ORTHOPAEDICS AND TRAUMATOLOGY

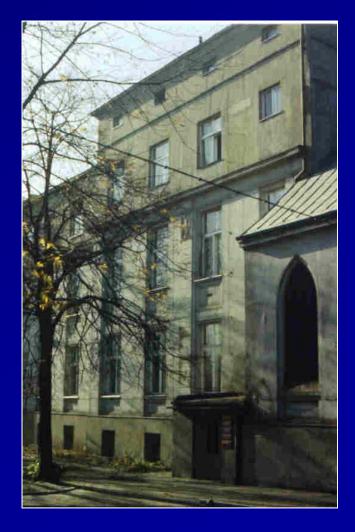
Prof. dr hab. med. Marek Synder

Clinic of Orthopaedics and Pediatric Orthopaedics Medical University of Lodz

Clinic of Orthopaedics and Pediatric Orthopaedics Medical University

ul. Drewnowska Str 75















Rotation

- * Lectures
- *** Outpatients Clinic**
- Observation of surgery
- Practical examination of patients
- Paediatric department
- Adults department
- Patient visit
- DDH screening by ultrasound
- DEXA screening

Watching surgery at the operating room ????

No more than 2 students per surgery (2 op. rooms)



after rotation, on the last day of rotation *multiple questions*

The results of exam : * student's individual e-mail * in the Clinic * one e-mail for all students

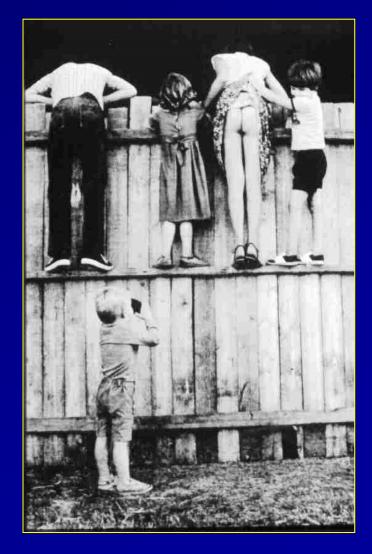
You can also contact :

MAREK DROBNIEWSKI, M.D.



ORTHOPAEDICS





CONGENITAL DISEASES

Acquired diseases

Trauma of skeletal system

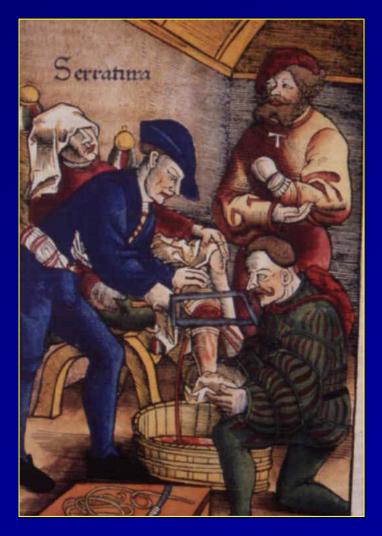
In children and adults



Surgeon David Teniers 1670



Amputation Thomas Rawlandson 1785

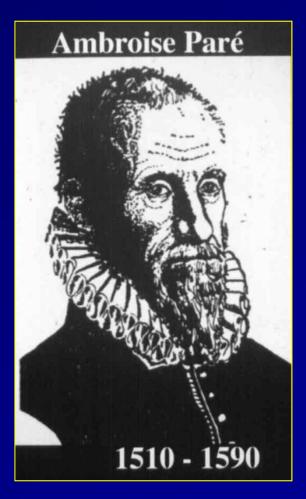


Leg amputation 1517



Babock Surgical Clinic

ORTHOPAEDICS AND TRAUMATOLOGY

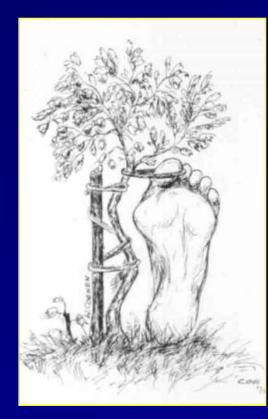
















Orthopaedic surgeon takes care of :

* BONES
* MUSCLE
* JOINTS
* JOINTS
* LIGAMENTS
* VASSELS
* NERVES

ORTHOPAEDICS



Children & adults



Congenital diseases

Different stage of anatomic deformation

Congenital diseases



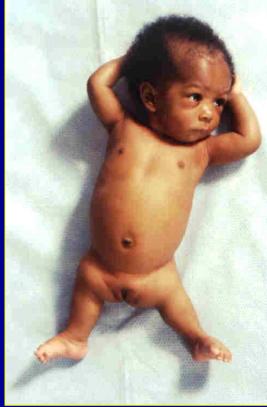






Congenital diseases





CDH (congenital dysplasia of the hip)

• DDH (developmental dysplasia of the hip)

Early diagnosis !!!



