Tibia Fracture GA 3C: Comparable Outcomes of Primary Amputation in Limb Threatening Injury

[1]Mohd Hafiz MZ, [2]Shafiq R, [2]Sobri Nor
[1]Department Orthopedic, HUSM
[2]Department Orthopedic, HRPZ II

INTRODUCTION

Surgeons face challenges in deciding between amputation and limb salvage surgery in case of open tibia fracture with vascular and extensive damage. Advances in reconstruction and microsurgery, have improved the feasibility of limb salvage surgery. However, primary amputation may be necessary in cases of severely injured legs. We reports a case of open tibia fracture and vascular injury, who underwent amputation with favorable post-operative outcomes.

CASE REPORT

63-year-old man involved in MVA sustained a degloving wound over anterior aspect of the proximal right leg, extending distally to the ankle joint (figure1). The entire tibia bone was exposed, with segmental fractures at proximal and distal tibia. The distal vasculars were not palpable and undetectable by Doppler. CT angiography revealed the loss of opacity at the tibial artery just distal to the bifurcation (Figure 2). Intraoperatively, it was determined that a vascular graft was not feasible due to inadequate soft tissue coverage. Consequently, patient underwent above-knee amputation. Following amputation, he was able to return to normal daily activities after six months with prothesis.

Figure 1

Figure 2

CONCLUSION

Tibia fracture with severe soft tissue damage and vascular injury are challenging to be manage. Both limb salvage and primary amputation have negative effect on patient's quality of life. Amputation can be consider as a viable treatment option, almost similar to limb salvage in patient with open tibial fracture with severe vascular damage or soft tissue loss. Similar clinical post operative outcome between both group may increase confident of primary amputated patient about their ability to return to work at the end of treatment.

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