Supplemental Digital Content Figure 3. AP (A) and lateral (B) injury radiographs from the patient shown in Figure 7 from a 43-year-old who sustained multiple injuries as a result of a fall from 30 feet, including this right open C-type pilon fracture with proximal extension. At the time of the initial irrigation and debridement of the medial open wound, a proximal posteromedial approach was performed with the patient in the supine position combined with a posterolateral approach for the fibula. The proximal posteromedial fracture extension was reduced (C, D) and stabilized with multiple 2.4 mm lag screws (E, F). A 2.7 mm posterior buttressing plate was placed for the tibia, the fibula was reconstructed, and an ankle spanning external fixator was placed (G, H). A CT scan was obtained and axial (I), coronal (J) and sagittal (K) sections demonstrated accurate reduction of the posterior pillar, central comminution, and two major articular fragments anteriorly and medially. At thirteen days after injury, definitive fixation was accomplished through an extensile anteromedial exposure. Intraoperative AP (L) and lateral (M) intraoperative fluoroscopic views show how the central impaction was first reduced and stabilized with two independent intra-osseus 2.0 mm lag screws, which was followed by reduction and stabilization of the main articular fragments. Given the tenuous medial soft tissues, a ¼ tubular plate was placed medially combined with 3.5 mm lag screws (N, O). The AP (P) and lateral (Q) radiographs show the final.
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