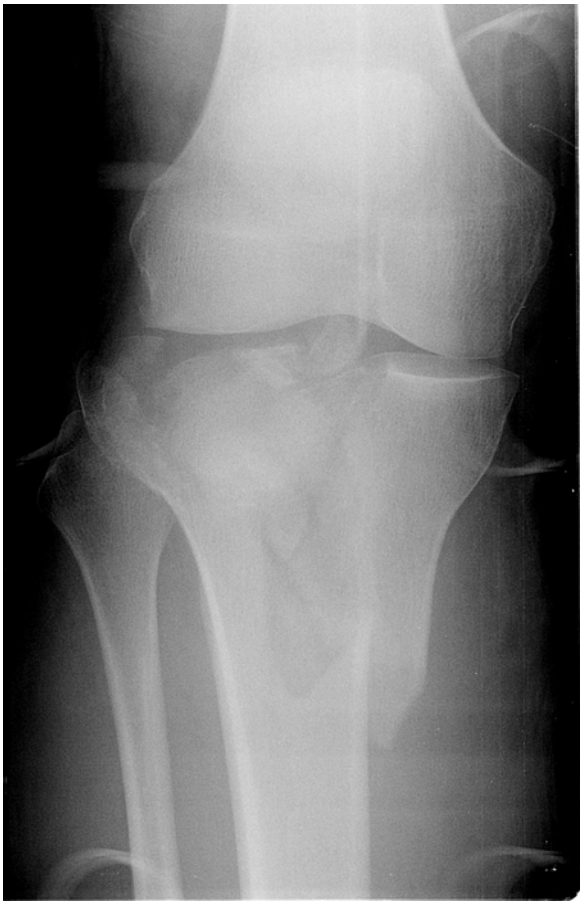

Fig. E-1A

Fig. E-1B

Anteroposterior and lateral injury radiographs of an AO/OTA type-41-C3 bicondylar tibial plateau fracture sustained in a motor-vehicle collision. The patient had multiple other injuries.

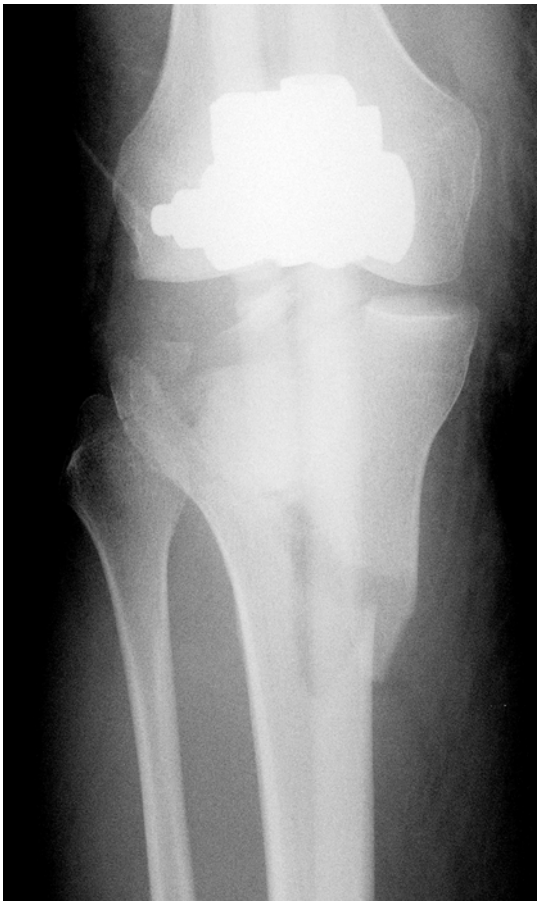

Fig. E-1C

Fig. E-1D

The tibial plateau fracture was acutely treated with the application of a temporary spanning external fixator to facilitate the management of more severe, life-threatening injuries.

