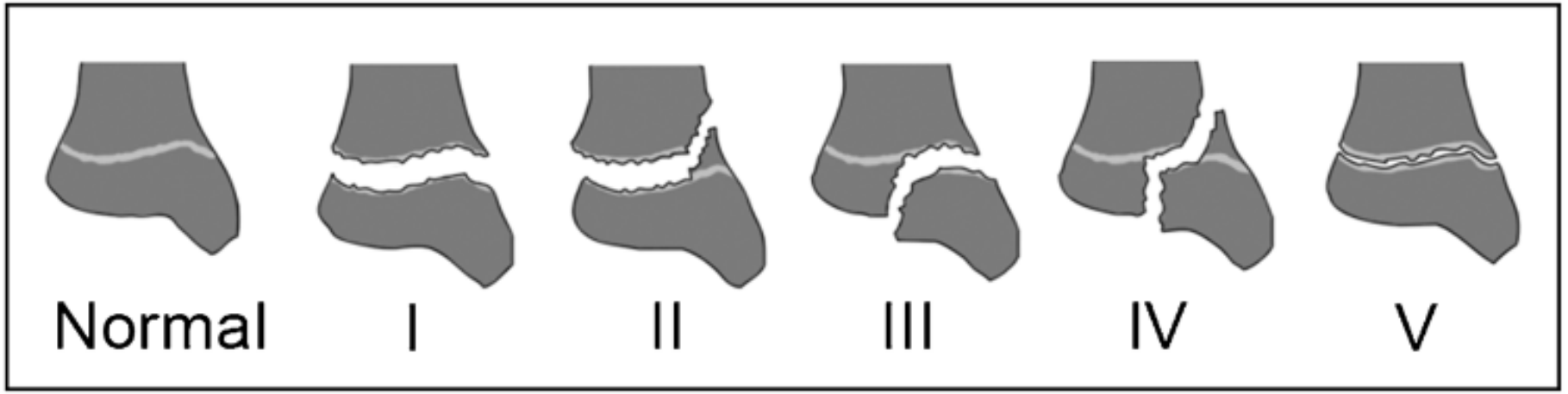


Epifiz-Plağı kırıkları

Dr Hakan Şenaran
Ortopedi ve Travmatoloji Uzmanı

Sunum Planı

- Epifiz plağı yaralanmaları
- Epifiz yaralanmaları
- Kazasal olmayan travma-Çocuk istismarı


