## Hoffa Fracture ORIF with AP Lag Screws and Posterior Antiglide Plating

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Hoffa fractures represent complex articular injuries which benefit from anatomical reduction and stable fixation to allow early range of motion. Traditionally, these fractures are stabilised with lag screws either from anterior or posterior depending on the size and location of the Hoffa fragment. Recent studies, have highlighted the high incidence of fracture comminution and risk of reduction loss and failure of fixation with screws alone.

Lag screws combined with plate fixation helps to overcome this problem. Several plating techniques have been described to bridge zones of comminution and resist posteriorly directed shear forces across the fracture.

Antiglide plating is a useful technique that can be used in select Hoffa fracture patterns which have a long posterior cortical extension. An under contoured plate positioned in an antiglide fashion along this cortical extension can be useful to augment lag screw fixation by providing resistance to shear forces and help maintain compression during healing.

Our surgical technique with clearly demonstrate this technique in a comminuted and impacted lateral Hoffa fracture where a 1/3 tubular as an antiglide implant is used to augment anteroposterior lag screw fixation. The video also highlights other plating options and reduction techniques.