

Paediatric Intertrochanteric Fracture: Treatment With Contralateral Reversed Distal Femoral Locking Plate- Ipoh Experience

Karthigesu M, Edewet, Manoharan K
Hospital Raja Permaisuri Bainun

INTRODUCTION:

Intertrochanteric fracture of femur or peritrochanteric fracture are considered rare fractures in paediatric age group and not much discussion available in literature as the incidence of non-union and avascular necrosis are rare. Fixation of such fractures with contralateral reversed distal femoral locking plate gives another option.

CASE REPORT:

In our experience in treating paediatric fractures, encounter in treating intertrochanteric fracture are very rare and in line with that we had encountered a case of intertrochanteric fracture which was treated with conventional locking plate.

This particular patient, 16 years old malay boy presented with history of alleged motorvehicle accident with no other injuries.

He had sustained closed intertrochanteric fracture of left femur (Delbert IV).

Patient was planned for paediatric dynamic hip screw but taking consideration of patient financial background, we had decided to proceed with free implant.

We had used distal femoral locking plate in reversed manner, so in this case we had used right distal femoral locking plate instead of left.

METHODS:

Patient underwent open reduction and internal fixation under general anaesthesia. He was put on supine position in traction table. Traction table installation is as for anterograde intramedullary nailing, with traction by fracture-table boot

Operative area cleaned and draped as fixation of dynamic hip screw. Lateral approach was adopted to the femur. In view of un-displaced fracture pattern, minimally invasive plate osteosynthesis (MIPO) technique had been adopted.

Reversed distal femoral locking plate placed posterolateral aspect of femur to facilitate the trochanteric screws towards the neck and head of femur. The fanning part of the plate which has the shape of "racket" placed at the shoulder of greater trochanter.

CONCLUSION:

The usage of contralateral reversed distal femoral locking plate with "locked" screws or non locking screws theoretically and biomechanically possible and in particular in this case, the pre-bend of the plate to facilitate the supracondylar eminence of femur may not facilitate the screw placement at the proximal, so based on our experience in using this plate for other proximal femur fracture, we would like to suggest to bend the plate further to facilitate the placement of plate on the shoulder of greater trochanter as well as placement of screw.

