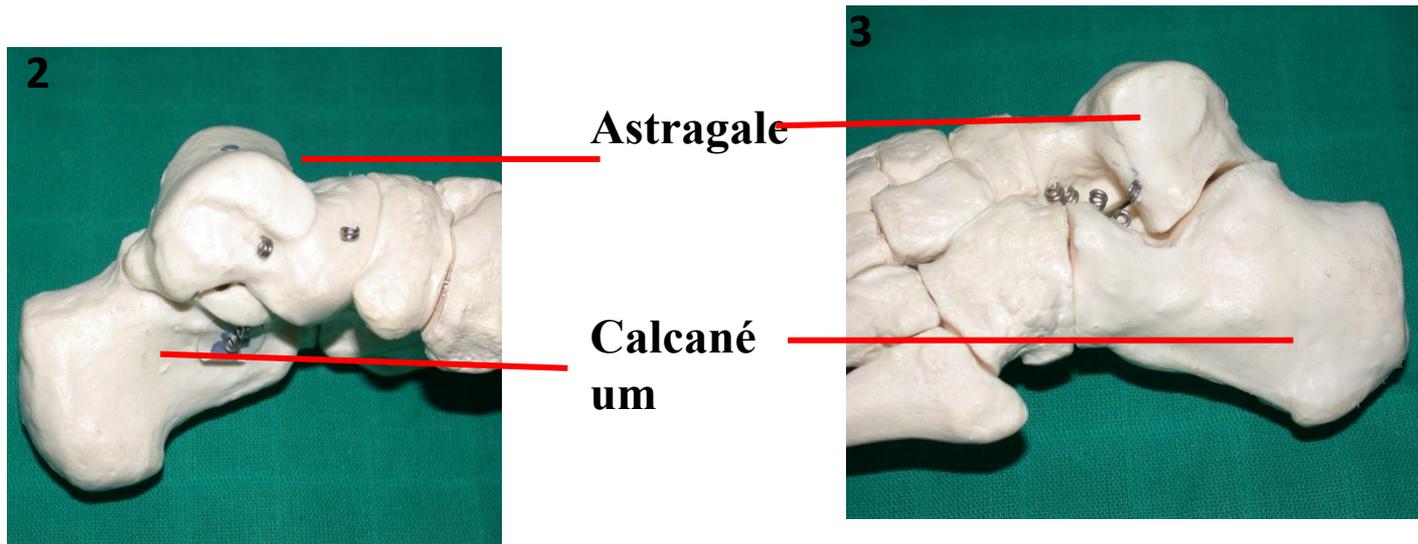


LES TRAUMATISMES DU TARSE POSTERIEUR



A.MENADI

FACULTE MEDECINE ANNABA

dr_menadi@yahoo.fr

FRACTURE ASTRALE

- **AVIATORS ASTRAGALIS**
- Ces fractures sont rares , Elles surviennent souvent à la suite d'un traumatisme violent de la cheville, entraînant des fractures complexes de l'astragale ou des fracture-luxations de la cheville.
- Deux complications principales menacent fortement ces fractures de l'astragale : **la nécrose de l'astragale (os mal vascularisé+++++++)**

•

ETIOLOGIES-MECANISMES

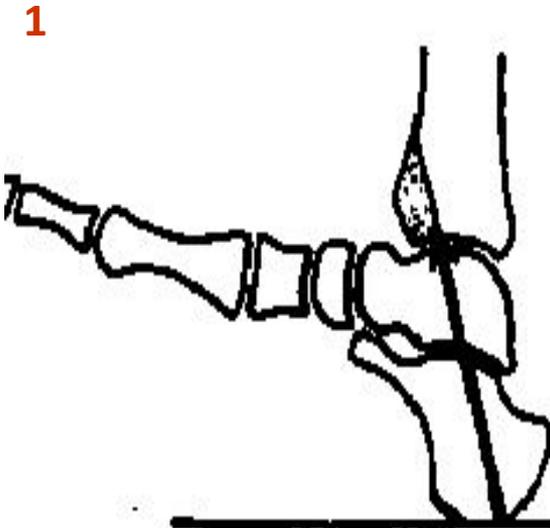
1-ETIOLOGIES:AVP-CLE-ACC SPORT-ACC TRAV.....