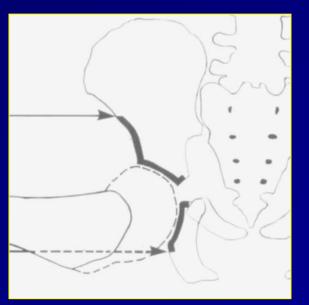
Development of the hip joint







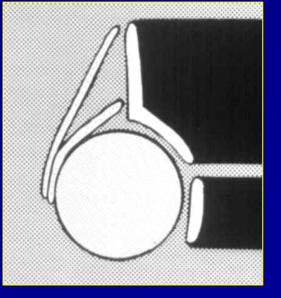




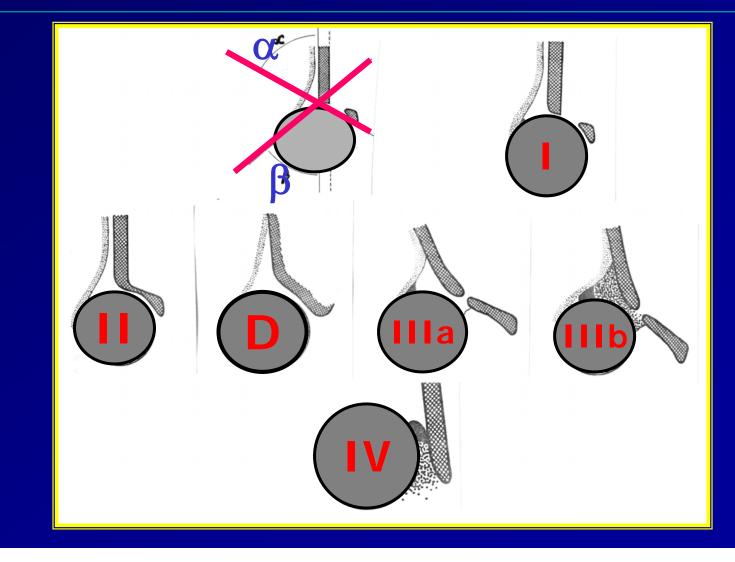








GRAF'S Method



HARCKE'S method

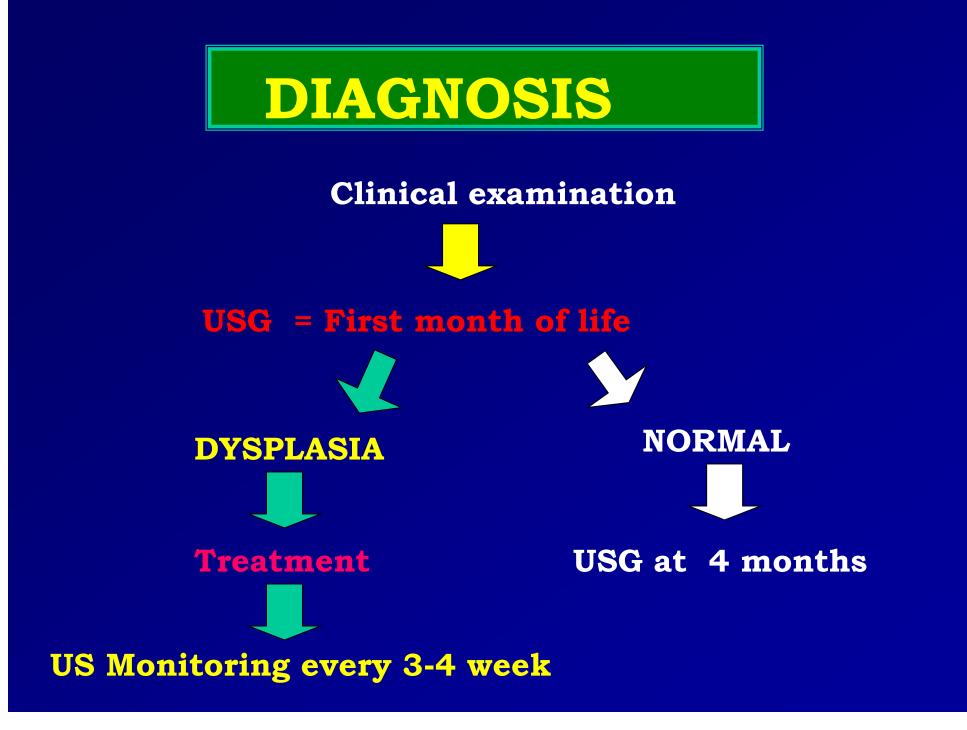
- Examination in two planes
 - TRANSVERSE
 - CORONAL
- 4 Typs of hip development
 - * Normal
 - * Laxity with stress
 - * Subluxation
 - * Dislocation



HARCKE'S method DYNAMIC

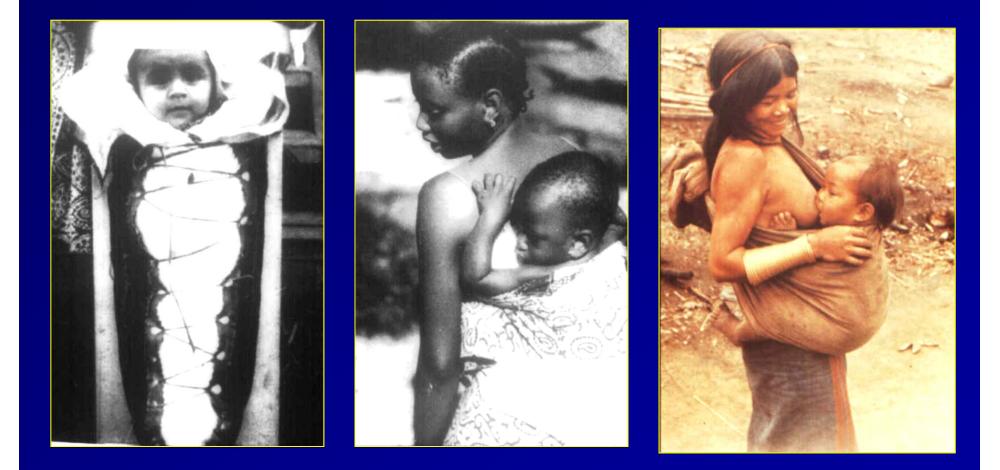


TRANSVERSE NEUTRAL TRANSVERSE FLEXION CORONAL FLEXION





PROPHILAXIS

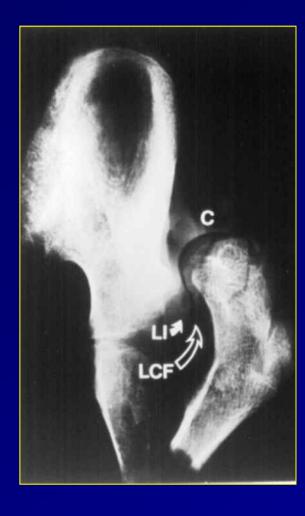


PROPHYLAXIS

- * Examination of every newborn
- * Properly carried child
- * Properly diapers

EARLY DIAGNOSIS :

- * Early treatment
- * Shorter period of treatment
- * Easier treatment
- * Decreased number of surgery





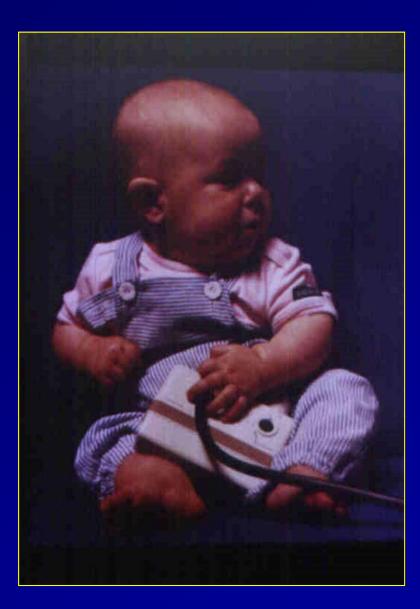




PROPHYLAXIS



PROPHYLAXIS



CEREBRAL PALSY THE GROWING PROBLEM IN ORTHOPAEDICS

CEREBRAL PALSY

ETHIOLOGY:

1. PRENATAL:

* mother diseases during pregnancy –

myocardial or respiratory insufficiency, anemia, diabetes, gestosis

* **disorders of placenta** – *central placenta, arterial obliteration..*

* uterine myoma, injury, infection, serologic incopatibility

2. PERINATAL !!! * asphyxia * prematurity * birth injury

3. AFTER DELIVERY : * meningitis * injury of CNS











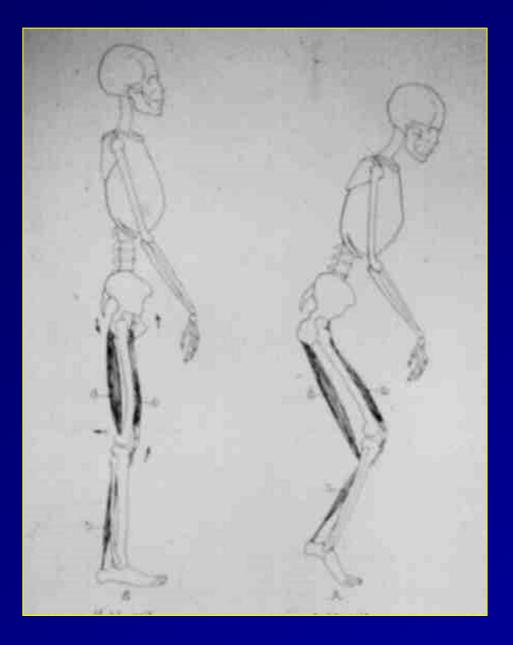
WHAT IS CEREBRAL PALSY ?

