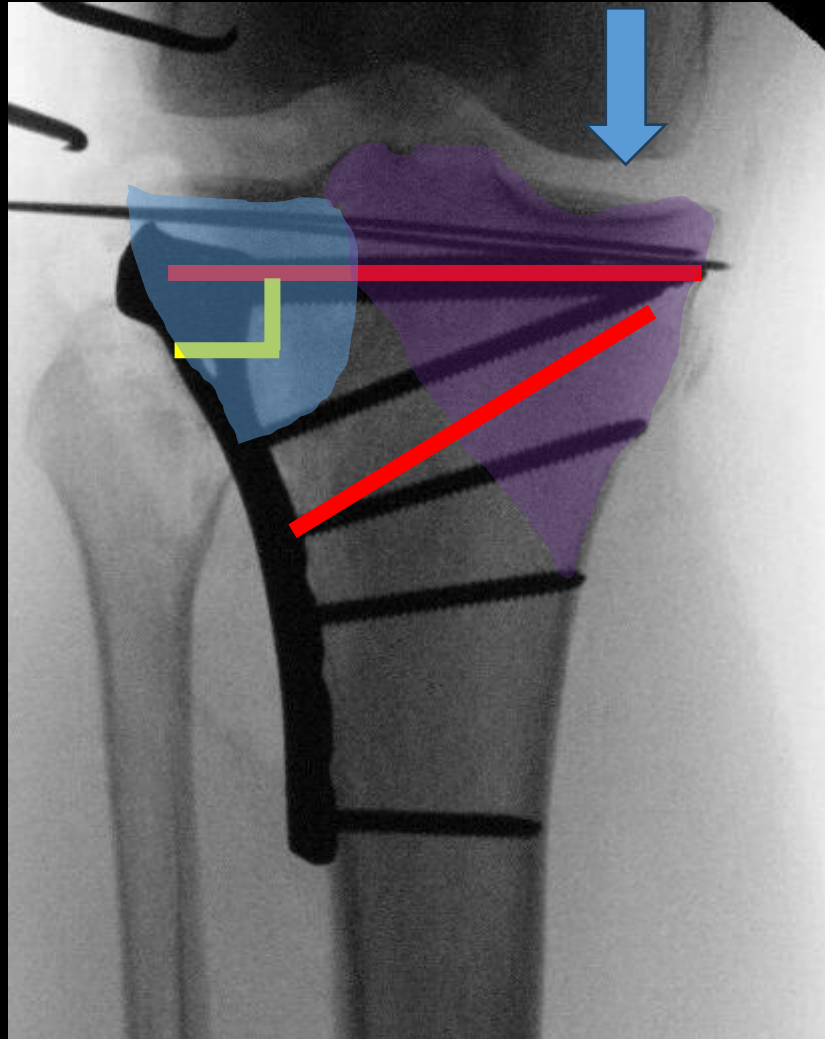
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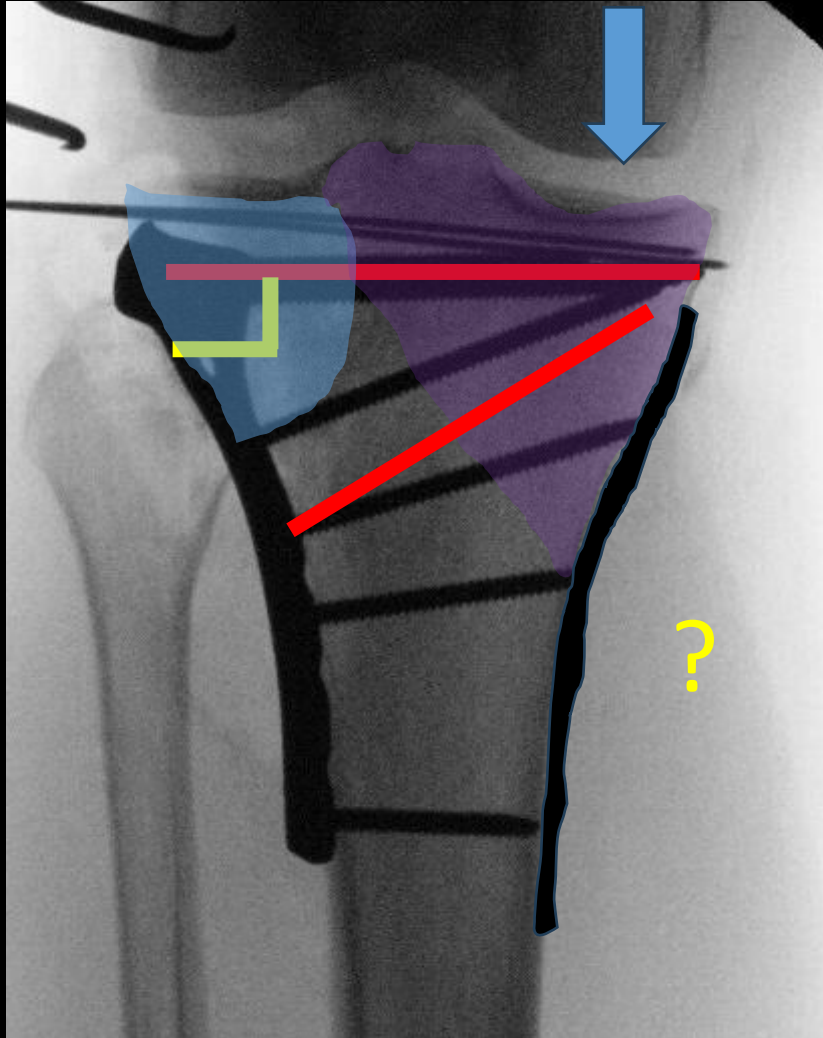
