

## OGDEN INJURY OF TIBIAL EPIPHYSEAL IN ADOLESCENT: A CASE REPORT

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**Introduction:** Fractures of the tibial tubercle are uncommon fracture pattern injury involve in young adolescent who are reaching skeletal maturity. Tibial tubercle fractures constituted only < 1% of physeal injury and 3% of proximal tibial fracture. The injuries are classified using Ogden classification and the type of intraarticular involvement and degree of displacement gives guide for appropriate management

**Discussion:** A 15-year-old adolescent male had alleged sport injury and developed pain and swelling over the left knee with inability to bear weight. Patient had swelling and tenderness over his left knee, with limited left knee motion due to pain. Left knee radiograph show Salter Harris Type II fracture of left proximal tibial. CT scan of the left knee showed depression of the tibial plateau and fracture of epiphysis of the left tibia not extending to the meta-diaphyseal junction with present of effusion. Patient underwent closed manual reduction and percutaneous screw fixation of the left tibial KIV open surgery. Intraoperative showed fracture of epiphysis of the left proximal tibia OGDEN III. Screw fixation done, there's no intra- and post - surgical complication. Radiograph post surgery showed good reduction. Patient was put on knee brace lock in full extension for at least 6 weeks post-surgery with gradual increase in flexion till full range of motion within 2 weeks interval. Patient also not allowed to weight bear for 6 weeks. Patient was review after 2 weeks and show no pain while ambulating with crutches. Still on knee brace in extension but complicated with ankle stiffness due to poor self rehab. No other complication and patient is advised with proper rehab plan.

**Conclusion:** The tibial tuberosity fractures in adolescents, although uncommon, are clinically important injuries. Early recognition and treatment, as determined by fracture pattern, displacement, and associated complicating injuries, usually gives good results.