Anatomical Factors Influence the Selection of an Operative Approach for Fibular Fractures Involving the Posterior Malleolus

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My disclosure is in the Final AOFAS Program Book. I have no potential conflicts with this presentation.
different types and structures be involved
Posterolateral Approach to the Displaced Posterior Malleolus: Functional Outcome and Local Morbidity

Jens Forberger, MD; Philipp V. Sahandi, MD; Michael Dietrich, MD; Jan Gralla, MD; Thomas Lattmann, MD; Andreas Platzer, MD

Zurich, Switzerland
• Lateral, posterior-lateral or posterior approach?
• How to fix the fragment of posterior malleus?
• 10 specimens below the knee from PARTI
  (Practical Anatomical Research and Teaching Institute)
• The anatomical characteristics of distal part of fibula and tibia were studied
Lateral Approach

Between the interval of superficial peroneal nerve and sural nerve

Easy to perform and place the syndesmosis screw

Disadvantages:

- Thin skin, irritation of the hardware;
- Single Cortical fixation of the distal screws;
- Low biomechanical strength
- Difficult to expose the posterior malleolus
Posterior Approach

Between the interval of AT and peroneal tendons
Easy to expose the fracture of fibula and posterior malleolus
P—a direction biocortical fixation of the distal part of fibula

Disadvantage:
Rotation of the distal part of fibula
Irritation of peroneal tendon


Thank you!