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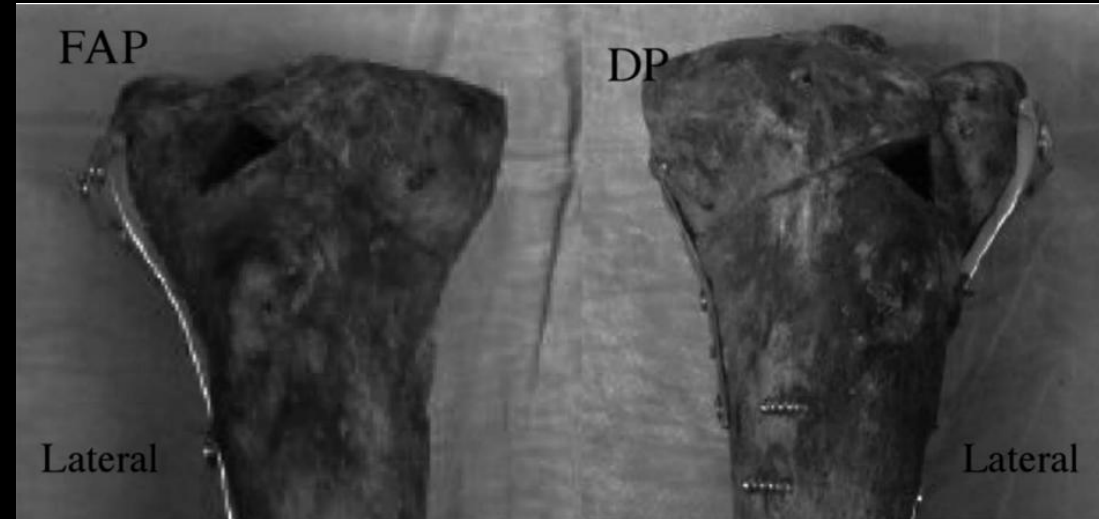