2-MECANISMES:

***indirect: hyperflexion dorsale pied+++** provoquant une force de cisaillement qui produit une fracture totale (corps –col-tete).

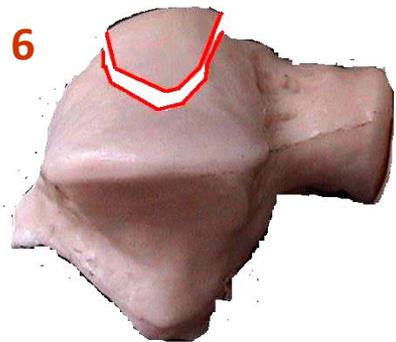
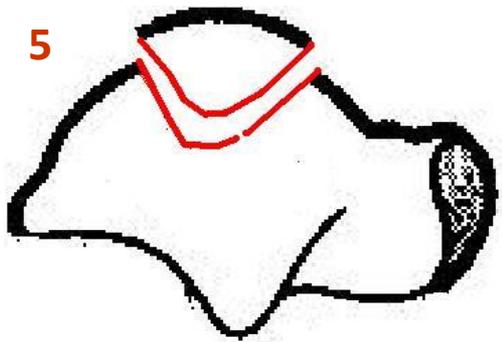
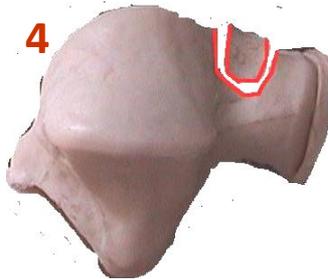
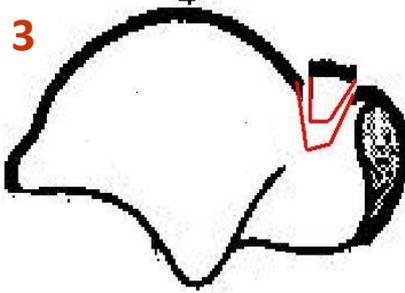
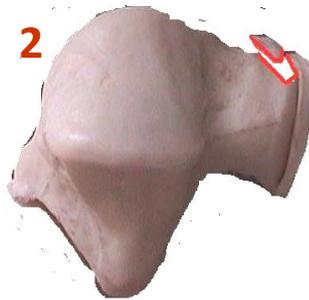
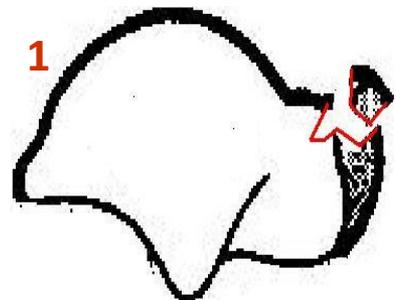
Hyperflexion plantaire rare