Normal
I
II
III
IV
V









Incidence of Occult Fracture in Children With Acute Ankle Injuries

Wudbhav N. Sankar, MD, Jack Chen, MD, Robert M. Kay, MD, and David L. Skaggs, MD

J Pediatr Orthop • Volume 28, Number 5, July/August 2008

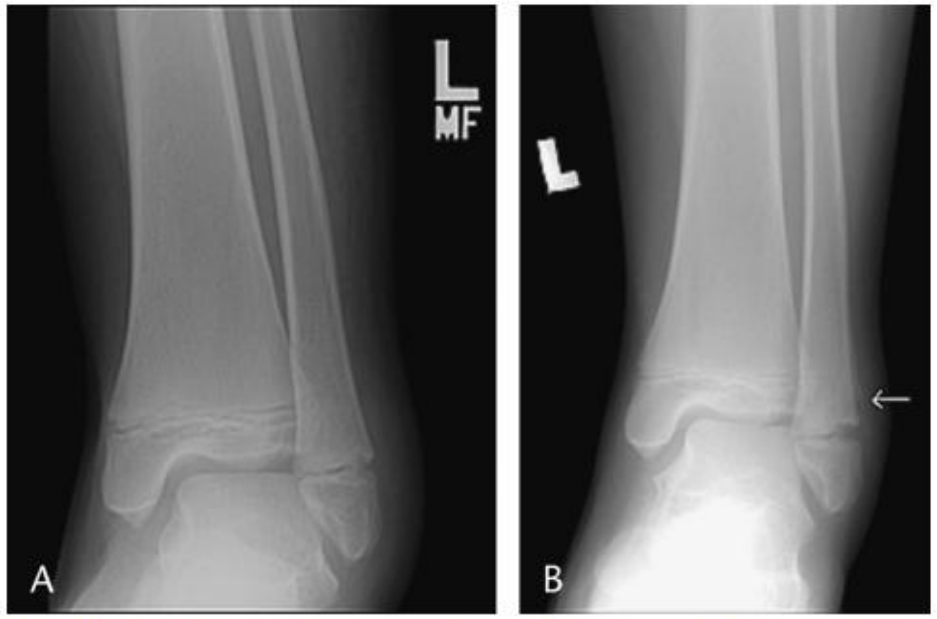


FIGURE 1. A, Case example of an AP radiograph immediately after an acute ankle injury. B, Follow-up AP radiograph 4 weeks later showing periosteal reaction (arrow) consistent with an occult fracture.

- 38 hasta, ort yaş 8,5
- Kısa bacak alçı
- 4 hafta sonra 7 (%18) çocukta yeni kemik yapımı görülmüş

Research

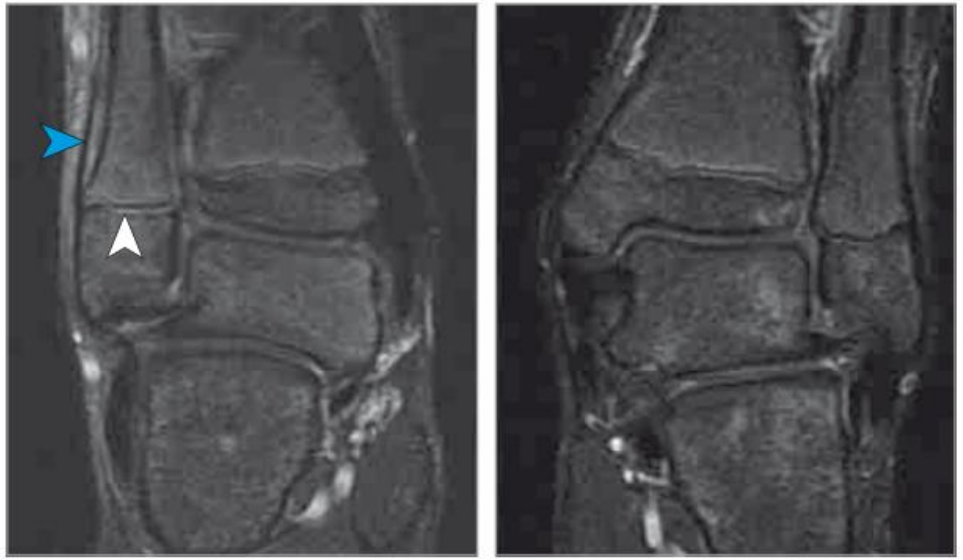
Original Investigation

Radiograph-Negative Lateral Ankle Injuries in Children
Occult Growth Plate Fracture or Sprain?

Kathy Boutis, MD, MSc; Amy Plint, MD, MSc; Jennifer Stimec, MD; Elka Miller, MD; Paul Babyn, MD; Suzanne Schuh, MD; Robert Brison, MD; Louis Lawton, MD; Unni G. Narayanan, MBBS, MSc

A Salter-Harris I fracture of the distal fibula

B Normal ankle



A, Relative to the injured side, there is physeal widening and increased signal uptake in the growth plate (white arrowhead) and elevated periosteum by the subperiosteal hematoma extending proximally from the growth plate (blue arrowhead).

- Jamapediatrics 2016
- Distal fibula SH Tip 1 kırık şüphesi olan 115 çocuk
- MRG
- 4 kırık bulgusu
- 108 bağ yaralanması
- 27 kemik kontüzyonu

Injury, Int. J. Care Injured 41 (2010) 852–856

Contents lists available at ScienceDirect

Injury

journal homepage: www.elsevier.com/locate/injury

Magnetic resonance imaging of clinically suspected Salter–Harris I fracture of the distal fibula

Kathy Boutis [a,*], Unni G. Narayanan [b], Frederik F.T. Dong [c], Heather MacKenzie [c], Hanmu Yan [c], Derek Chew [c], Paul Babyn [d]

