

CABLE PLATING IN TREATING PERI-IMPLANT FRACTURE OF FEMUR

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Introduction: Peri-implant fracture has been increasing with the increasing number of implants used in treating femoral fracture. This cause a major challenge to surgeons in managing this type of cases. Cable plating has shown good outcome in treating periprosthetic femoral fracture for Total Hip Replacement (THR).[1,2,3] We applied the similar cable plate system into one of our case that had peri-implant femoral fracture.

Discussion: We had a 55 years old patient that had alleged motorvehicle accident and sustained closed intertrochanteric fracture with basal neck extension of left femur. Short proximal femoral nailing was inserted. He was then ambulating with wheelchair in ward. He was then had peri-implant midshaft femoral fracture on day 11 post operatively (iatrogenic). Cable plating was done on him then. He was then discharged with non weight ambulation for 4 weeks. Two months post operatively, fractured site at the midshaft of left femur was fully healed and was then allowed partial weight bearing ambulation with walking frame.

Conclusion: From this case, choice of implant used was short proximal femoral nailing where there is tendency of peri implant fracture over the distal tip of the implant. Having a cable plate further increased the strength of the whole implant and further reduced the complication risk of peri-implant fractures. There are limitations in this study in which the number of cases are limited therefore unable to qualify the reliability of cable plating in managing peri-implant fractures. However, in 2019 studies [1], 70.7% of total cable plate construct in femoral fracture were united. The difference is that in this study [1], cable plate was done for those patients who had periprosthetic fracture complication post Total Hip Replacement (THR). Other factors which contribute to bone healing such as age and medical illness factors were not taken into account in this study.