Biomechanical Analysis of Bicondylar Tibial Plateau Fixation: How Does Lateral Locking Plate Fixation Compare to Dual Plate Fixation?

Thomas F. Higgins, MD, Joshua Klatt, MD, and Kent N. Bachus, PhD

J Orthop Trauma • Volume 21, Number 5, May 2007

- Biomechanical study with ten matched cadavers
- More subsidence with lateral locked plate vs dual plating
 - 0.78 vs 1.51mm ($p = 0.045$)



Case: 43yo M OUD, scooter crash





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L4

R



R

1 of 2

OR 14



L4

R



R
S



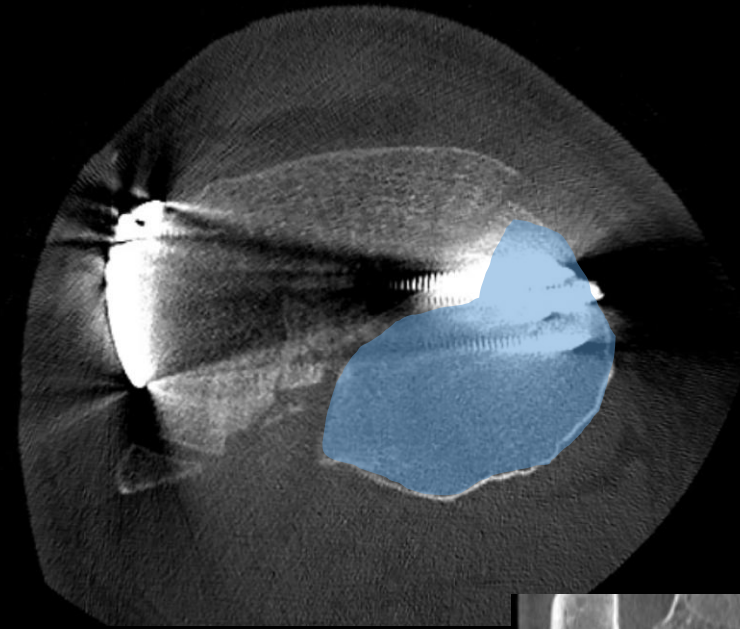
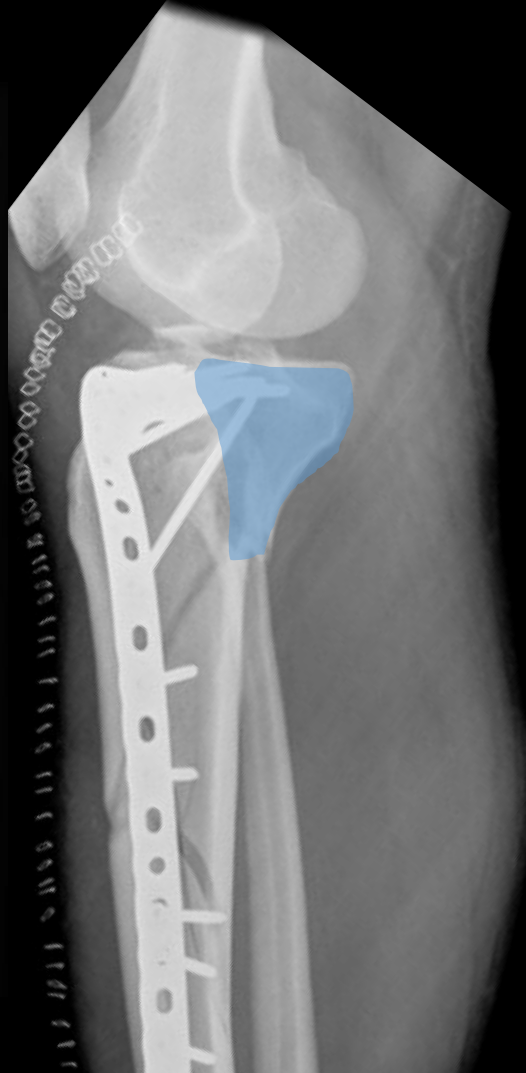
Immediate Postop