[a] Division of Emergency Medicine, Department of Pediatrics, Hospital for Sick Children, University of Toronto, 555 University Avenue, Toronto, ON M5G 1X8, Canada
[b] Division of Orthopedics, Department of Surgery, Hospital for Sick Children, University of Toronto, Toronto, ON, Canada
[c] School of Medicine, University of Toronto, Toronto, ON, Canada
[d] Department of Radiology, Hospital for Sick Children, University of Toronto, Toronto, ON, Canada

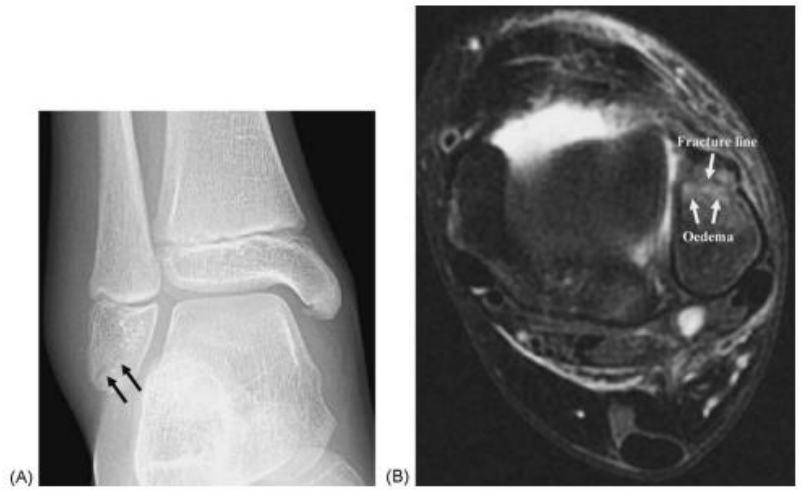
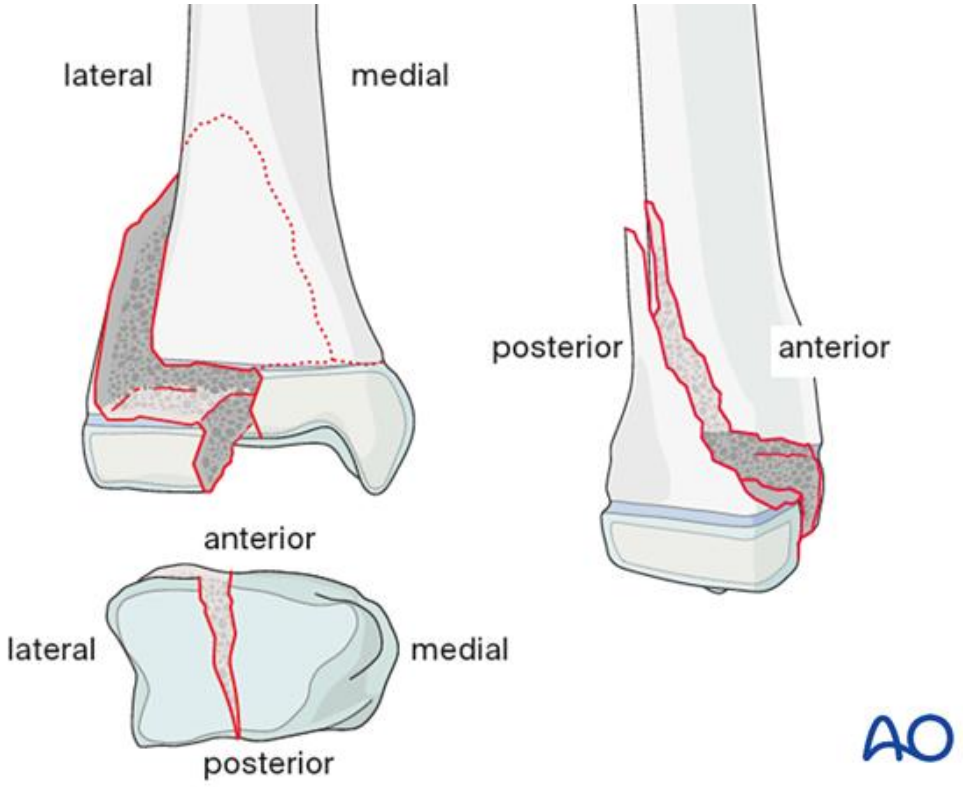


Fig. 4. (A) Subtle avulsion fracture (black arrows) of distal fibula evident after review of MRI images. (B) Mild bone marrow oedema of distal fibular epiphysis and a subtle avulsion fracture of the anterior aspect of the distal fibula epiphysis in an 11-year-old girl with a left ankle injury.