***direct:choc direct cheville rare .**



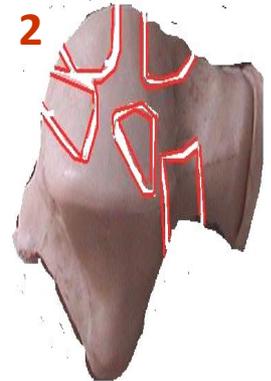
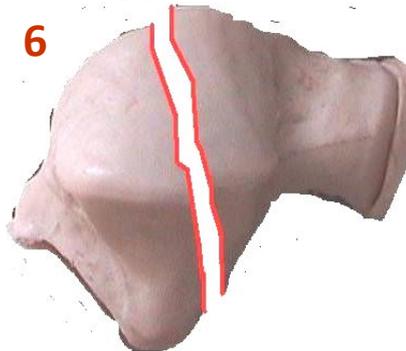
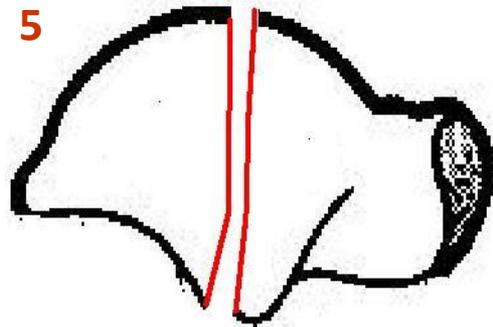
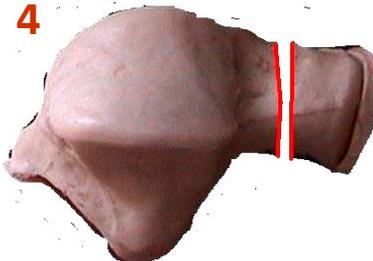
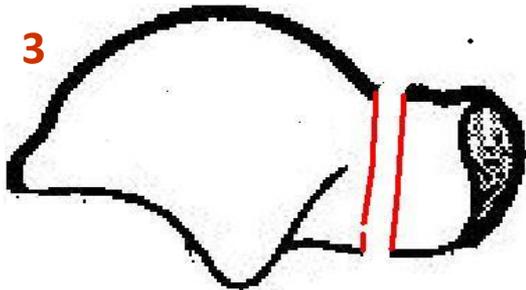
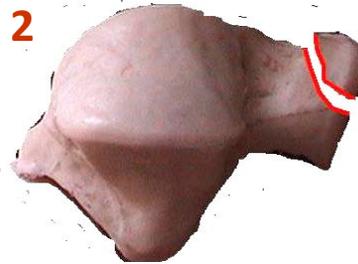
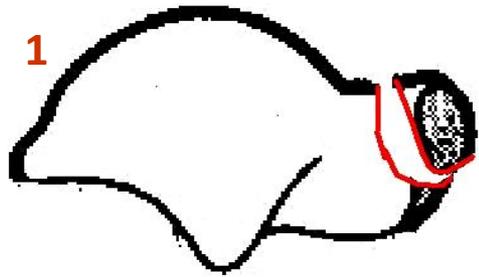
ANATOMIE PATHOLOGIQUE

FR PARCELLAIRE



ANATOMIE PATHOLOGIQUE

FR TOTALE



ETUDE CLINIQUE

1-INTERROGATOIRE:heure accident-mecanismes-age-antcd-tares

2-EXAMEN PHYSIQUE:

*oedème cheville,pied dévié dhrs,point dlr astragale.

***EXAMEN CUTANEE:** classification CDB-GUST

***EXAMEN VASCULAIRE:** artère tibial post 4P GRIFFITH

***EXAMEN NEUROLOGIQUE:**nerf musculo cutané-plantaire

***EXAMEN OSTEO ARTICULAIRE:**PILON TIBIAL-CALCANEUM- MALLEO



EXAMEN RADIOGRAPHIQUE

1-CLICHE FACE-PROFIL CHEVILLE

3-retro tibiale,face FP,face RI.....



TRAITEMENT

1-**BUT**:obtenir réduction parfaite
stabilisée efficacement

2-**MOYENS**:

*orthopédiques:(fr parcellaire,fr totale type 1)

-**réduction flexion plantaire forcée+++**

-**platre cruro pédieux**

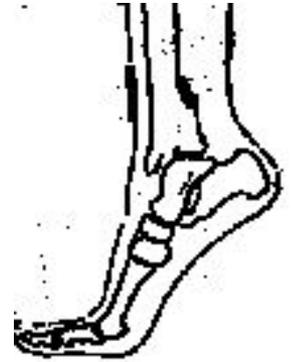
*chirurgicales:(fr totale type 2-3)

