Results
Table 1

<table>
<thead>
<tr>
<th></th>
<th>WITHOUT PREOP CT</th>
<th>WITH PREOP CT</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radial Inclination</td>
<td>19.7°</td>
<td>17.1°</td>
<td>0.058</td>
</tr>
<tr>
<td>Volar tilt</td>
<td>10.3°</td>
<td>10.4°</td>
<td>0.913</td>
</tr>
<tr>
<td>Stepoff</td>
<td>0.71mm</td>
<td>1.2mm</td>
<td>0.115</td>
</tr>
<tr>
<td>Gap</td>
<td>1.7mm</td>
<td>2.1mm</td>
<td>0.359</td>
</tr>
</tbody>
</table>

Introduction

- Open reduction internal fixation is a popular method of fixation for distal radius fractures.
- Current AAOS guidelines provide limited strength recommendations for the preoperative usage of CT in intra-articular fractures of the distal radius.
- Our study aim was to determine the value of these scans as it relates to the postoperative articular reduction.

Method

- Retrospective review of cases between May 2013 and December 2014.
- Inclusion criteria:
  - Age > 18 years
  - AO Type C fractures
  - Fixation with a volar plate.
- Exclusion criteria:
  - Fragment specific fixation
  - Classification besides AO/OTA type C
- Radiographic measurements were made on the postoperative CT scan, evaluating:
  - Articular gap
  - Articular stepoff
  - Radial inclination
  - Volar tilt
  - Sigmoid notch reduction
- Two groups were compared, those with a preoperative CT scan and those without a preoperative CT scan.

Conclusion

- Several factors influence the decision whether to obtain a preoperative CT scan for distal radius fracture.
- We were unable to demonstrate any improvement in reduction in the group with the preoperative CT scan.
- 66 fractures in 62 patients met all criteria for inclusion.
- The group without a preoperative CT scan (n=32) was not significantly different than the group with preoperative CR scan, (n=34) when comparing radiographic reduction.
- In the group without a preoperative CT scan, 3/32 had non-concentric sigmoid notch reduction, of those with a preoperative CT scan 1/32 had non-concentric sigmoid notch reduction.