

The Double Trouble: Fracture and Infection Management Strategies

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INTRODUCTION:

A good surgeon is not only one who possesses excellent skills but also one who can make critical decisions for the benefit of both the patient and themselves.

REPORT:

A 42-year-old gentleman with grade II obesity presented to our center following a motor vehicle accident, which resulted in traumatic amputation of his left ankle (MESS Score 12). Radiographs revealed a concomitant left femur subtrochanteric fracture. He initially underwent left below-knee amputation, with plans for subsequent left long proximal femoral nailing once the amputation wound had healed.

However, the stump wound became infected, thus left above knee amputation was done and the decision to use TFNA (Trochanteric Nailing System Advance) was made. TFNA has set screw at the proximal femoral nail, so less chances of screw back out. Moreover, it also offers greater rotational and angular stability and resistance to varus collapse as compared to PFNA. Since this patient is relatively young, screw is used instead of helical blade which is better used in osteopenic bone.

The surgery was performed on a traction table with a high tibial pin used for traction. The surgical steps were as follows:

- 1) Soft tissue dissection for the above-knee amputation until a clear margin was achieved.
- 2) Placement of the TFNA
- 3) Completion of AKA (bone cut), followed by placement of the stump on a trolley for completion of stump closure.



Figure 1: Pre operative X Ray Left Hip



Figure 2: Patient position intraoperatively

After several physiotherapy and rehabilitation sessions, he is currently able to ambulate well with a prosthesis, as both the wound and fracture have healed beautifully.

CONCLUSION:

The successful management of this challenging case underscores the importance of adaptability and critical decision-making in surgical practice. Flexibility in adjusting surgical plans based on evolving clinical scenarios is paramount to achieving optimal patient outcomes.

REFERENCES:

1. Joshua De Castro et al., Early Experience with the Trochanteric Fixation Nail-Advance (TFN- A): A Descriptive Review of Thirty-Four Cases from a Single Center.