

FORGET THE MISTAKE, REMEMBER THE LESSON - CEMENT AUGMENTATION IN PROXIMAL FEMORAL NAIL

Abdul Hadi Mohd Zahari¹, Mohammed Harris Anwar Ali Khan¹, Jasvinder Singh Jagindar Singh¹, Ahmad Munir Hasnim¹

¹Hospital Taiping

Introduction: The complication rate of PFN and the related necessity of a revision procedure varies from 3% to 28% in the literature. Femoral proximal fractures in elderly are treated surgically with the dual objectives of avoiding clinical problems resulting from bed confinement and of providing the patient with a quality of life similar to that enjoyed pre-injury.

Discussion: An 69-years old woman with bilateral knee osteoarthritis , had a fall 2 weeks prior to the presentation to the clinic. On clinical examination , she had tenderness with limited range of motion of left hip. Initial radiograph shows intertrochanteric fracture of left femur with Evan's classification type 4. She was admitted and planned for Long Proximal Femoral Nail with cement augmentation under spinal anaesthesia, on traction table. Intraoperatively revealed greater and lesser trochanter fracture with bone loss. Fracture is reduced and two k wire was inserted as a guide. A 360mm-long proximal femoral nail was used with a helical blade of 80mm. Bone cement applied over the greater and lesser trochanter to construct the bone loss. Post operative radiograph showed a Garden Allignment angle of 155 degrees in anterior-posterior (AP) view and 180 degrees in the lateral view. The caput- collumn- diaphyseal angle was 120 degrees and the tip-apex distance was 14mm. Postoperatively patient was discharged and advised not for weight bearing mobilisation. At 3 months post surgery patient was able to ambulate independently with radiograph taken showed implant in-situ with no cut-out or loss of reduction.

Conclusion: This case report has shown that the augmented PFN with cement is a choice of surgery in osteoporotic proximal femur fracture. Femoral proximal fractures are treated surgically with the dual objectives of avoiding clinical problems resulting from bed confinement and of providing the patient with a quality of life similar to that enjoyed pre-injury