-**voie d'abord antéro interne**

Matériels:vissage

-**astragalectomie**

-**arthrodèse tibio astragalienne et sous astragalienne**



FRACTURES DU CALCANEUM



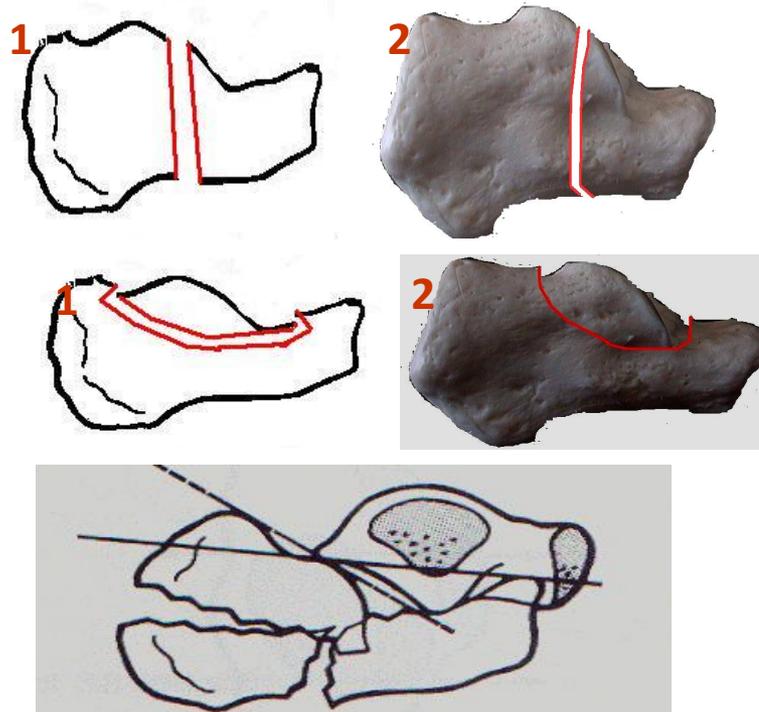
ETIOLOGIES-MECANISMES

1-chute lieu élevé+++ (acc trav-suicide-acc domestique....

2-MECANISMES:INDIRECT

***CISSAILLEMENT:** 2 forces :sol -poids corps>>>calcan coupé en 2

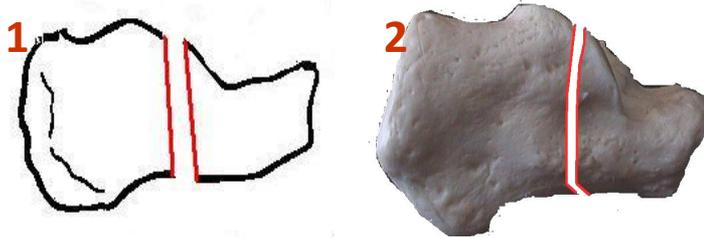
***COMPRESSION:** THALAMUS VERTICALE -HORIZONTALE



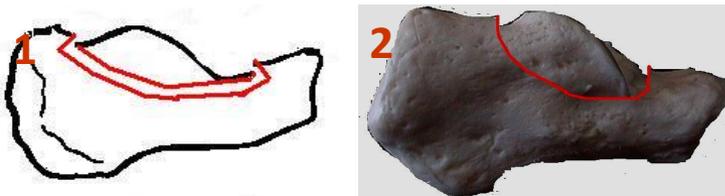
ANATOMIE PATHOLOGIQUE

* LESIONS ELEMENTAIRES:

-**SEPARATION**: fr séparation, trait fr oblique, calcanéum séparée 2 parties
post ext-antéro interne.