This is no one disease

 This is a collection of motor function disorders as a cause of damage of CNS, before, during or after delivery

This is non-progressive disease

If motor disorders continue to progress or only are periodically seen it means that it is not CP

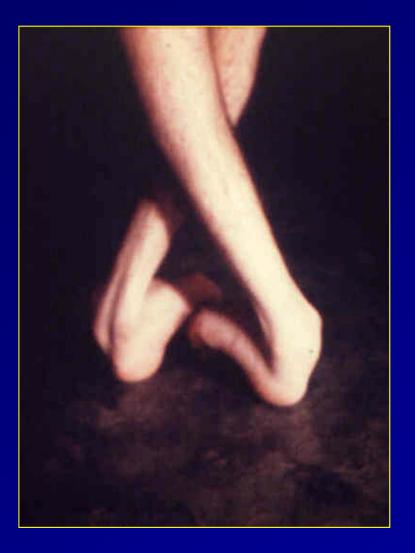
























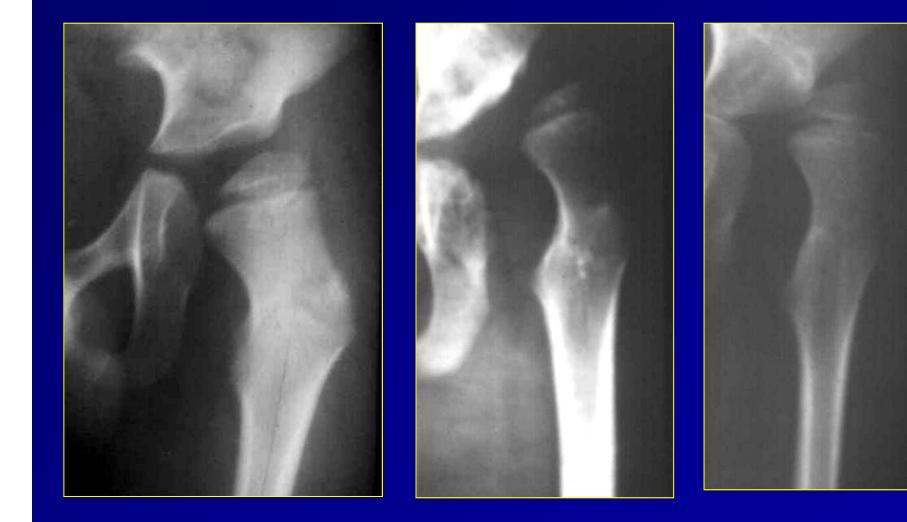








HIP JOINT







ACUTE HEMATOGENOUS OSTEOMYELITIS AND SEPTIC ARTHRITIS

ACUTE HEMATOGENOUS OSTEOMYELITIS

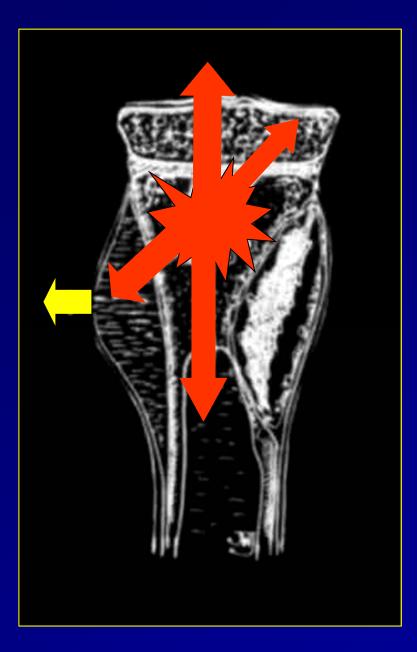
The most common seen in * NEWBORNS * INFANTS











Originates in methaphysis of the long bones

Spongiosa
 Slower blood flow
 Anasthomoses

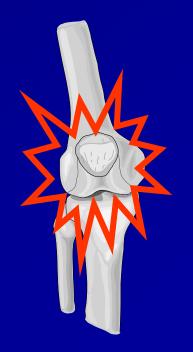
 vein-arteria

ACUTE HEMATOGENOUS OSTEOMYELITIS

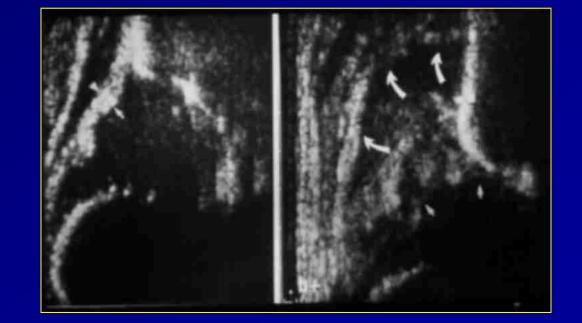
Most common seen in

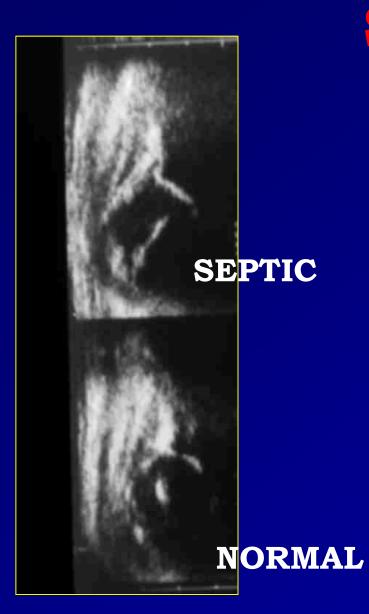


Hip joint Knee joint

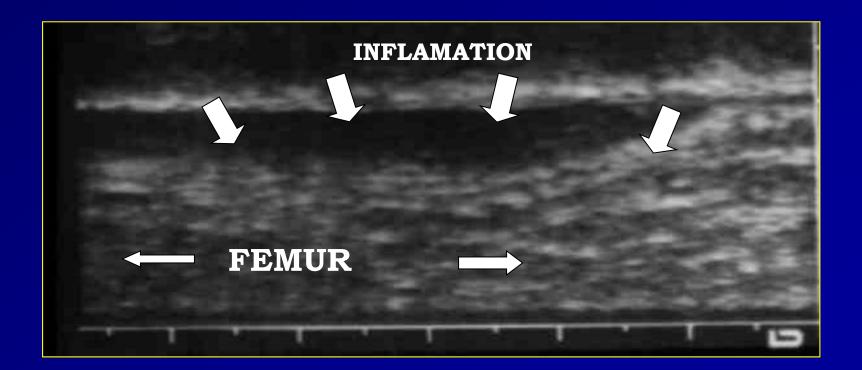


Septic arthritis

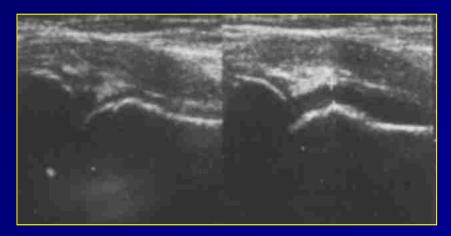




ACUTE HEMATOGENOUS OSTEOMYELITIS



US presentation of effusion in the hip joint





KNEE JOINT

LLD FROM 4 TO 9 CM

LIMB LENGTH DISCREPANCY PROBLEMS



ETIOLOGY OF LLD

1. Congenital diseases - hypoplasia, aplasia, systemic diseases

2. Ostitis demage of the growth plate

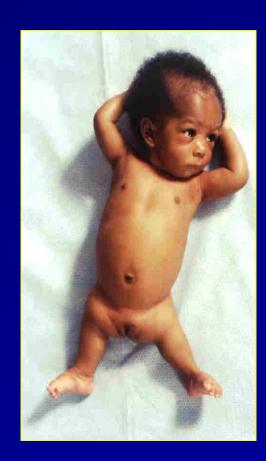
3. TRAUMA – fracture, gp, axis deviation