1 Year Follow-up ☹️

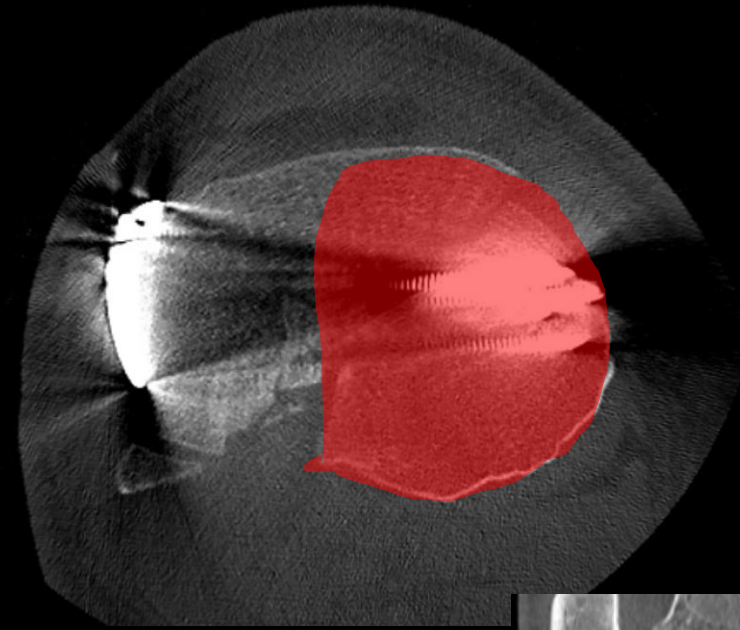
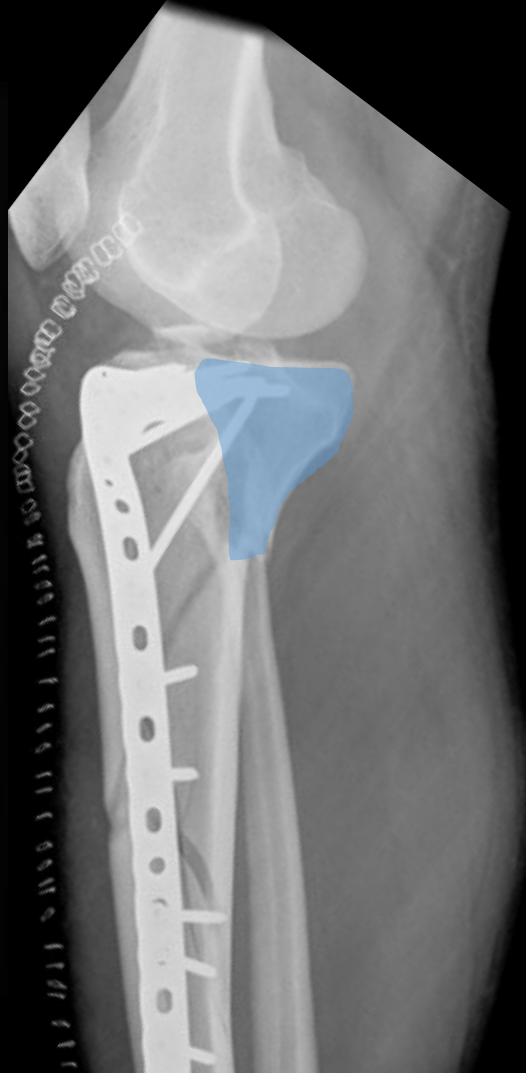
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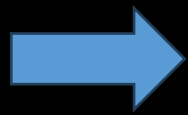