-**ENFONCEMENT**: fr COMPRESSION,
fr enfoncement vertical, mécanisme flexion dorsale
fr enfoncement horizontal, mécanisme flexion plantaire



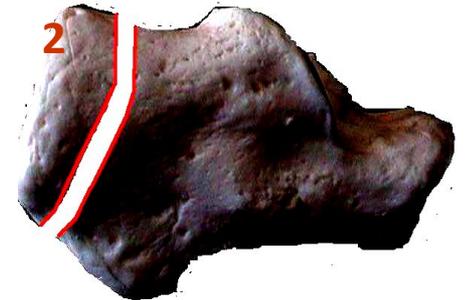
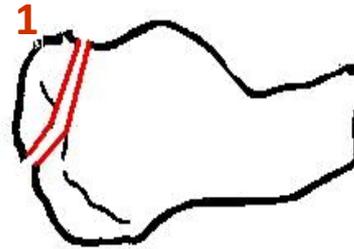
ANATOMIE PATHOLOGIQUE

classification DUPARC

1-FR EXTRA THALAMIQUES:

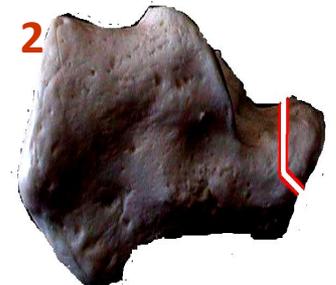
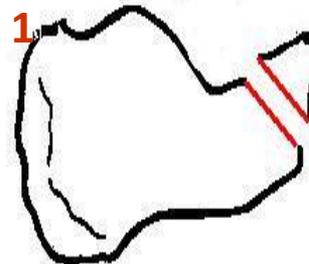
A-fr tubérosité post:- fr A° POST SUP(bec canard),Achille++

fr tub post inf,court fp,add 1
deux tubér



B-fr grande apophyse:art calc cuboid

C-fr sustentaculum tali



ANATOMIE PATHOLOGIQUE

classification DUPARC

2-FR THALAMIQUES:5 types

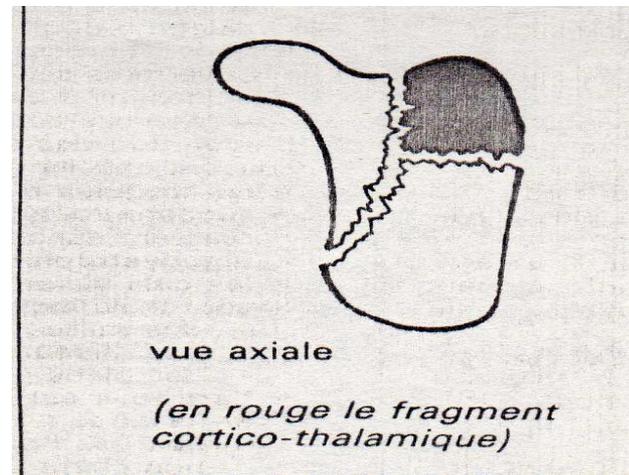
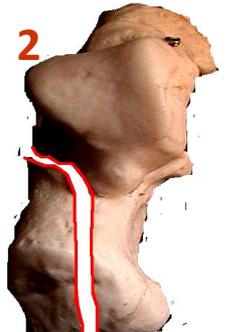
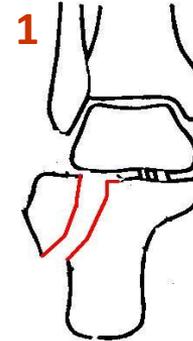
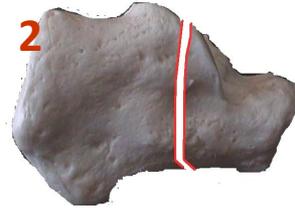
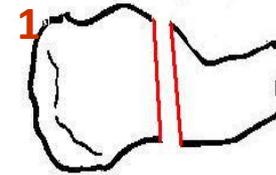
***type 1:**fr séparation 2 fragment,trait oblique