4. Paresis – spastic, hypotonic

5. OTHERS – bone tumors, SCFE, M.Perthes...

CONGENITAL ANOMALIES









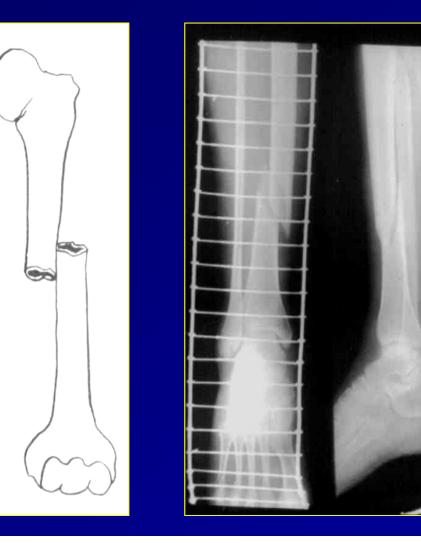
OSTITIS







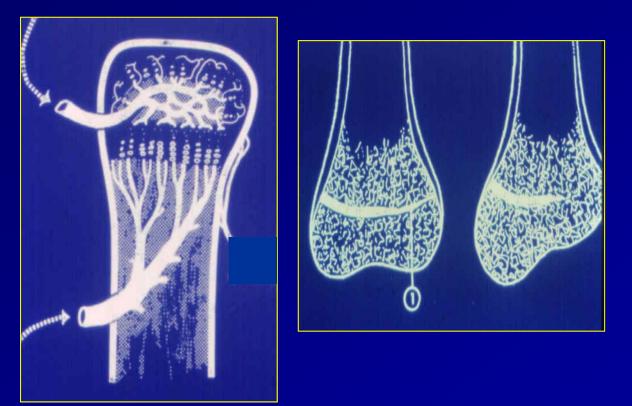
TRAUMA

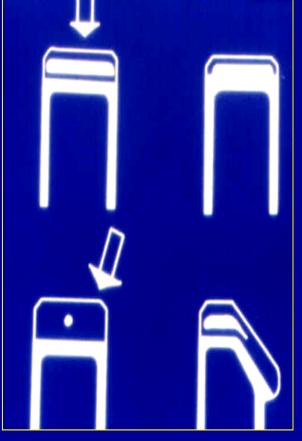






INJURY OF THE GROWTH PLATE





TREATMENT

- 1. 2 cm inlay
- 2. 2-4 cm inley, epiphysiodesis, shortening
- 3. 4-6 cm epifizjodesis, lengthening
- 4. 6 15 cm limb lengthening
- 5. 15 cm amputation

