

## Distal Radius Malunion Treated With Plating and Osteotomy

### Case Study

#### **Nathan Edwin Lesley, MD**

A 63-year-old patient with a chronic distal radius fracture malunion was treated with the Acumed Acu-Loc 2 Wrist Plating System.

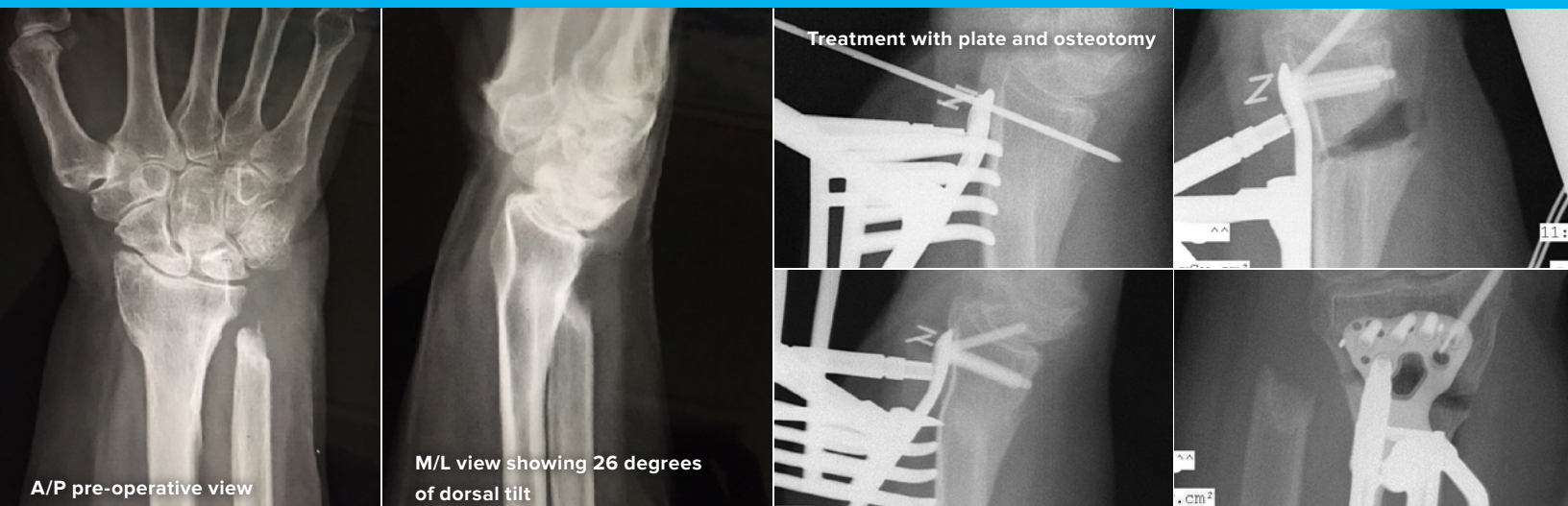


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### Patient History

The patient is a 63-year-old female who presented with a chronic malunion of the distal radius from a fracture treated nonoperatively five years earlier. A distal ulna excision had previously been performed for ulnocarpal impaction. The patient reported that she experienced improvement in ulnar-sided symptoms, but continued to complain of wrist pain and loss of wrist flexion. X-rays revealed a malunion with 26 degrees of dorsal tilt and a scapholunate angle of approximately 90 degrees. Preoperative wrist flexion/extension was 20/80. The patient elected to proceed with a distal radius osteotomy.

### Treatment

An Acu-Loc 2 plate was provisionally applied distally with K-wires. After confirming proper alignment with fluoroscopy, the plate was applied distally with locking screws. An osteotomy was performed from the radial side using an osteotome. After completion of the osteotomy, the plate was secured to the radial shaft with nonlocking screws. Cancellous chips were placed in the defect.

### Postoperative Care

Postoperatively, the patient was placed in a nonremovable wrist splint, followed by a removable wrist splint with gentle ROM instructions beginning at 10 days. At a six-week follow-up, X-rays confirmed osseous union. The patient reported significant improvement from preoperative pain, and her wrist flexion/extension was 40/40. The patient was referred to hand therapy to maximize range of motion.



6 weeks postoperative



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