

Debate: The severe pilon should be fixed and given a chance

William Min, MD MS MBA
Orthopaedic Traumatologist
Hughston Clinic

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This comes in while you're on call...



First step –
external fixation



Decision time: ORIF or fusion or amputation?



Their Pros ...

ORIF

- Preserve anatomy
- Technically gratifying

Fusion

- Relief of pain
- Stable platform for ambulation

BKA

- WB and gait progression "predictable"
- No nonunion, malunion, PTOA

Their Pros ...can be their cons...

ORIF

- ~~Preserve anatomy~~
- The anatomy is altered
- ~~Technically gratifying~~
- Really?

Fusion

- ~~Relief of pain~~
- Adjacent joint arthrosis
- ~~Stable platform for ambulation~~
- If done well

BKA

- ~~WB and gait progression "predictable"~~
- Never same as before
- ~~No nonunion, malunion, PTOA~~
- Wound and stump issues

Best choice of treatment is based on patient factors, personality of injury, and your skill/comfort level

Why ORIF should be considered?

- ORIF gets a bad rap
 - Prior to Sirkin, JOT 1999
 - Ex-fix temporization has improved results
 - Technically demanding
 - Ex-fix allows you to refer
 - We've learned to risk stratify better
 - 2+ medical comorbidities
 - <\$25K annual income
 - Level of education
 - W/C
 - Sex

Why ORIF should be considered?

- ORIF gets a bad rap
 - Marsh, JBJS-A 2003 – ORIF
 - Rated by patient: Excellent 45%, Good 30%
 - 12% required secondary procedures
 - Symptoms plateau and decrease long-term
 - Coester, JBJS-A 2001 – Fusion Long-term
 - Good early pain relief, but arthritic changes of foot lead to eventual dysfunction

Long-term predictors are unknown

- Injury severity, quality of reduction are NOT correlated with ankle scores
- Articular reduction DOES correlate with radiographic evidence of ankle arthrosis

Bottom line

- No one can predict long-term outcomes of pilon fractures
 - ORIF does provide a chance at satisfactory long-term outcomes
 - You can convert ORIF to fusion vs. BKA
 - provided complications don't preclude future surgery

Summary

- All three options are viable in the setting of a C3 pilon fracture
 - Tailor treatment to the patient
- ORIF should be considered first
 - Can convert to fusion or BKA
 - Long-term outcomes are still unpredictable
