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

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INTRODUCTION:
Intertrochatic 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.

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.