WAGNER'S method



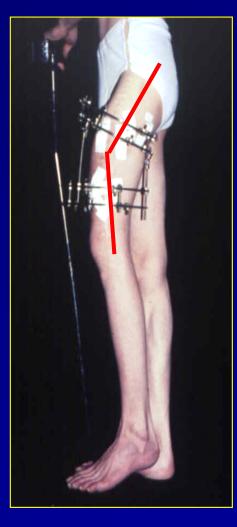


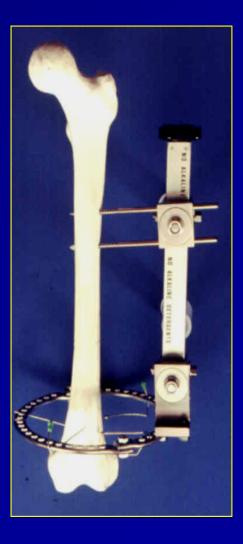




ILIZAROV's method



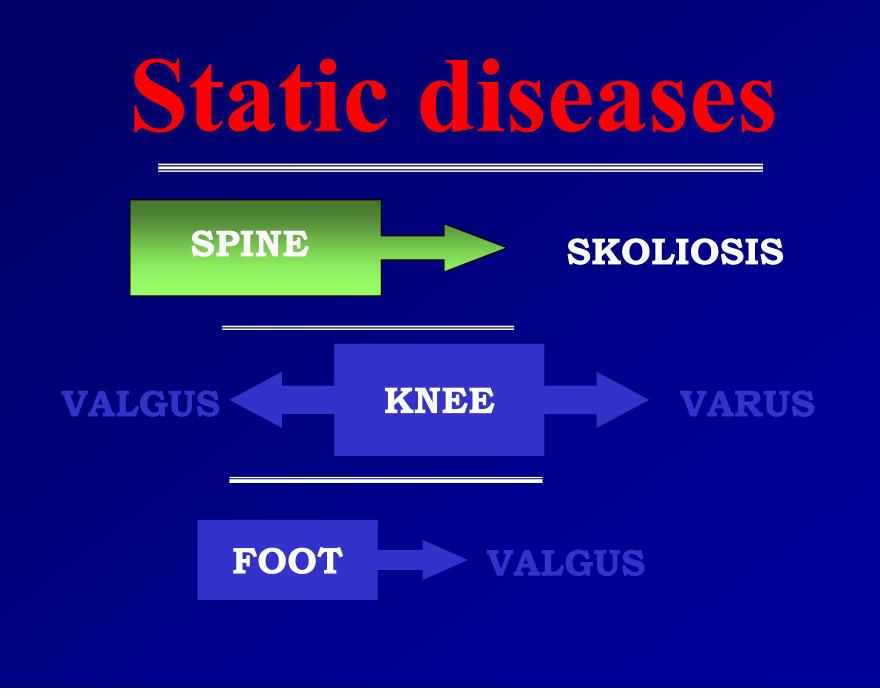




De BASTIANI'S method

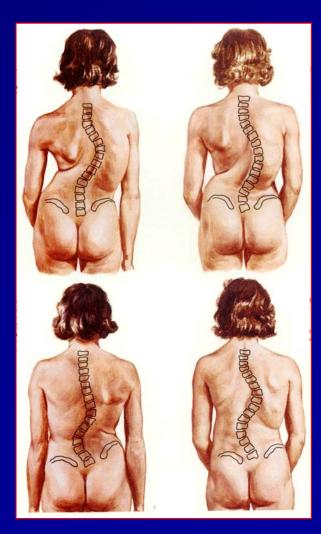






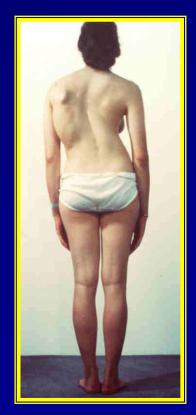
SPINE scoliosis





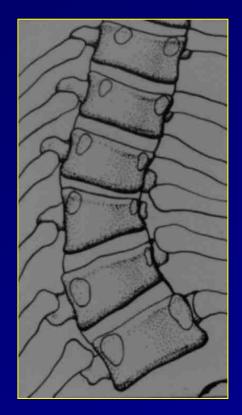
SPINE Scoliosis

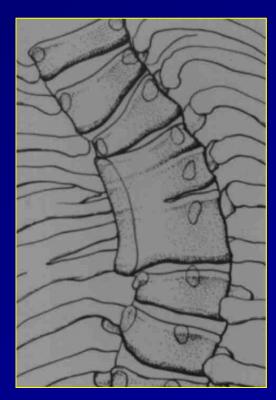


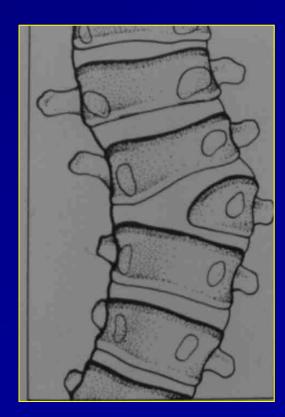




SPINE scoliosis congenital







Knee Deformation

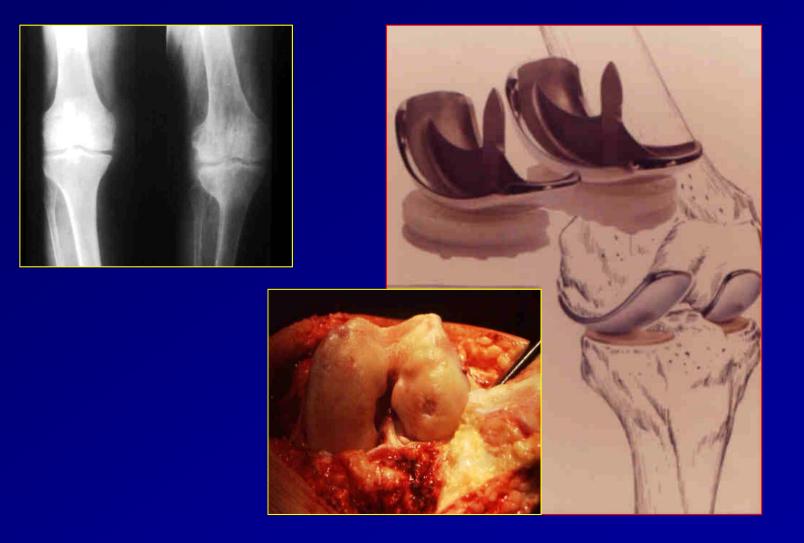








KNEE JOINT



COXARTHROSIS

Primary - idiopathic Secondary - :

- * DDH
- * Trauma
- * Arthritis
- * SCFE
- * Perthes
- * Tumors
- * Necrosis
- * Others





