

# GALAXY UNYCO CASE REPORT

## 1. CASE PRESENTATION

**Patient details:** 17-year-old female patient, polytraumatized (right femur and right tibia fractures)

**Tibia fracture classification:**

- AO classification: AO 42 B2 (bending wedge fracture)
- Gustilo and Anderson classification: type IIIc

**Cause of injury:** High energy trauma, motorcycle accident

## 2. INITIAL TREATMENT

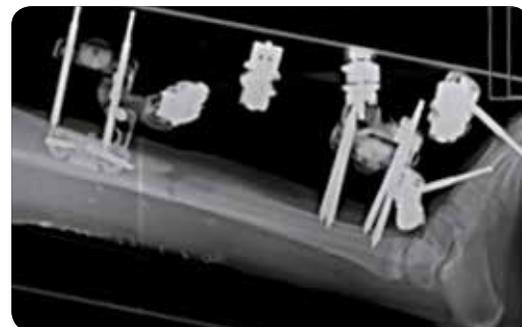
The patient arrived in artificial respiration from a regional hospital, where femur and tibia were initially treated with temporary external fixator with bicortical screws.

Femur was converted to intramedullary nailing for definitive fixation after some days.

As an avital bone fragment and infection (*B. cereus*) were present in the tibia a conversion to internal fixation was not possible. Several operations were necessary for soft-tissue conditioning and sanitation of the wound (e.g. debridement and split skin grafts). For optimization of bone recovery from infection it was helpful to get the medullary canal free of foreign material (e.g. bicortical bone screws). Therefore the surgeon replaced the bicortical external fixator with Galaxy UNYCO during an soft tissue surgery. After changing to a monocortical fixator debridement of the medullary canal by extensive reaming became possible.



## 3. GALAXY UNYCO SURGERY



To decrease the pressure on the splitting skin grafts, the patient was kept in this position for several hours per day before conversion to definitive treatment

#### 4. DEFINITIVE TREATMENT

3 weeks later conversion to intramedullary nail was performed easily.  
The monocortical UNYCO System simplified the conversion to nail as the system kept the reduction during nailing procedure.



9 mm reaming with Galaxy UNYCO in place



Successful nail insertion with Galaxy UNYCO in place

#### 5. FOLLOW UP AT 5 MONTHS

At 5 months follow up, the patient is doing fine, is very happy about the treatment and no particular problems or complications have occurred.

We thank PD Dr. Martin Lucke, Klinik und Poliklinik for Unfallchirurgie, Klinikum rechts der Isar, Technische Universität München, Germany for kindly providing X-rays and case details.

  
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