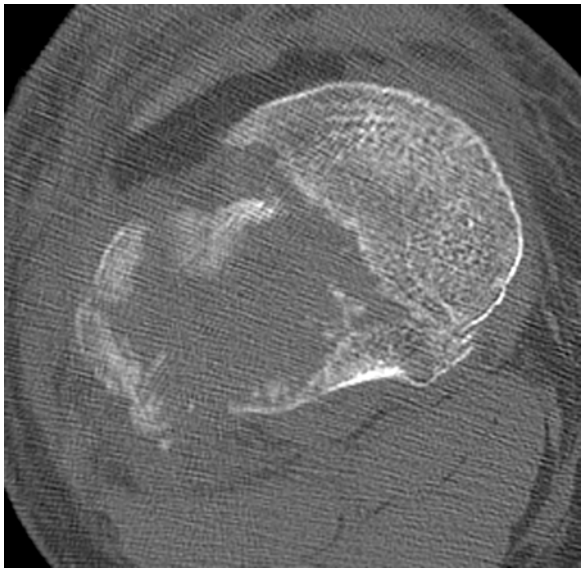

Fig. E-1E

Computerized tomographic scans were acquired after application of the temporary spanning external fixator. Axial images with coronal and sagittal reformations demonstrate substantial depression of the articular surface of the lateral tibial plateau without involvement of the medial articular surface.

Fig. E-1F

Fig. E-1G

Fig. E-1H

Fig. E-1I

Anteroposterior and lateral radiographs made immediately after open reduction and internal fixation with use of combined anterolateral and posteromedial surgical exposures and medial and lateral plate fixation.

Fig. E-2A

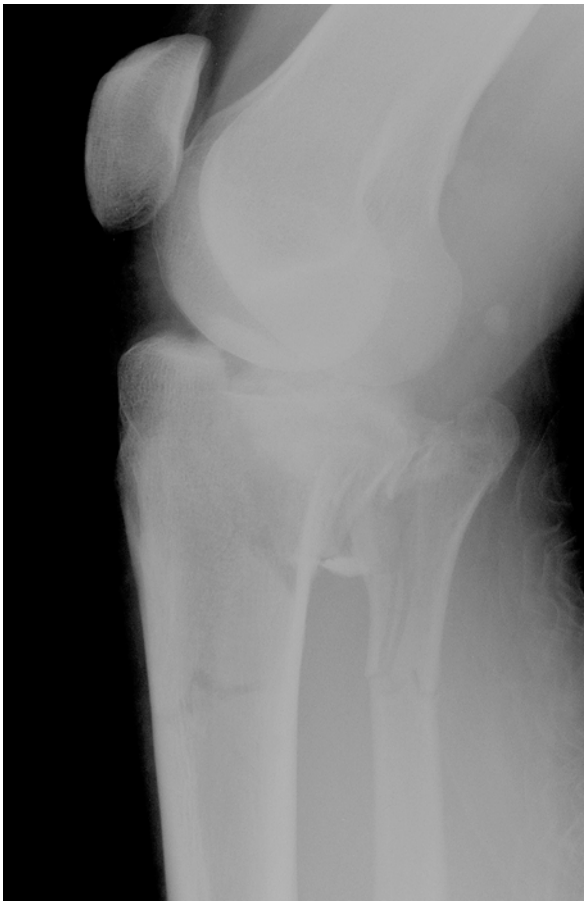

Fig. E-2B

Anteroposterior and lateral injury radiographs of an AO/OTA type-41-C3 bicondylar tibial plateau fracture sustained in a fall from a ladder. Note the double density at the medial articular surface, which is suggestive of a coronal plane injury pattern of the medial plateau.

Fig. E-2C

Fig. E-2D

Axial computed tomography imaging with sagittal reformation corroborates the coronal plane injury pattern of the medial articular surface.

Fig. E-2E

Fig. E-2F

Anteroposterior and lateral fluoroscopic imaging after open reduction and internal fixation of the medial articular surface with a posteromedial surgical exposure. The posteromedial fragment has been neutralized with a posteriorly applied compression plate and independent lag-screw fixation. Care was taken to avoid inadvertent fixation of unreduced lateral fragments.

Fig. E-2G

Fig. E-2H

Anteroposterior and lateral radiographs made immediately after open reduction and internal fixation of the lateral injury components.