COXARTHROSIS









COXARTHROSIS







Hip Arthritis













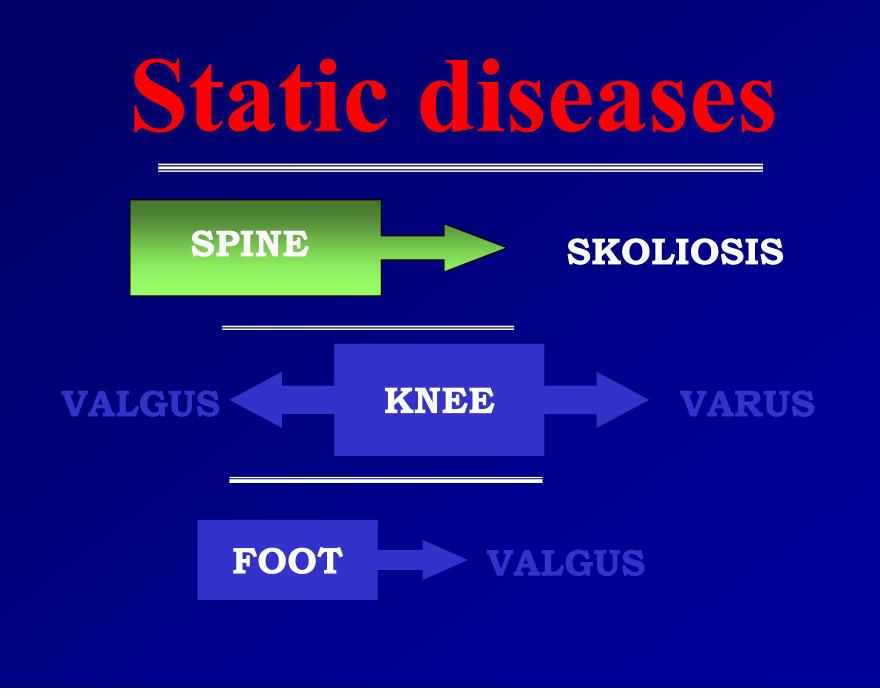


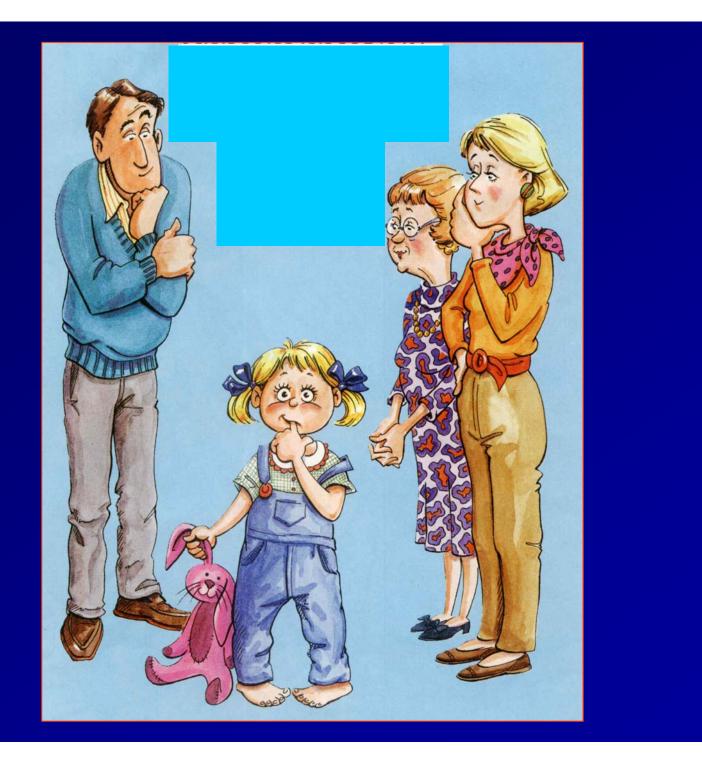


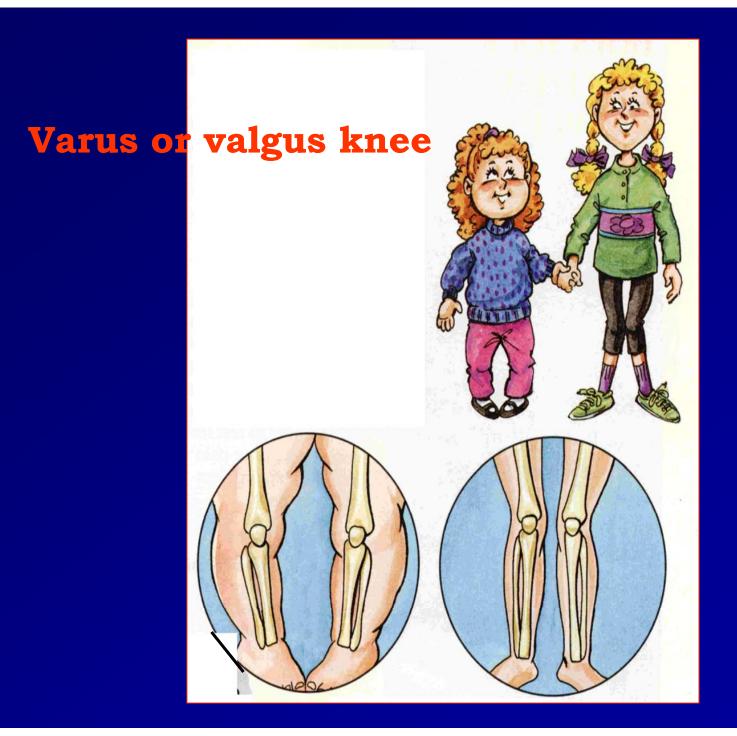


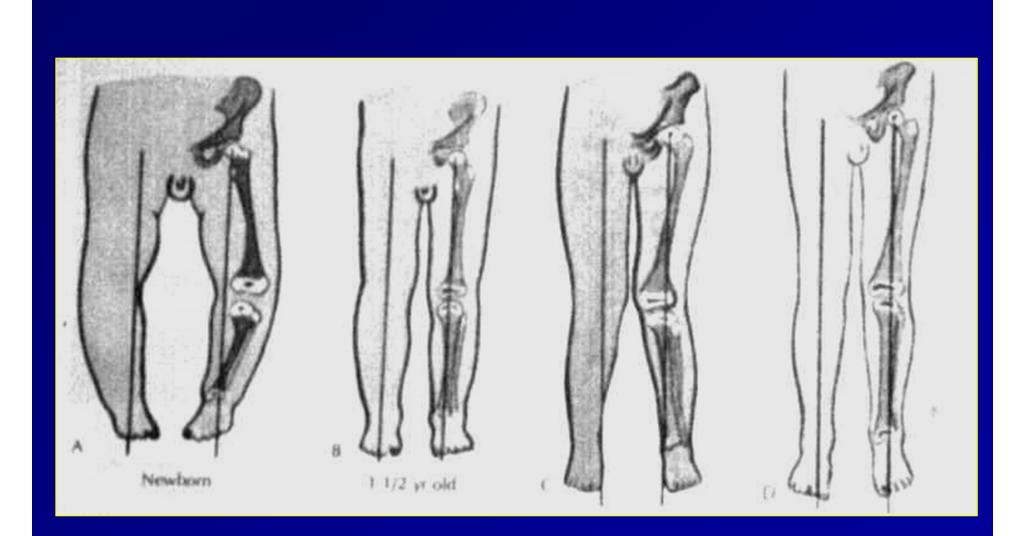


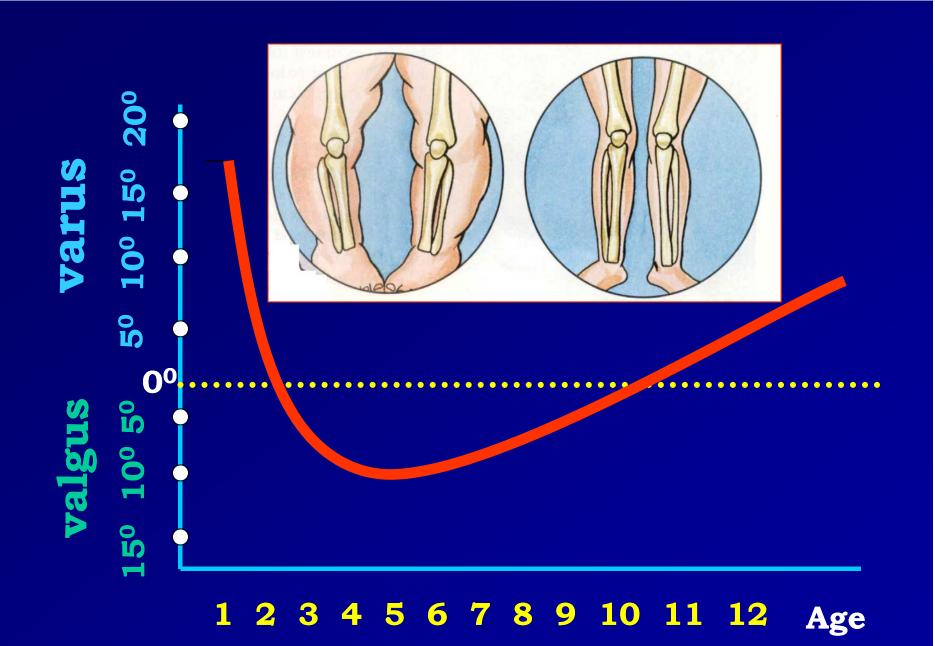
More than 100 models of hip prosthesis











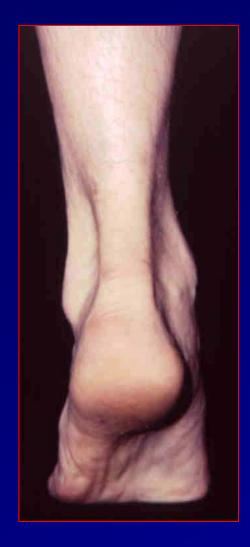


























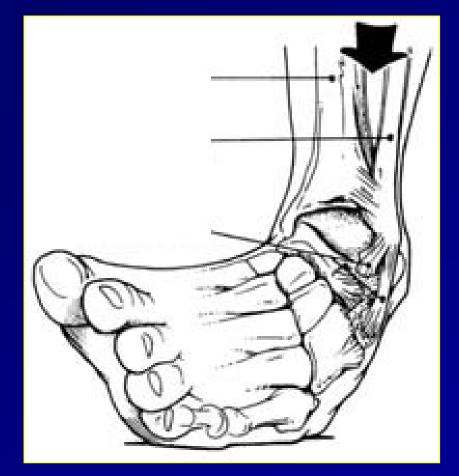




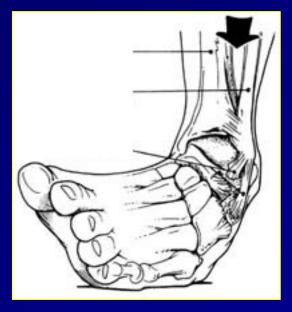
















Children's fractures



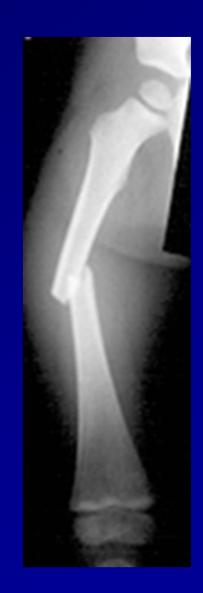
Spica cast treatment



