Introduction

The tibial plateau is one of the most critical load bearing surfaces in the human body. In the past, tibial plateau fractures were a difficult area of fracture care for orthopaedic surgeon. (Kate and Robert, 1965), but nowadays; there are several recent methods of solutions that dealing with these fractures.

These fractures are either articular or non articular, however knee joint function must be considered in the management of both. (Last, 1985).

The goals of treating these fractures are to obtain a stable and mobile joint and to restore the articular surface to its pre-injury contour.(Rockwood and Green, 1996).

Various methods of stabilization were used; plaster cast immobilization, pins and skeletal traction and open reduction and internal fixation by plates and screws.

External fixators, had been widely used to mange comminuted peri-articular fractures with many advantages over other methods of stabilization, most important of these advantages is minimal soft tissue dissection and possibility of early joint motion.(Koval et al., 1992).

Many classifications for external fixators had been described in treatment of tibial plateau fractures, the most subjective one is to classify them into, pin fixators, ring fixators and mixed new hybrid fixators.(Murphy et al., 1991).

This work presents generally the simplest classification of tibial plateau fractures and particularly the role of external fixation in treatment of these fractures.