

Alternative Management Of Paediatric Femur Fracture With Thomas Splint: A Case Report

Hazrul HBH, Azhar M, Mohan R, Jasvinder S

Department Of Orthopaedic Surgery, Hospital Taiping, Jalan Taming Sari 34000, Taiping, Perak Malaysia.

drmohdhazrul@gmail.com

INTRODUCTION:

Treatment of pediatric femur fractures today parallels societal changes and expectations in the delivery of health care. Historically, clinicians were content to provide adequate treatment with functional outcomes. Today, patients and their caregivers expect optimal outcomes with less disruption in their lives. A trend demonstrating increased operative care for fractures has been noted.¹

CASE REPORT:

An 8 years old Orang Asli boy, had an alleged motor vehicle accident case in January 2016. He sustained closed spiral right femur fracture with medial butterfly fragment. Radiograph films of right femur shown minimal displacement of distal and butterfly fragment, angulation of 10 degrees, and more than 50 % contact of bone fragments. Otherwise, patient did not sustain any other major injury from the incident. Upon discussions with family members, with regards to post operative plans and expectations, decision made to maintain fixation of the femur with Thomas Splint (fixed traction without weight applied). Patient was then followed up as outpatient. Radiographic films in second month of splinting actually shown union of the femur, where decision was made to take off the splint and initiation physiotherapy and partial weight bearing ambulation. Patient shown good progress both radiographically and clinically. He was already able to walk without aid and pain at the 3rd month of follow up.

DISCUSSION:

Thomas splint is more commonly used as method of immobilisation rather than definitive treatment. Another closest alternative method is skin traction, which generally recommended in child weight less than 12kg, skin intact and must not be compromised with soft tissue injury. In this particular case, patient was an 8 years old child with estimated body weight of 30kg. Treatment was successful despite minor complication which occur in the first 2 weeks

of splinting whereby child suffer from minor pressure sore from prolonged bed bound and inadequate understanding from caretakers. Treatment proceeded with better nursing care and reassurance to both parents and staff, which later relieved patient from said complication.

CONCLUSION:

Treatment alternatives of paediatric femur fracture include skin traction, skeletal traction, Pavlik Harness, and early Hip Spica. Results comparable to early hip spica cast can be obtained with Thomas splint in children with isolated closed femoral shaft fracture.²

Having treatment alternatives, especially for paediatric cases allow orthopaedic surgeon to offer variable and flexible discussions, and subsequently providing treatments with good outcome. Mutual understandings with patient and family members are vitals in ensuring the success of treatment rendered to patient.

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