***type 2:**fr luxation,partie post int luxe dehors

***type 3:**fr séparation-compression a 3 fragments

-partie antéro interne

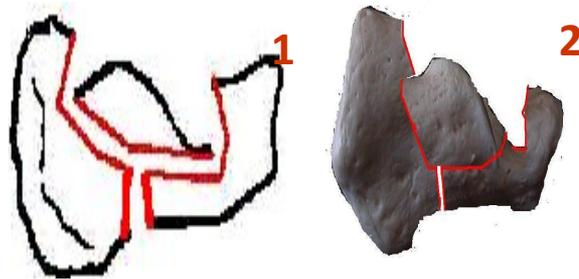
-partie post externe,(fr tubéros+fr thalamique)



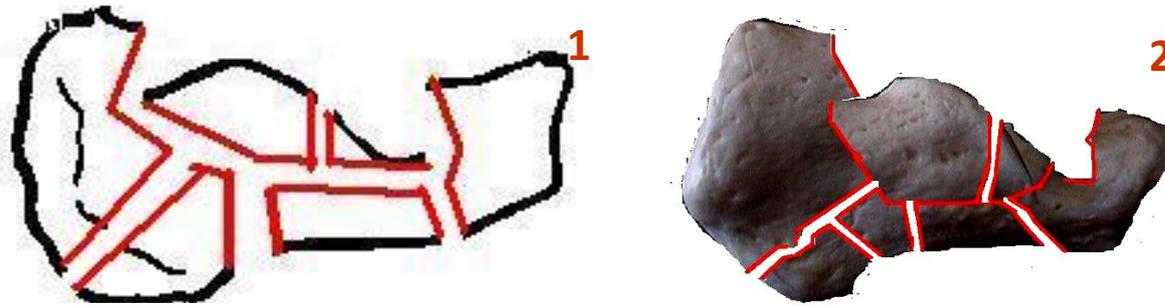
ANATOMIE PATHOLOGIQUE

classification DUPARC

***type 4**: fr séparation compression a 4 fragments, fr corticale plantaire, 4°
FRAGMENT tuberos post ext



***Type 5**: comminutive



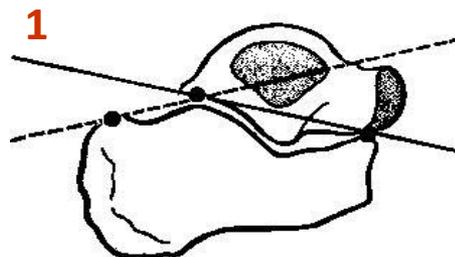
EXAMEN RADIOGRAPHIQUE

1-radios(05)-

face –profil-rot int-rot ext-rétro tibiale

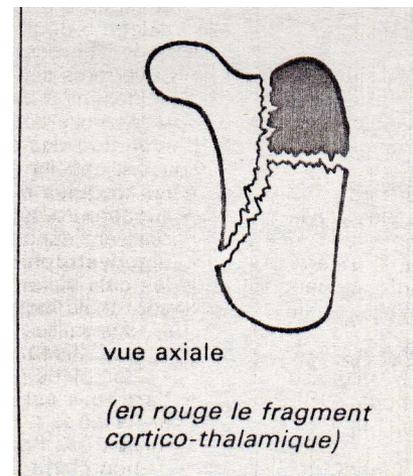
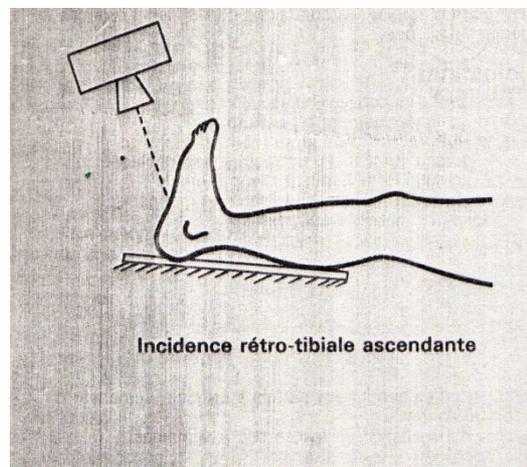
2-angle BOEHLER:25-40°

