CHAPTER IV

Fractures of the Distal Radius

A. The Specific Problem

This is considered a routine, frequent fracture, reputedly easy to treat, since the treatment is generally left to the assistant. In fact, this fracture is not well understood, and the therapeutic criteria are vague. This is because:
- an analytical morphological basis is lacking;
- conservative treatment appears to give good results;
- malunion seems to be well tolerated;
- the population affected, often elderly and female, does not arouse interest.

In practice, despite numerous studies (Castaing 1964; Chamay 1977; Chamay et al. 1983; Clancey 1984; Cooney et al. 1979), no-one acknowledges the problems of malunion, since no relationship has ever been demonstrated between the severity of the malunion and the patient's discomfort (Fourrier et al. 1981).

We now propose to study:
1. The population involved in this type of injury
2. The consequences of malunion in an apparently apathetic population – the elderly
3. The possibilities of conservative management
4. The practical implications of a classification developed with therapeutic aims
5. The basis of rational treatment

Distribution of Radial Fractures According to Age and Sex

During the 3-year period from the start of 1980 to the end of 1982, the St Gallen orthopaedic clinic treated 653 fractures of the distal radius. Of these patients, 200 were aged 30 or under, 102 were between 31 and 51, while the remaining 351 were aged 51 or over. From Figs. IV.1 and IV.2, three interesting facts emerge:
1. Below the age of 30 years this fracture affects mainly men (69%).
2. Between 30 and 51 years, men and women are affected equally.
3. After the 51st year, women are predominantly affected (86.6%).
Current Treatment of Fracture of the Radius

During these 3 years only 54 of the 653 fractures were operated on, i.e. 8.3%; an external fixator was used 41 times and osteosynthesis was performed 13 times. If we consider the 41 patients managed by external fixator (Fig. IV.3), we note that:

- men were treated 25 times and women 16 times,
- it was employed only 13 times in patients over 50,
- it was employed in the under-50 women only seven times,
  and in the over-50 women only nine times.

Put into percentages, these figures reflect a casual attitude about the outcome, especially in women. Indeed, of the 305 women over 50 years only nine were given the benefit of external fixation; 2.6% of the population concerned. For those under 50 years the rate was more favourable, since seven out of 113 (6.2%)