

ROLE OF REVERSE CONTRALATERAL DISTAL FEMUR LOCKING PLATE IN TREATING COMPLEX TROCHANTERIC FRACTURES A CASE SERIES

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Introduction: Unstable trochanteric fractures are usually treated with cephalomedullary nail. Reverse distal femur locking plate (DFLP) had been introduced as an alternative in treating these fractures. We conducted a case series of reverse DFLP in treating complex trochanteric fracture with good outcome.

Discussion: We report 3 cases of reverse DFLP in our centre. First case is a 42 years old man with closed comminuted intertrochanteric fracture left femur extending to subtrochanteric. Second case is a 62 years old man with closed intertrochanteric fracture left femur with avascular necrosis head of femur. Third case is a 16 years old man with closed subtrochanteric fracture left femur with hip secondary osteoarthritis. All patients underwent plating proximal femur with reverse contralateral DFLP. They were followed up for total 6 months. All patients shown fracture union at the mean of 3.5 months and were able to full weight bear. Reverse DFLP had been proven to produce good functional outcome compared to intramedullary devices in unstable trochanteric fractures. Reverse DFLP had been chosen based on complexity and variation of each case. By reversing contralateral DFLP, the placement anatomically matches the anterolateral bow of femur. Reverse DFLP provides stable fixation with more number of proximal screws and prevent lateral migration of proximal bone fragment.

Conclusion: Reverse contralateral DFLP can be used as an alternative in treatment of complex trochanteric femur fracture with good outcome.