

ISOLATED CEREBRAL FAT EMBOLISM SYNDROME POST BICONDYLAR PLATING HUMERUS - A CASE REPORT

Mohamad Hazwan Zulkifli¹, Mohammed Harris Anwarali Khan², Jasvinder Singh Jagindar Singh¹

¹Hospital Taiping, ²Hospital Kuala Lumpur

Introduction: Fat embolism is a well known complication of long bone and pelvic fractures. Cerebral fat embolism (CFE) occurs after fat emboli enter the arterial circulation. The neurological findings in CFE vary greatly, ranging from mild confusion to coma, and rarely include seizures and focal findings. We presented a case report of isolated cerebral fat embolism syndrome post bicondylar plating of comminuted supracondylar right humerus fracture.

Discussion: This is madam H , 41 years old, lady with no known medical illness, admitted to our centre after alleged fall in bathroom sustained comminuted fracture supracondylar right humerus with intercondylar split. Bicondylar recon plate was done over right humerus and patient was stable intraoperatively and postoperatively in ward. Patient was discharge well on day 2 post operation. On day 3 post op, patient start to developed involuntary movement over right lower limb then into all 4 limbs characterized with myoclonal jerk movement. Otherwise, no fluctuating in GCS, respiratory system and other blood ,electrolytes anomaly. The clinical presentations of these patient did not satisfy the commonly used clinical criteria for aiding the diagnosis of FES. CT brain was done and showed hypodensities over right temporal, right parietal and right occipital.

Conclusion: Incomplete FES in the form of CFE may be confounded with other neurological processes and is particularly challenging. Clinical symptoms and CT are not always diagnostic. Thus early MRI (DWI and T2 weighted sequences) in patients with neurological symptoms post trauma even in the absence of pulmonary and dermatological findings should be the goal