

Outcome Of Fixation Neck Of Femur Fracture With Ipsilateral Femoral Shaft Fracture Using Different Implant And Technique

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INTRODUCTION

An ipsilateral femoral neck fracture occurs in approximately 6% to 9% of all femoral shaft fractures. Despite this relatively common presentation, decision-making often is difficult. Risk for complications is greater in the treatment of this combination injury pattern than for single-level fractures

MATERIAL AND METHODS:

Data of patients with ipsilateral femoral neck and shaft fractures who were treated in our hospital from January 2017 were retrospectively analyzed. Patients were divided into groups according to types of fixation. The operation time, intraoperative blood loss, fracture healing time, pain score and postoperative functional outcome were compared and analyzed.

RESULT

Total of 12 patient with ipsilateral femoral neck And shaft fractures were identified. There were 2 female and 10 were male. Mean age of patent was 34 years old (youngest 15year old and oldest is 65years old). 5 different surgical fixation implant were used as describe in the table. Intra operative relatively less operative time in group of patient treated with cephalomedullary nail and those treated using RFN combine with cannulated screw neck of femur. In term of intra operative bleeding cases using DHS and femoral plating shows slightly more amount of bleeding compared to other group. However there were no incident of massive bleeding occur. Time of union or are progressing to union in the expected time frame. There were no significant or remarkable different show superiority of any group of type of implant. Functional outcome were satisfactory in all group.

DISCUSSIONS:

There are no consensus exists regarding treatment of these injury in term of the timing of

surgery, the sequence of fixation and implant of choice. Timing of injury mainly depends on overall condition of patient as these types of injury usually result from high energy trauma with concurrent other injuries. Sequence of treatment debatable, some authors argue that the femoral neck should be fixed first to avoid displacement plus to ensure anatomic reduction and optimal stabilization while other authors argue for fixation of the shaft fracture first to assist reduction of neck fracture and avoid destabilizing fixation of neck. There are multiple studies with different result and various recommendation for treatment of this injury.

IMPLANT	No cases	Average operating time (Hours)	EBL
RFN + DHS	2	5h - 6h	300-500
RFN + screw NOF	3	2h - 3h	200-350
Cephalo IMN	3	2h-3h	250-300
Proximal femur locking plate + RFN	1	3h - 4h	200
Plating femoral shaft + screw NOF	2	4h-6h	200-500

CONCLUSION

Our findings are similar with literature review as there are no significant different to conclude the superior option of fixation however most of the literature agree on treatment goals are anatomic reduction and adequate fixation of the femoral neck as well as restoration of the length, alignment, and rotation of the femoral shaft.

REFERENCES:

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