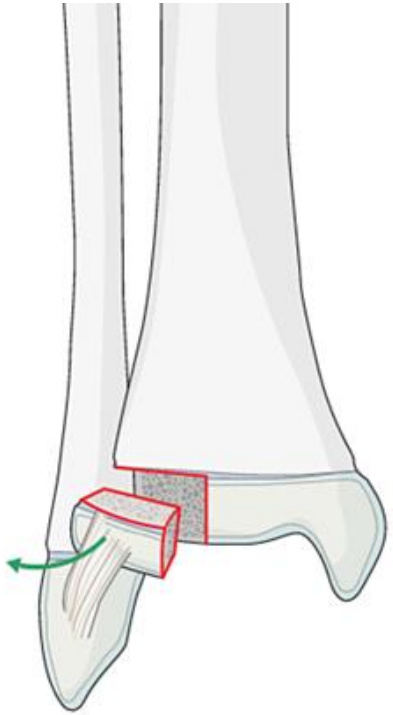
- Ayak bileği üzerine basmama, lateralde hassasiyet ve şişlik olan 18 çocuk
- Mrg
- 10 Kemik kontüzyonu
- 14 Bağ yaralanması
- 1 Eklem kıkırdak hasarı
- 1 Distal fibula avulsiyon kırığı

Triplane kırığı





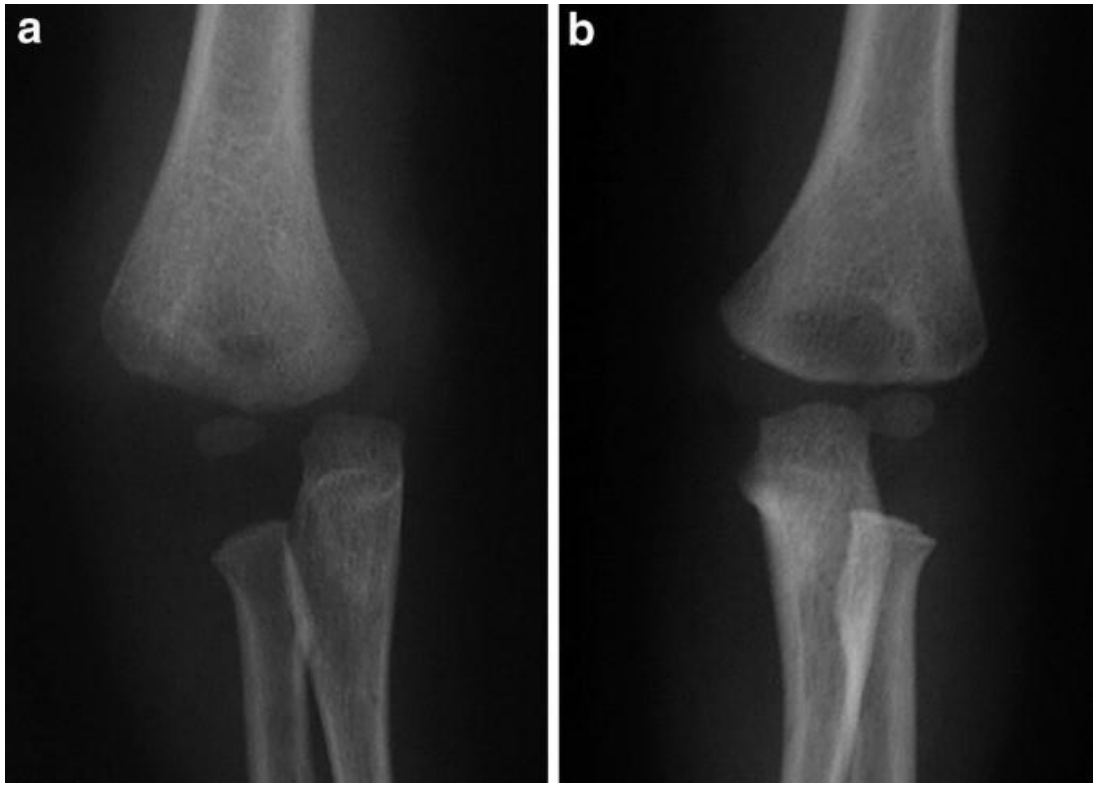
Tillaux kırığı







Transfizyel dirsek kırıkları



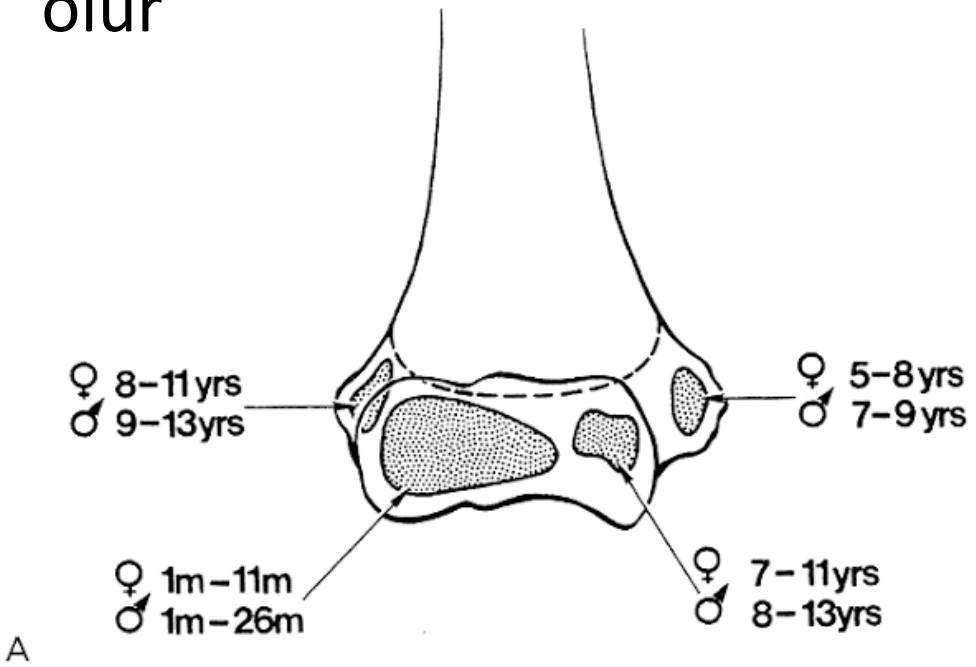
- 3y altında ender görülen kırıklar
- Çocuk istismarı akıldan çıkarılmamalı

