

M3.2

Recent Advances in Management of Distal Radius Fracture

13:15

Room 423 & 424

Will Casting be Enough for Distal Radius Fracture?*Chan PT**Department of Orthopaedics and Traumatology, Tuen Mun Hospital, Hong Kong*

Treatment of distal radius fracture had been evolving for past two decades. Our armamentarium of treatment for distal radius is ever expanding. While there is no golden standard treatment, the old techniques, namely casting, still play an important role in the management of these common fractures.

Close reduction and casting have been the treatment of choice for those of stable fracture. Yet, it is important to identify those unstable fracture or fracture with articular incongruity. These may benefit from other treatment methods. Whilst the outcome in carefully selected cases is acceptable, studies had shown that more than 40% conservatively treated patients will need subsequent operations. Meticulous monitoring to look for loss of reduction is important for success of conservative treatment. Yet, this will place a heavy workload in the busy outpatient clinic.

When the fracture is malunited after casting, trapezoidal osteotomy is an effective method to correct the alignment and improve symptoms. In past few years, we have performed trapezoidal osteotomy in more than 10 malunited distal radius. The clinical outcomes of this procedure are good in most cases.