

shaft at about 53.02 mm from adductor tubercle, while the osteoarticular branch ran along with the adductor magnus tendon. The nerve to vastus medialis was at the posterior border of this entering at an average of  $142.63 \pm 62.96$  mm from adductor tubercle.

**Conclusion:** Minor neurovascular branches of DGA appear to be at risk during medial femoral condyle plating. Careful blunt dissection with proper MIPO instrumentation, while maintaining plate length within 159 mm to Hunter's canal, can prevent injuries to these structures.

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**Disclosure:** No significant relationships.

## P110

### TREATMENT OF FRAGILITY FRACTURE OF PELVIS

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**Introduction:** Recently the number of Fragility fracture of pelvis (FFP) is increasing in Japan. And we treat FFP with conservative treatment usually. But sometimes surgical treatment is necessary. So we investigated progress of FFP 120 cases in our hospital.

**Material and methods:** We experienced 120 cases of FFP from 2012 to 2015, and we had surgical treatment 6 cases. All Females and mean age is 79 years old (63-92 y) According to Rommens FFP classification, FFP type III a 5 cases, and IV 1 case. We selected ORIF treatment 4 cases, and Ex-Fix 2 cases.

**Results:** All cases acquired bone union. The amount of bleeding of ORIF surgical treatment cases mean 405 ml. Ex-Fix cases had a tendency of delayed union. All ORIF cases recovered to cane gait level.

**Conclusion:** 5 % (6/120 cases) of FFP cases needed surgical treatment. And In our cases 5/6 cases of ORIF group are FFP type IIIa. In the cases of FFP type IIIa, fracture line exists Iliac most thin part, so bone contact is very few. We suppose FFP type IIIa has a tendency of displacement of fracture site during conservative treatment.

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## P111

### A COMBINED POSTERIOR REVERSED L-SHAPED AND ANTEROLATERAL APPROACH FOR TWO COLUMN TIBIAL PLATEAU FRACTURES IN CAUCASIANS: A TECHNICAL NOTE

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**Introduction:** Open reduction and internal fixation of two column posterior and lateral tibial plateau fractures through a combined posterior reversed L-shaped and anterolateral approach in floating position in Caucasians.

**Indications:** Two column posterior and lateral tibial plateau fractures.

**Contraindications:** Tibial plateau fractures that do not involve the posterior and lateral column.

**Material and methods:** Surgical Technique: Patient is positioned in floating position, reversed L-shaped skin incision is made, exposure of the posterior column after lateral retraction of the medial head of the gastrocnemius muscle, reduction and fixation of the posterior fragments. Subsequently, flexion and varus stress on the knee, anterolateral skin incision, exposure of the lateral column, reduction and fixation of the lateral fragments.

**Results:** No results section is included in the article.

**Conclusion:** Despite a different physique as Asians, a combined posterior reversed L-shaped and anterolateral approach in a floating position for the surgical treatment of two column posterior and lateral tibial plateau fractures is technically possible in Caucasians. In our experience, this combined approach is an excellent strategy in most patients for surgical treatment of two column posterior and lateral column fractures.

**References:**

**Disclosure:** No significant relationships.

## P112

### AN ALTERNATIVE SURGICAL TECHNIQUE FOR MANAGEMENT OF SUPRACONDYLAR HUMERUS FRACTURES USING ELASTIC STABLE INTRAMEDULLARY NAILING

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**Introduction:** Supracondylar humerus fractures are the most common elbow fracture in pediatrics. Displaced supracondylar fractures require operative intervention. Percutaneous pinning is the most frequently used surgical method for fixation of supracondylar humerus fractures. We propose an alternative method for management of displaced supracondylar humerus fractures using two elastic stable intramedullary nails (ESIN).

**Material and methods:** Three skeletally immature patients with elbow fractures presented to our institution between October and November 2014. Two patients sustained Gartland Type 3 Extension