

PROXIMAL FEMORAL NAIL IN SUPINE POSITION WITHOUT A FRACTURE TABLE ON TREATMENT OF SUBTROCHANTERIC WITH INTERTROCHANTERIC FEMUR FRACTURES AND PELVIC RING INJURY. A CASE REPORT

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Introduction: The treatment of these fractures remains a challenge to surgeons. The various treatment options for intertrochanteric fractures are operative and non-operative. Surgical stabilization with implants is the preferred treatment method for ipsilateral intertrochanteric and femoral shaft fractures, according to most published reports. Various techniques and implants have been developed to manage these complex fractures. Intramedullary nailing can be performed with a fracture table or manual traction. Manual traction can be applied with the patient in either the supine or lateral decubitus position. However, in either of these positions, the reduction can be difficult as fractured extremity is not parallel to the floor and the contralateral leg is overlapping the fractured limb while the fractured extremity is in full adduction. The ideal position for proximal femur nailing is the patient is positioned supine on the fracture table. The ipsilateral arm is elevated in a sling while the uninjured leg is placed on a leg holder.

Discussion: 20-year-old gentleman sustained bicolunar left acetabulum fracture and ipsilateral subtrochanteric with intertrochanteric of femur fracture. Operative procedures planned for him were long proximal femoral nail, recon plating of posterior column, screw fixation of posterior wall, recon plating of ilium and anterior column and buttress plating of quadrilateral plate. In relation of his pelvic injuries, the fracture table is contraindicated as it might cause further complications. In this case cephalomedullary nail was inserted first in supine position without a fracture table. Then the procedure is continued with pelvic plating.

Conclusion: Nailing of the femur can be performed in both supine and lateral position. The former is physiologic and convenient to the anesthetist and is preferred in concurrent cervical spine injury, ipsilateral lower extremity fracture and severe pulmonary compromise. When there is contraindication of using fracture table, it is challenging to get a proper fracture reduction prior to nailing.