

DOES SIZE ACTUALLY MATTER? MOUNTING A LARGE LIMB.

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Introduction: Elephantiasis is a progressive enlargement of an extremity or body part accompanied by a chronic inflammatory fibrosis of dermal and subdermal tissues caused by chronic lymphatic or venous stasis.¹ Fracture in such patients would impose challenges in fixation owing to the massive limb and operative table limitation.

Discussion: A case of a 66 years old Indian Gentleman with 30 years history of left lower limb elephantiasis, presented to us with alleged road traffic accident sustained left intertrochanteric femur fracture. Examination reveals an otherwise normal built patient with significantly enlarged hypertrophic hyperkeratotic hyperpigmented leg and foot, shortened, abducted and externally rotated, 10 x 7cm clean ulcer over left foot dorsum with intact neurovascular status. Plain radiograph reveals left intertrochanteric femur fracture (Evan's IV). Initial treatment with tibial pin was done. Preoperative assessment revealed difficulty to mount patient's foot on the available traction boot. Thus, an innovation using boot cast with Plaster of Paris impregnated external fixator rod at foot was done to aid mounting and control of rotation intraoperatively. Patient was positioned supine on the traction table, with adequate padding and limb mounted securely on the foot plate. Proximal femoral nail was done. No intraoperative issues with traction noted. Post operatively boot cast was carefully cut open and patient had no post-operative complications.

Conclusion: Elephantiasis usually affects limbs and results in enormously bulked limb¹ made it difficult to mount on a traction table. Eventhough options of sliding hip screw is available, cephalomedullary devices is known for its mechanical and clinical advantage however maintaining alignment in either supine or lateral decubitus without traction table would be challenging. As such, a boot cast with rods placed as adjunct in exchange to the available traction boot made securing the limb possible, control rotation and avoid malpositioning intraoperatively.