Supplemental Digital Content Figure 2. AP (A) and lateral (B) injury radiographs from the patient shown in Figure 6 demonstrate a C-type pilon fracture in a 28-year male injured in a fall from height. The axial (C), coronal (D) and sagittal (G) CT scan sections obtained after placement of a spanning external fixator demonstrate the 4 articular segments as well as the proximal extensions of the fracture. An anteromedial approach allowed for reduction and fixation of articular surface as well as the proximal fracture extensions. The proximal extensions were first reduced and stabilized with a combination of 2.4 mm lag screws and a 2.0 mm buttress plate (F, G). After the articular surface was reduced and stabilized with a combination of individual lag screws and a 2.0 mm non-locking plate, an anterolateral non-locking plate was placed to stabilize the articular block relative to the diaphysis, and a ¼ tubular plate was placed medially to ensure adequate buttressing (H, I). The AP (J) and lateral (K) 6-month postoperative radiographs demonstrate healing with maintenance of the reduction.