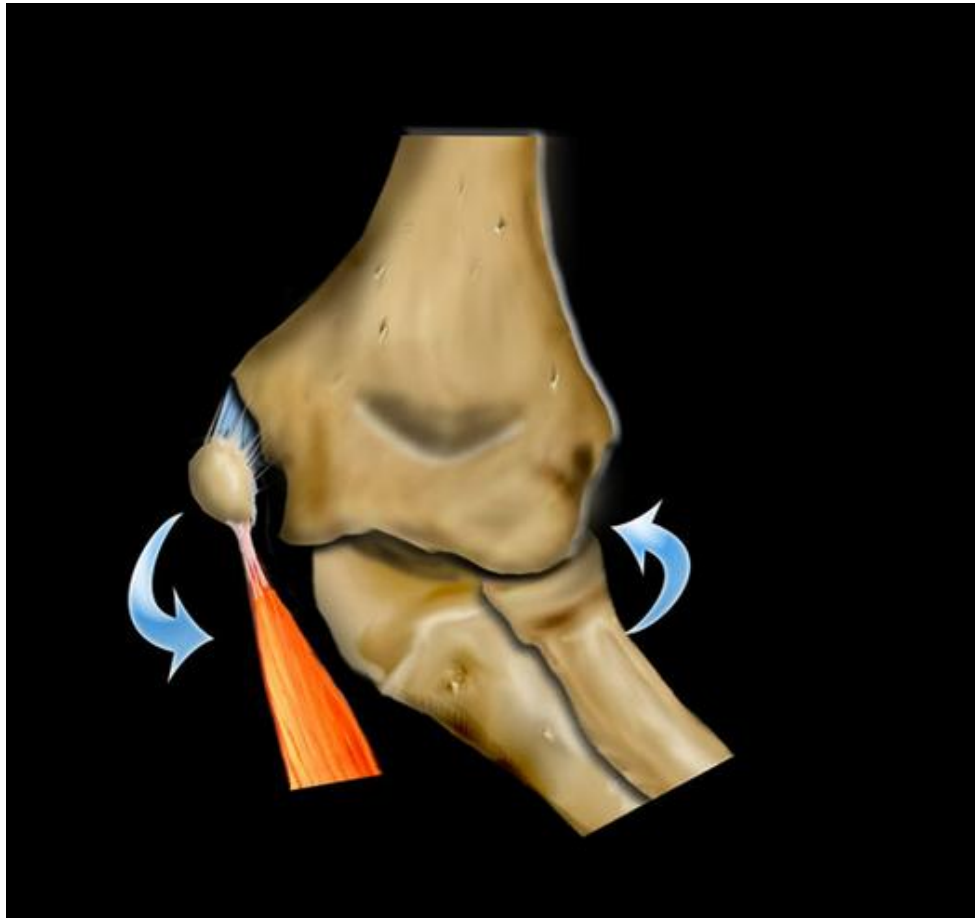




Medial epikondil kırıkları

- 9-14 yaş arasında görülür
- %60 dirsek çıkığı eşlik eder
- %15 fragman ekleme inkarsere olur





Medial epikondil kırıkları





Proksimal Tibia kırıkları

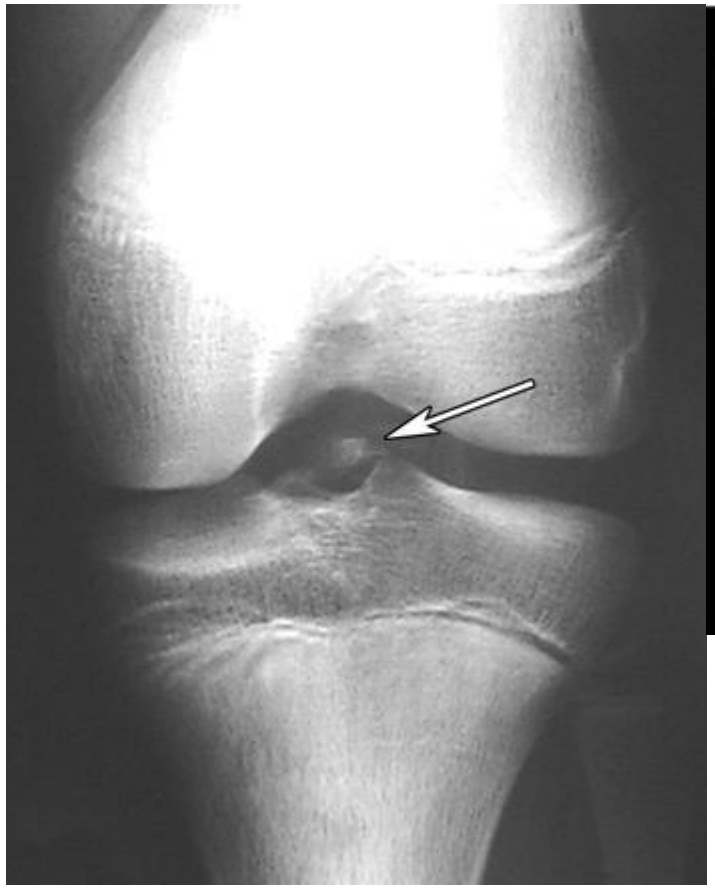






Kompartman Sendromu

Eminensia kırıkları











Femur boyun kırıkları





Femur boyun kırıkları

- Yüksek enerjili travma
- Çoklu travma
- <2 y çocuk istismarı
- >10 y trafik kazaları
- Şüpheli durumlarda BT



Kazasal olmayan travma

- 0-6 ay femur kırıklarında %62
- Kız çocuk
- Hastaneye başvuru süresi >5 gün



Kazasal olmayan travma