7m

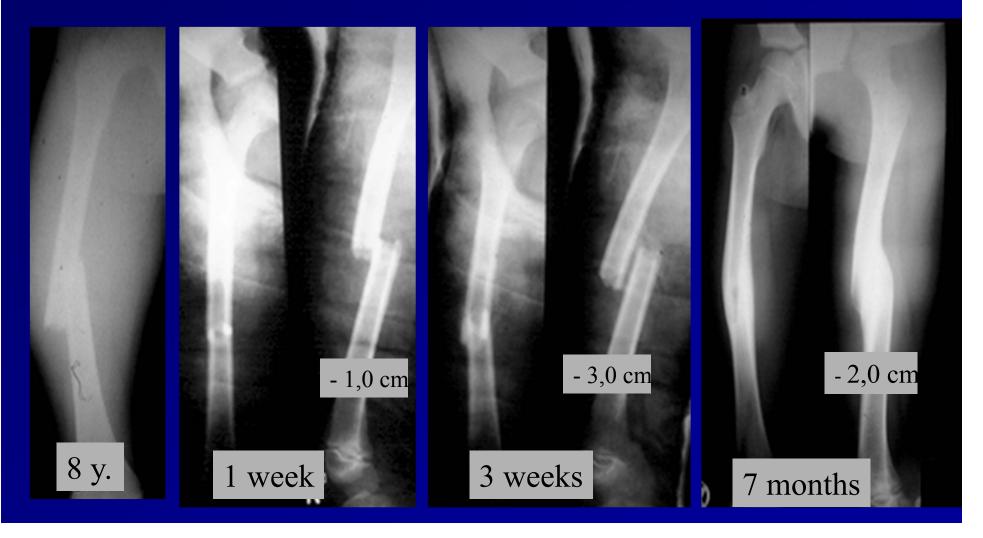
Spica cast - age 3 – 5 years







Spica cast – 2008 no indication in treatment children > 8 years of life



Intramedulary nail

Potential risk of AVN



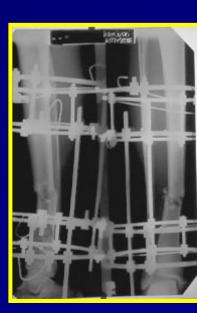




Patient treated with Ilizarov frame



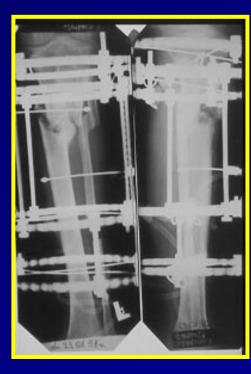


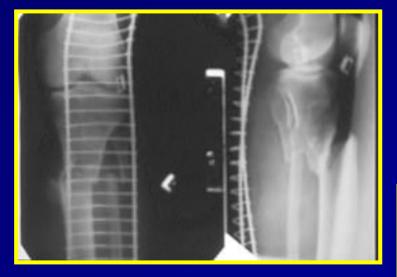






Patient treated with Ilizarov frame







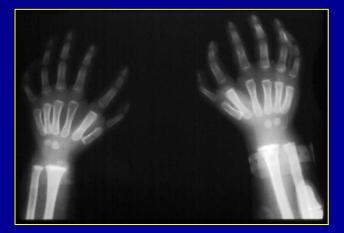












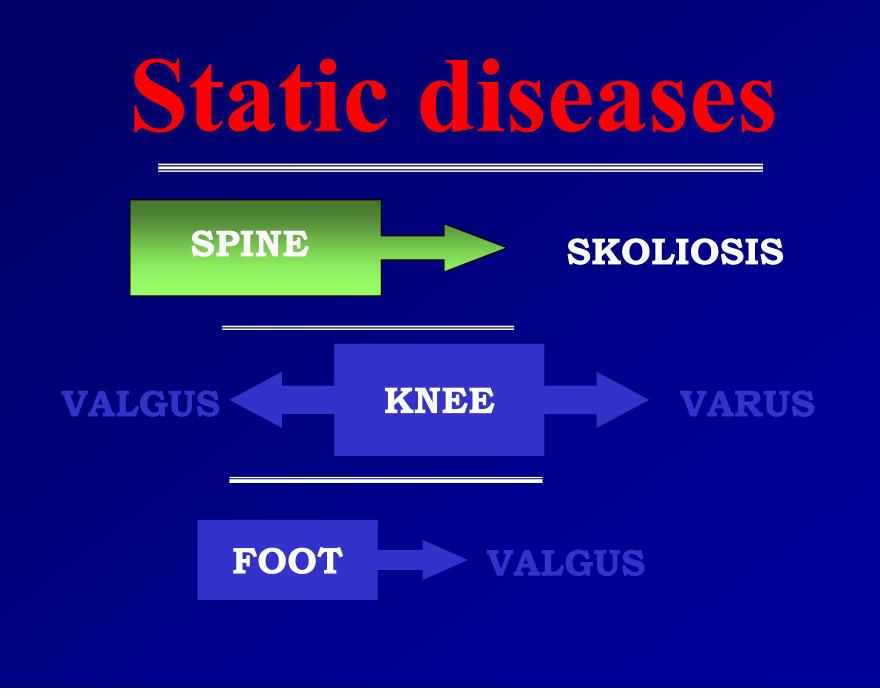








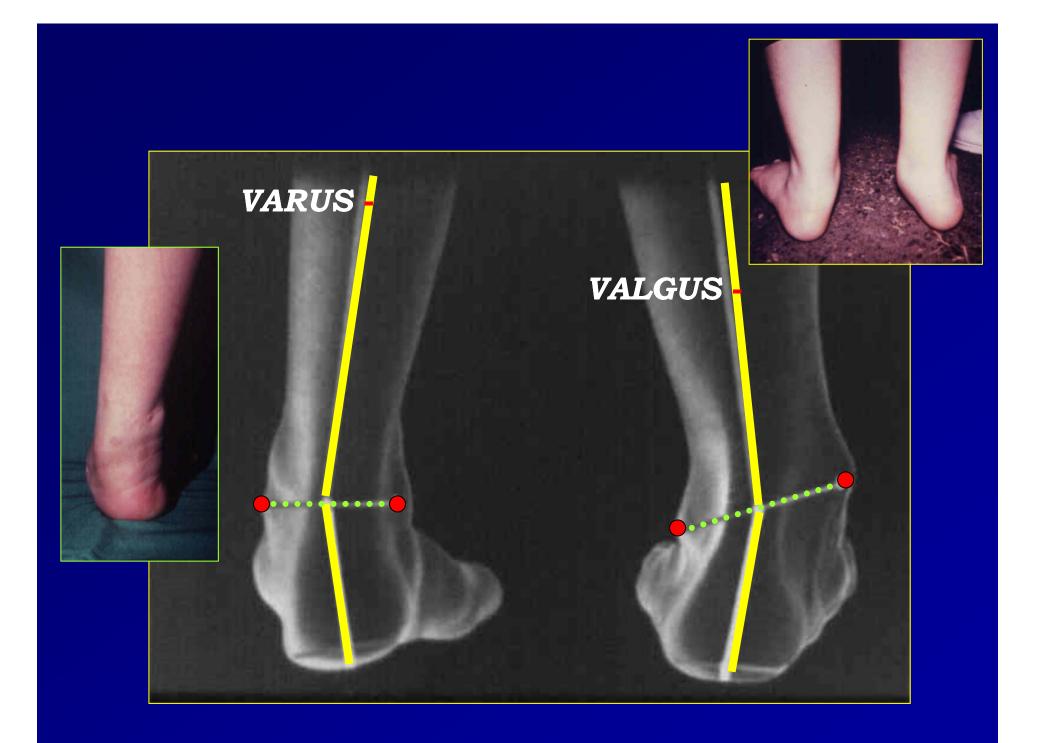




