Segond fractures, Diagnosis and treatment

Burt Klos, Stephan Konijnenberg
ICONE Orthopedics and sports traumatology, the Netherlands

Hypothesis
- Avulsion lesions are a possible goal for refixing important lateral structures.
- The same approach we have for lateral fibula and tibial spine avulsion fractures

Primary injury / plain X ray information

Ultrasound imaging
- 88 patients with ACL #
- 25 Segond lesions
- 70 Impaction # lateral FC

Ultrasound imaging
- MRI 3-6 % Reference 1
  - X ray 9 % Ref 2
  - Ultrasound 28 % ref 3

Contact Information:
PO Box 41
5482WN Schijndel
The Netherlands
bklos@icone.nl

Case Report: Refixing ALL / Segond # Checking the pivot on the table is pulling the staple off / prove of importance in stability?

Refixing Segond or reconstruction AL complex?

Conclusion
- Validation study
- Importance of diagnosis (5>9>28 %)
- Ultrasound imaging (increases 5x incidence)
- Distal avulsion lesions refixation in stead of reconstruction?
- Clinical outcome?

Reference
Reference 1 Resnick; Pathogenesis of the Segond fracture: anatomic and MR imaging evidence of an iliobibial tract or anterior oblique band avulsion. Radiology. 2001 May;219(2):381-6
Reference 3 Klos; Diagnosis and treatment of lateral segond avulsions in knee ligament injury (NVA abstract poster 2015)