

INTRODUCTION

Colles' fracture was first described in 1814 by Ibrahim Colles of Dublin.

Since Colles gave the classic description of the fracture there are much controversy about the ideal treatment of Colles' fracture.

Different techniques have been suggested to improve the immobilization of Colles' fracture with variable results in different series.

Still there is no agreement about the ideal method of treatment as this fracture is frequently unstable with high incidence of re-displacement and collapse.

This methods includes simple cast and splint immobilization, cast bracing in supination, skeletal transfixion in plaster cast, percutaneous Kirshner wire fixation, ulnar pining, Rush rod fixation, open reduction internal fixation, and the use of external fixation in treatment of Colles' fracture.

In this essay we try to find out the optimal line of treatment according to the type of Colles' fracture.