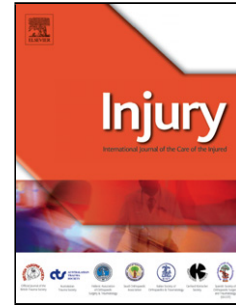


Accepted Manuscript

Title: Treatment of tibial nonunion with posterolateral bone grafting

Authors: Michael J. Foster, Robert V. O'Toole, Theodore T. Manson



PII: S0020-1383(17)30323-6
DOI: <http://dx.doi.org/doi:10.1016/j.injury.2017.05.001>
Reference: JINJ 7227

To appear in: *Injury, Int. J. Care Injured*

Accepted date: 2-5-2017

Please cite this article as: Foster Michael J, O'Toole Robert V, Manson Theodore T. Treatment of tibial nonunion with posterolateral bone grafting. *Injury* <http://dx.doi.org/10.1016/j.injury.2017.05.001>

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Treatment of tibial nonunion with posterolateral bone grafting

Michael J. Foster, Robert V. O'Toole, Theodore T. Manson

R Adams Cowley Shock Trauma Center, Department of Orthopaedics, University of Maryland School of Medicine, Baltimore, MD, USA

Corresponding Author:

Theodore T. Manson, MD

R Adams Cowley Shock Trauma Center

Department of Orthopaedics

University of Maryland School of Medicine

22 South Greene Street, T3R59

Baltimore, MD 21201, USA

Tel: +01 410-328-6292; fax: +01 410-328-2893

E-mail address: tmanson@umoa.umm.edu

A B S T R A C T

Objectives: Posterolateral bone grafting to treat nonunions of the distal two-thirds of the tibia avoids the often traumatized and more tenuous anterior soft-tissue envelope. Few modern reports of its effectiveness are available. We assessed whether posterolateral bone grafting leads to high union and low complication rates.

Methods: We conducted a retrospective review at a Level I trauma center. Our study group was 59 patients with distal two-thirds tibial fractures treated with posterolateral bone grafting.

Patients included those with history of deep surgical site infection (SSI) before bone grafting (n = 17), established nonunions (n = 42), and impending nonunions associated with open fractures and bone gaps (n = 17). All patients were followed for a minimum of 12 months unless they

Download English Version:

<https://daneshyari.com/en/article/5652443>

Download Persian Version:

<https://daneshyari.com/article/5652443>

[Daneshyari.com](https://daneshyari.com)