

SURGICAL OUTCOME IN REVERSED DISTAL CONTRALATERAL FEMORAL LOCKING PLATE FOR SUBTROCHANTERIC FEMUR FRACTURE

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INTRODUCTION:

Proximal femoral fractures account for a large proportion of hospitalization among trauma cases. Fixing these fractures often holds a great challenge during fracture reduction due to its multiple deforming forces.⁽¹⁾

Cephalomedullary nails remains as the gold standard for treating diaphyseal femoral fractures. However, in situations that do not permit the use of a cephalomedullary nail fixation, locking plates serves as an alternative viable option.⁽²⁾

This is a case report of a patient that was treated with a reversed contralateral distal femoral locking plate for a subtrochanteric fracture.

CASE REPORT:

A 55-year-old female presented after an alleged motor vehicle accident (MVA) sustaining a closed subtrochanteric left femur fracture.

Patient was planned for cephalomedullary nail fixation, however pre op radiological assessment revealed a narrow intramedullary canal at isthmus region measuring 5.6mm (figure 1). The smallest cephalomedullary nail size available was 9mm, thus rendering the patient not suited for a cephalomedullary nail fixation. Another viable option was proximal femur locking plate, however, was not opted as the patient had financial constraints. Fortunately, there was a distal femoral locking plates that were readily available, thus a contralateral reversed distal femoral locking plate was used for this patient.

Open reduction via lateral approach was used and the fracture was adequately reduced and fixed with the contralateral reversed distal femoral locking plate. Intraoperatively the plate fitted well on proximal femur and was confirmed with Image intensifier images.

The patient was discharged well, day 2 post surgery. Subsequent follow ups for a duration of 7 months, patient revealed satisfactory healing both clinically and radiographically.



Figure 1: Left Femur x-ray showing isthmus diameter of 5.6mm.



Figure 2: Left Femur x-ray showing contralateral distal femur plate.

Radiographically, we noted the progression of callous formation on her x rays (figure 2). The patient achieved fracture union and was able to walk independently after 6-month post operatively.

CONCLUSION:

Reversed distal contralateral femoral locking plate provides an alternative viable method for fixing of subtrochanteric fracture of femur with good outcomes.

References:

- 1) Chinese Journal of Traumatology, 18(5), 279–283.
- 2) Medical Journal of Indonesia, 27(2), 121–.