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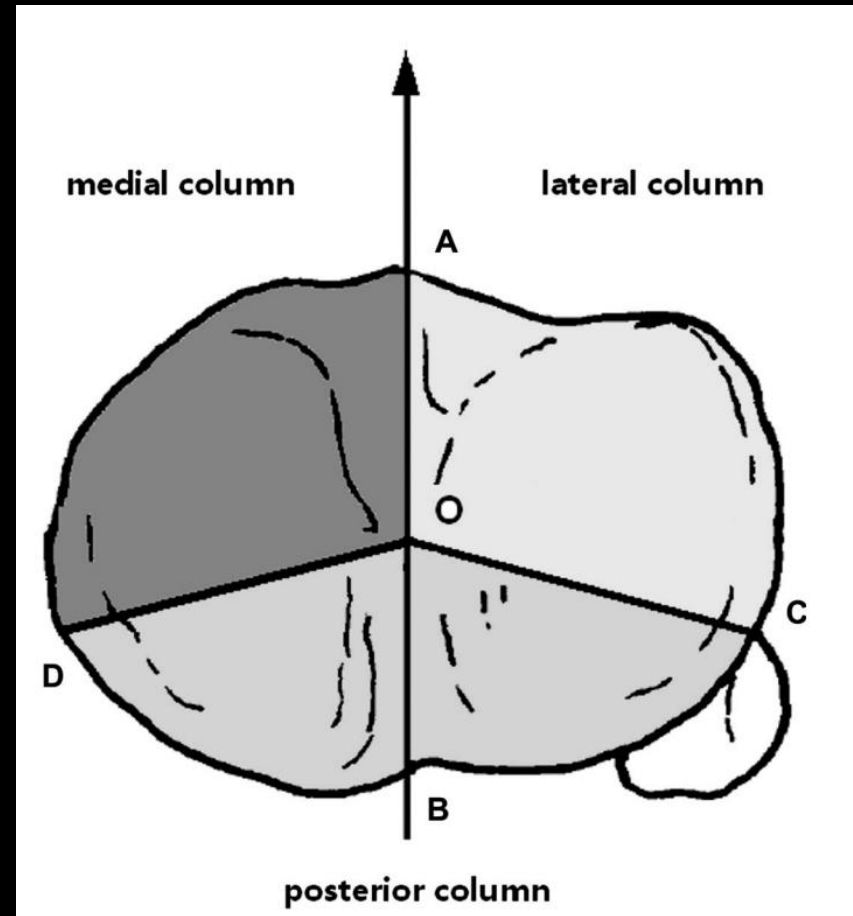


Dual Approaches for most
bicondylar fractures



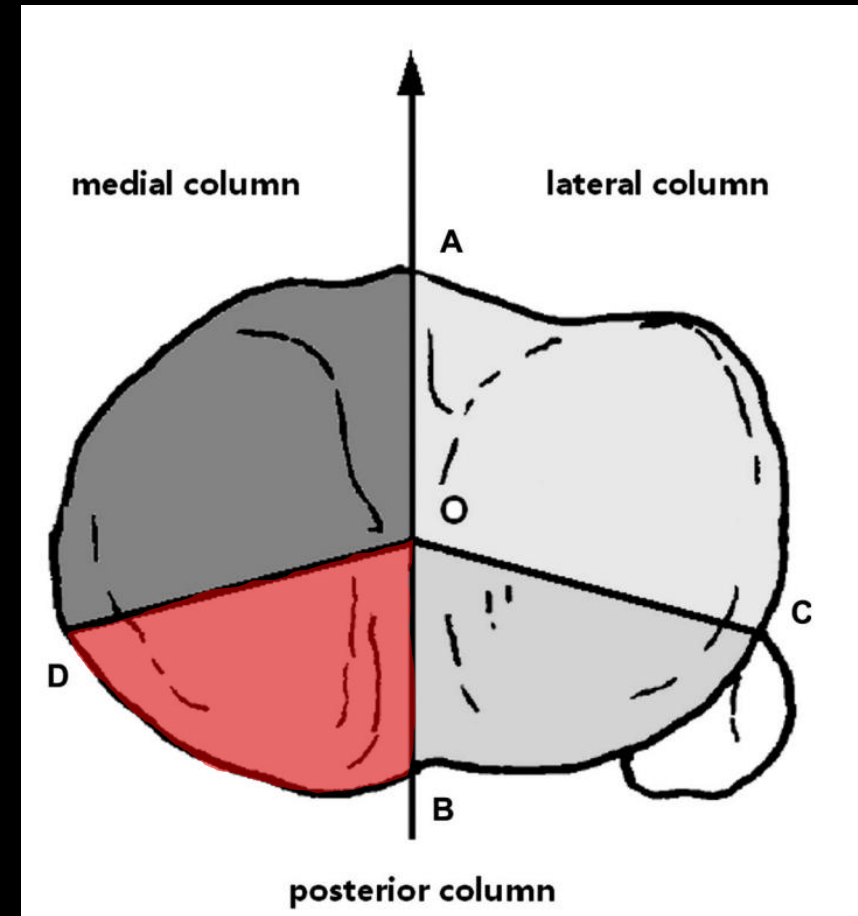
But are there exceptions

- **Large medial plateau fragment**
 - No coronal plane fracture
 - Multiple locking screws
- Medial metaphysis can load share
 - Not too comminuted
- Approach not required for reduction