- ligne sommet grande tubérosité
- ligne sommet thalamus



3-incidence rétro tibiale:

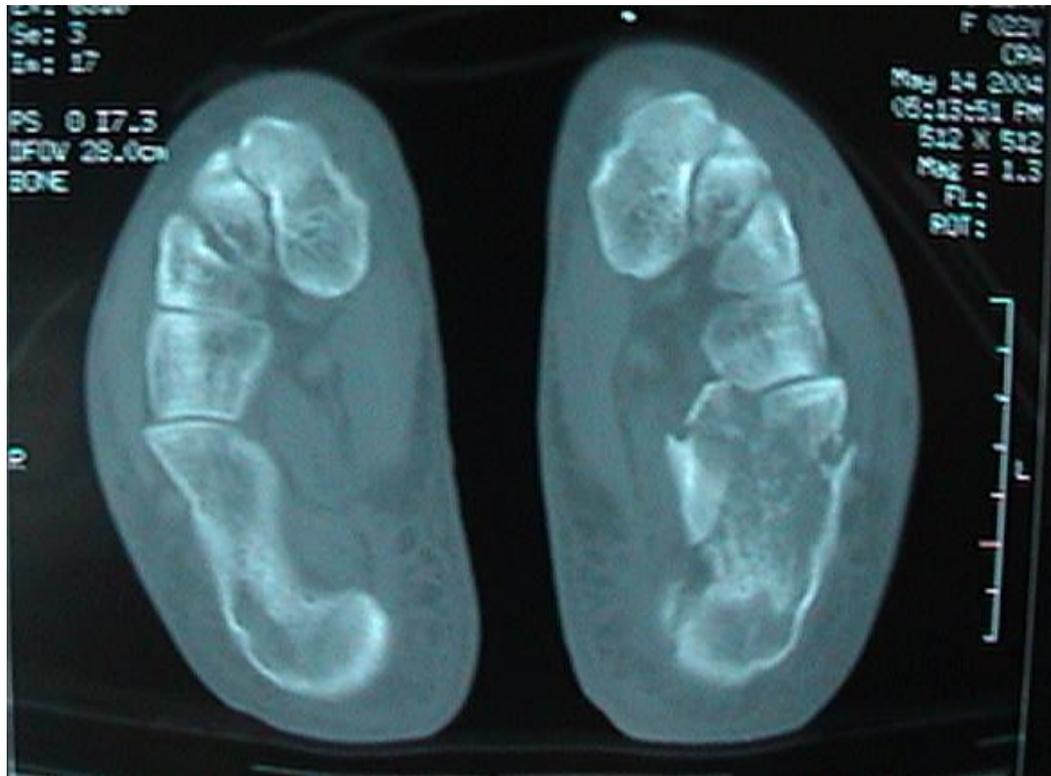
- visualiser grande tubérosité,
- surface thalamique
- différencier type 3 ou 4



EXAMEN RADIOGRAPHIQUE

4- tomodensitométrie(scanner)

-étude déplacement,enfouissement



TRAITEMENT

1-**BUT**:obtenir arrière pied fonctionnel

2-**MOYENS**:

*fonctionnelles :(fr type 5)

-3 phases:1repos-rééducation-2marche sans appui-3appui

*orthopédiques:(fr parcellaire,fr type 1)

-botte plâtrée GRAFFIN(appui plantaire)

*chirurgicales:(type 2-3-4-5)

Matériels:vissage-embrochage,plaque

-ostéosynthèse foyer fermée

- -ostéosynthèse foyer ouvert

TRAITEMENT

ostéosynthèse foyer ouvert