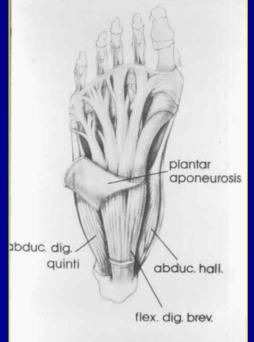
















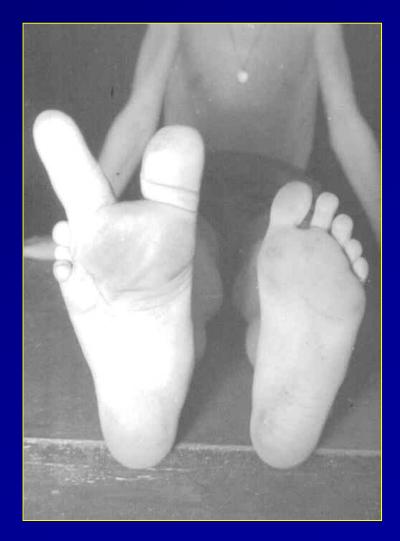




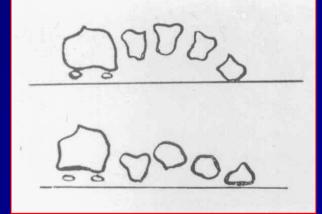


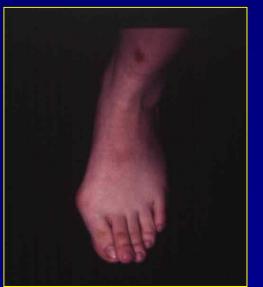


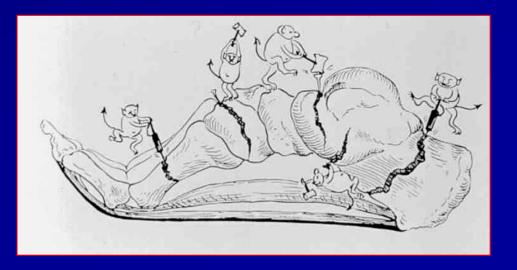






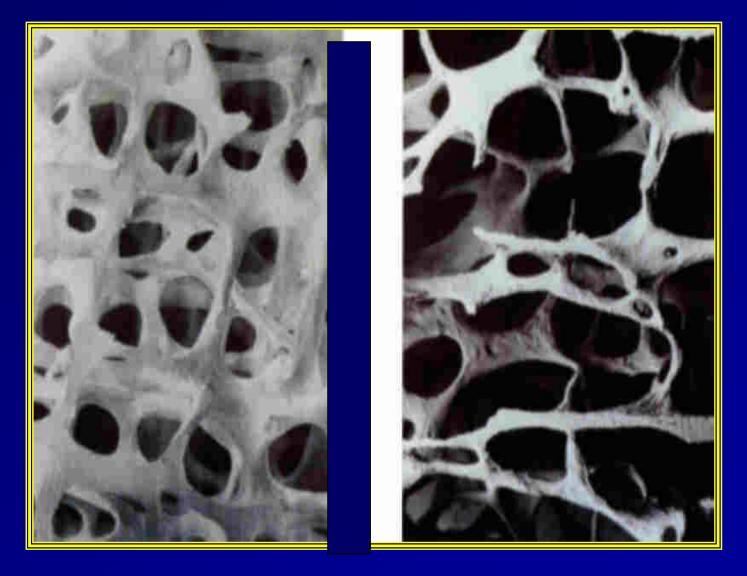






STOPA



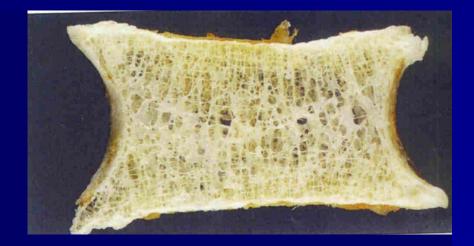


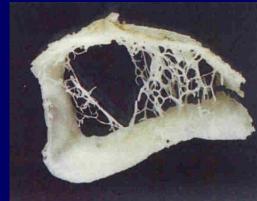
Normal bone

Osteoporosis



OSTEOPOROTIC FRACTURE

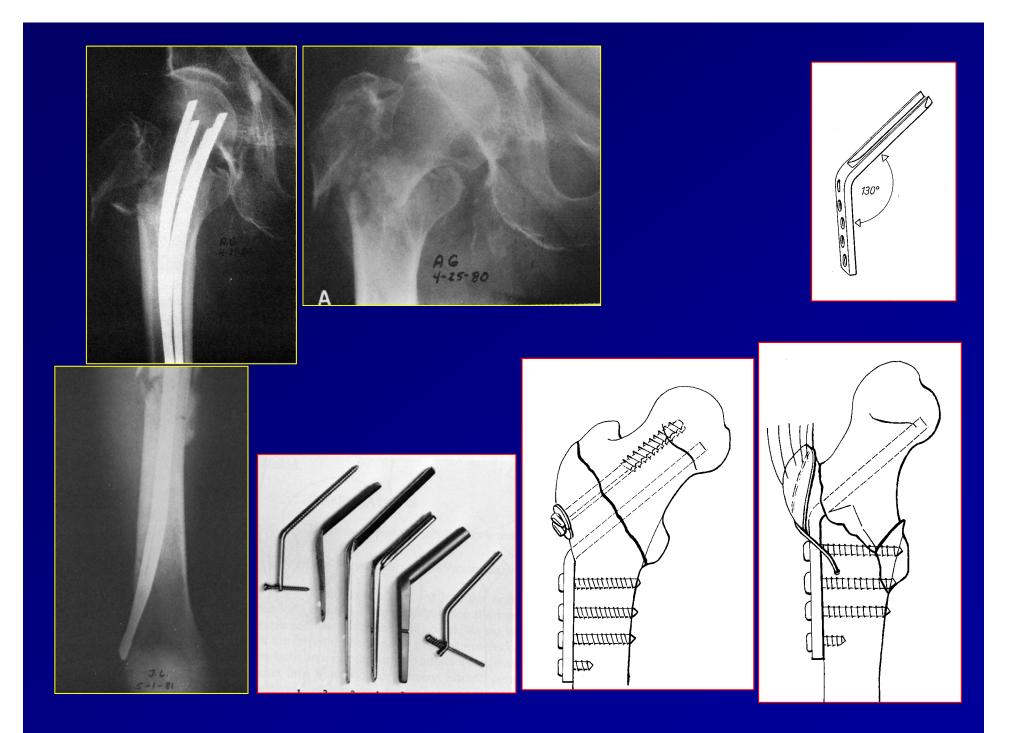




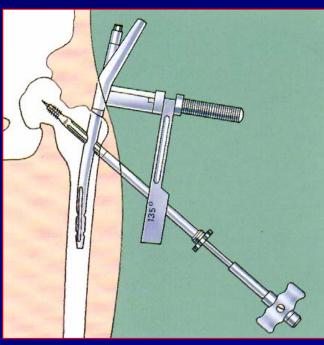


SPINE AND POSTURE CHANGES

















PROPHYLAXIS



