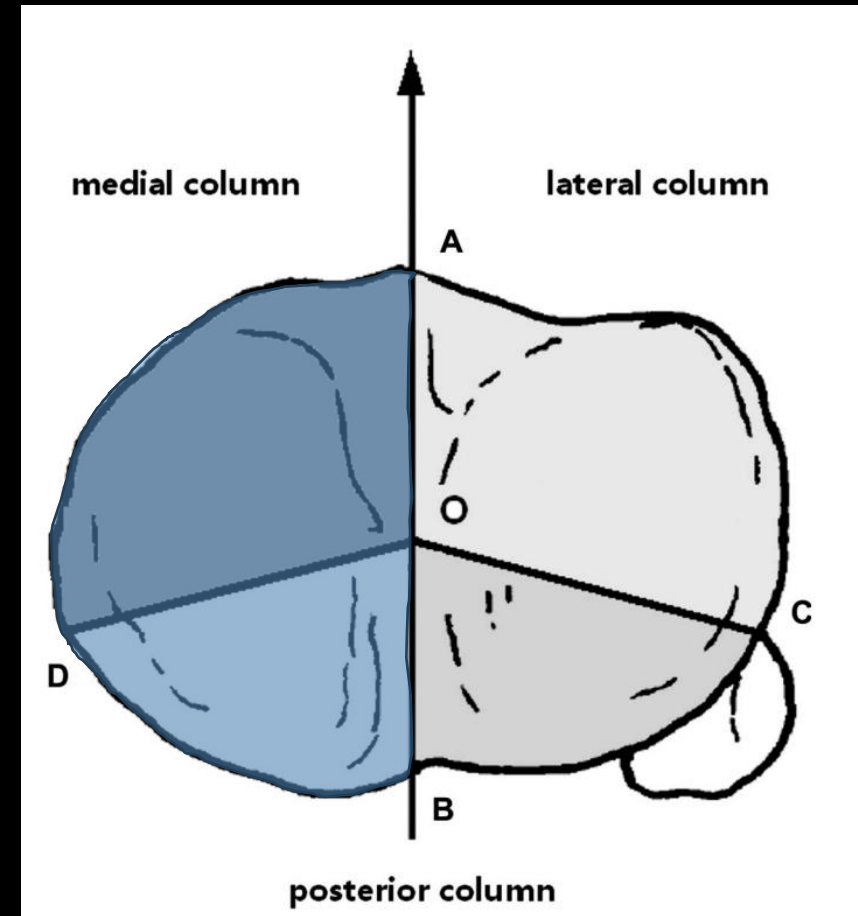
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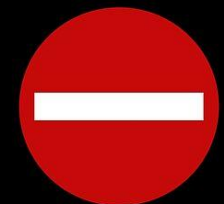
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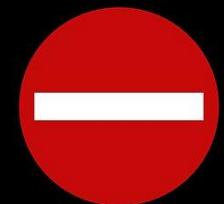
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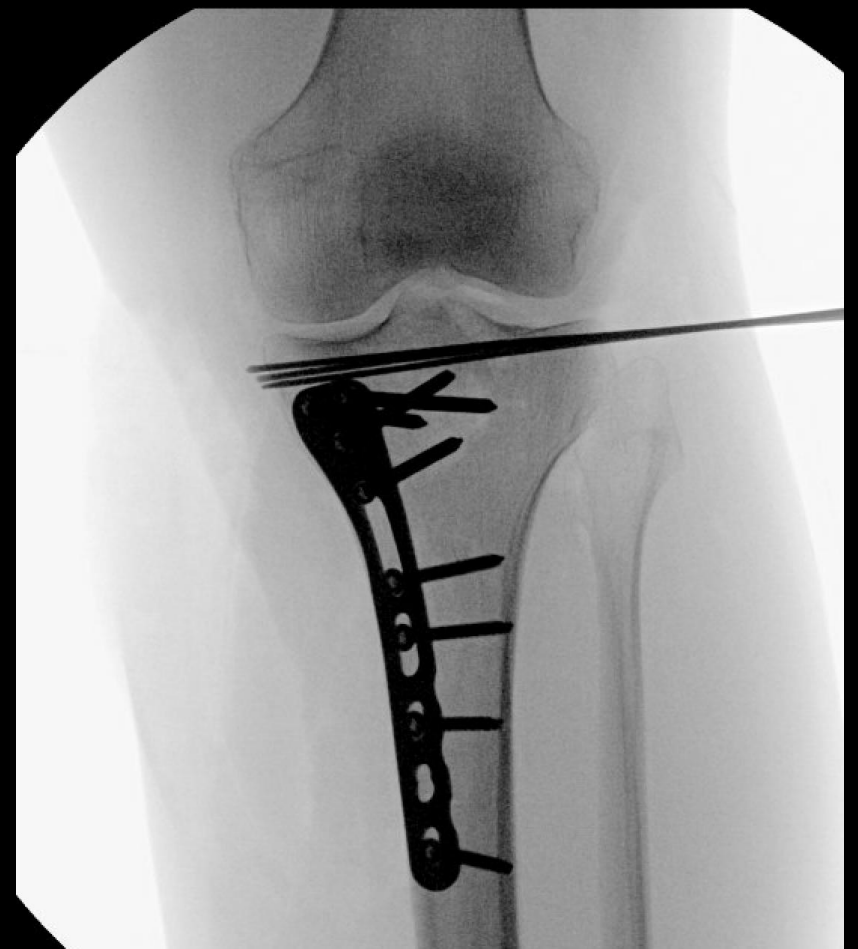
Case- Schatzker 4 37yo F



