

IPSILATERAL FEMORAL NECK AND SHAFT FRACTURE; A CASE SERIES OF 3 PATIENTS

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Introduction: The incidence of ipsilateral femoral neck and shaft fractures is estimated to be about 5-6%. Usually they are vertical and minimally displaced¹. The challenge lies in detecting and properly managing the neck of femur fracture in the presence of a femoral shaft fracture. We share our experience in managing 5 cases of ipsilateral femoral neck and shaft fractures.

Discussion: A 30 year-old male construction worker sustained open fracture of distal 1/3 shaft of his right femur following fall. Femoral neck was checked with image intensifier during the debridement of the open femoral shaft fracture revealed a basal neck of femur fracture. The femoral neck and shaft were fixed with a reconstruction nail. Figure 1-2: Post-operative radiographs of the patient. A 37 year-old female sustained open fracture of mid shaft of left femur with ipsilateral basal neck of femur fracture. The patient underwent wound debridement, broad dynamic compression plate (DCP) fixation of the shaft fracture and in-situ percutaneous screw fixation of the neck of femur fracture. Figure 3-4: Post-operative radiographs of the patient. A 23 year-old male was involved in motor vehicle accident, sustained closed fracture of the mid shaft of his left femur with ipsilateral basal neck of femur fracture. He underwent broad DCP fixation of the femoral shaft and percutaneous screw fixation of the neck of femur. Figure 5-6: Post-operative radiographs of the patient.

Conclusion: Ipsilateral neck and shaft of femur fractures may occur in high energy trauma. Neck of femur fracture may be undetected in the presence of shaft fractures. Emphasis should be on detection of its occurrence and proper management of the neck of femur fracture while treating the concomitant shaft fracture. Options of treatment should be individualized to each patient.