

FEMORAL INTERLOCKING NAIL - AN APPROACH IN OBESITY

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Introduction: The femur is the longest and strongest tubular bone in the human body and one of the principal load bearing bones. Given the ongoing epidemic of obesity, femoral fracture management in obese population is likely to become frequent. Intramedullary device such as the interlocking nail is often opted in femoral fractures given its biomechanical superiority of load bearing. However femoral intramedullary nailing in obese patients pose a special challenge, given greater difficulty in fracture reduction and nail insertion.

Discussion: 18 years old obese male (Wt: 160kg BMI: 58) was involved in a motor-vehicular accident where he sustained an isolated closed midshaft right femur fracture. Interlocking nail was done under spinal anesthesia. Standard traction table was unable to support him; thus he was positioned left lateral on a radiolucent table. A lateral approach for the femur at fracture site was done. Rigid reamer was used in retrograde manner from fracture site to ream the proximal femur till it pierce the piriformis fossa and subcutaneous tissue to aid the insertion of guide wire. Canal was then reamed till size 12 and proximal entry site reamed till size 13 to ease the entry of greater trochanteric entry interlocking nail size 11. Patient's distal thigh and knee was placed directly on the draped C arm receiver to ease the distal screw aiming and insertion. Proximal interlocking screw was then inserted.

Conclusion: There is an alarming rising trend to see obese patients with fractures in Malaysia. Interlocking nail in femoral fractures in obese patients post great challenges such as excessive soft tissue obscuring preparation of canal from entry till insertion of nail. Pre-operative planning in such cases is utmost crucial to ease the procedure and reduce operating time. Lateral positioning of patient and nailing via open reduction is an option which may be considered.