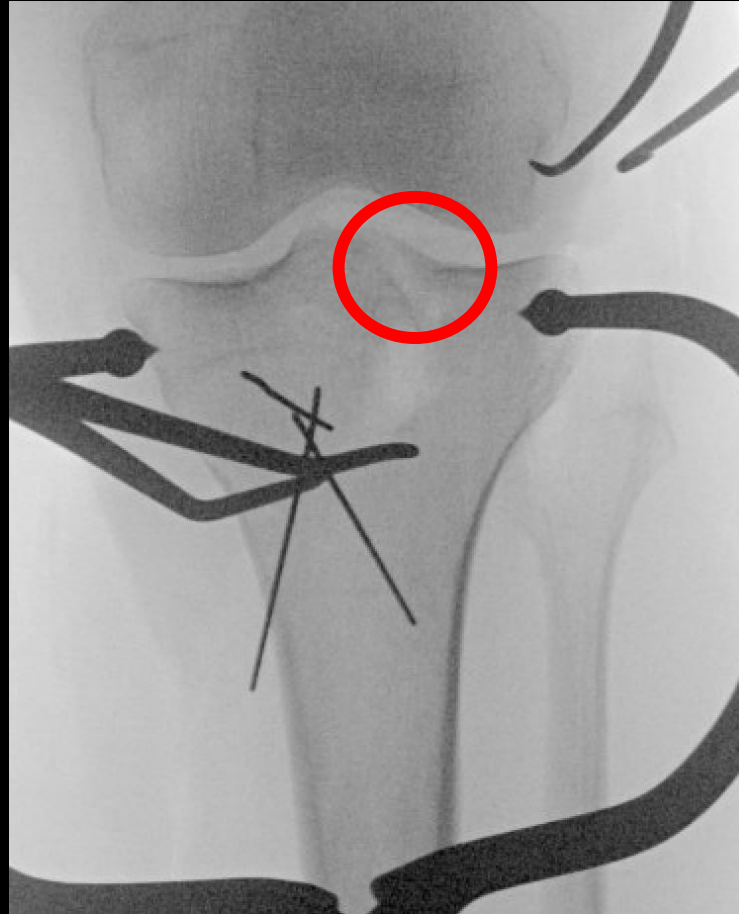
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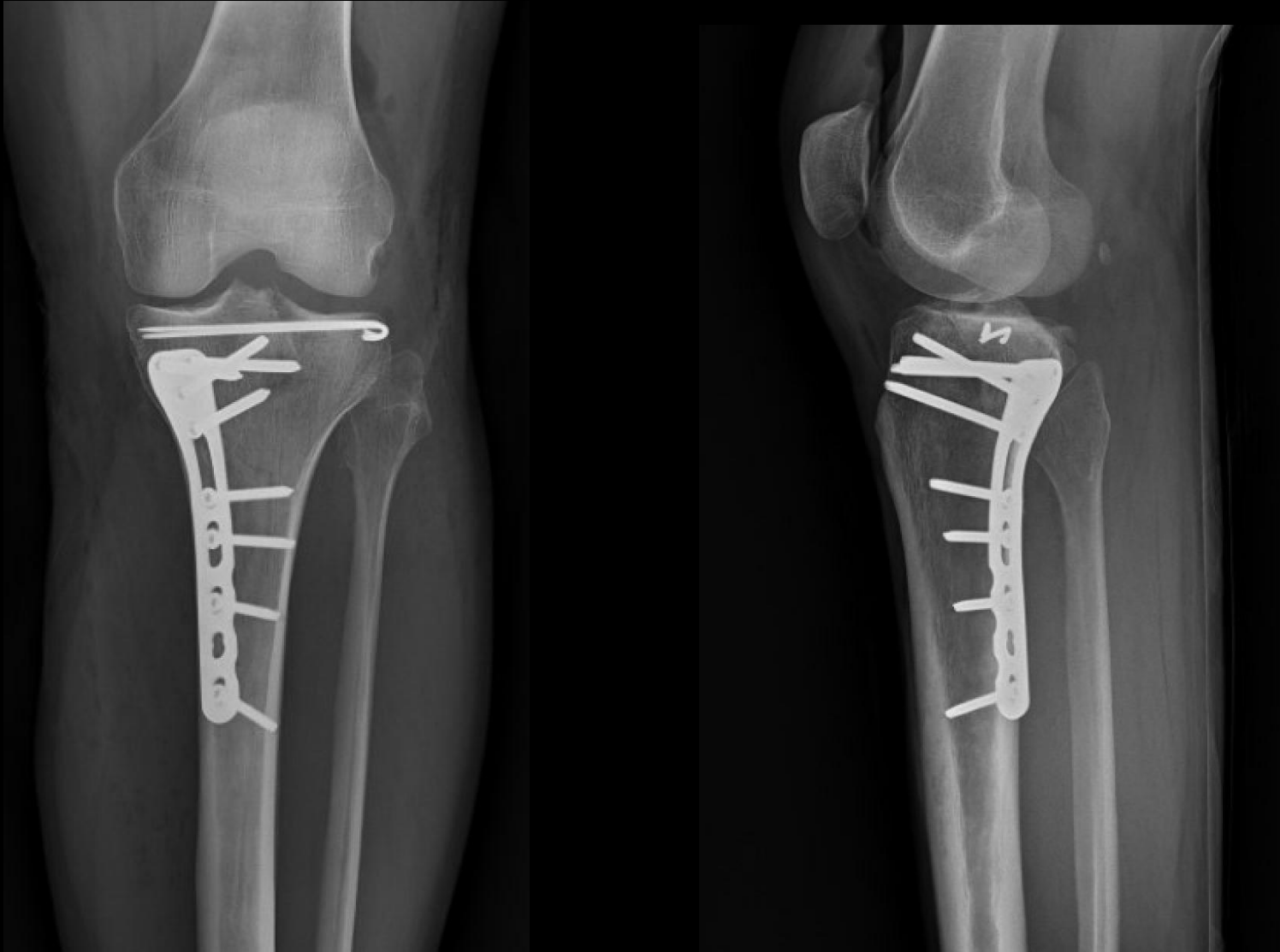
Case- Schatzker 4 37yo F



Case- Schatzker 4 37yo F



Case- Schatzker 4 37yo F



Take home messages

- Lateral plateau fractures → 1 approach + non-locking plate
- Bicondylar fractures → 2 approaches
- Consider 1 approach + lateral locking if:
 - Large medial plateau fragment
 - Easily reduced
 - Stable metaphyseal fracture
- Schatzker 4 → Medial approach +/- lateral



Thank you!

- David.Shearer@ucsf.edu