

Subtrochanteric Femur Fracture with Coronal Split Fixation: Using Proximal Femur Plate And Cable System

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INTRODUCTION:

Proximal femur fracture has been a challenge for fixation that many Orthopaedic Surgeon encountered. One of many reasons being the deforming forces from iliopsoas and vastus medialis muscle. In this case cable system was used to maintain reduction.

REPORT:

The patient was a 34 years old gentleman, alleged motor vehicle accident sustained closed comminuted fracture intertrochanteric of right femur with subtrochanteric extension. X-ray right hip shown displaced comminuted fracture intertrochanteric of right femur with subtrochanteric extension, noted greater tubercle fragment abducted while lesser tubercle fragment adducted and pulled posteriorly. Patient underwent proximal tibial pin insertion for skeletal traction while waiting for definitive operation.

Proceed with op after day 18 of trauma. Intraoperatively, patient was put in supine position and on traction table. Fracture configuration confirms with image intensifier and noted comminuted fracture IT of right femur with subtrochanteric extension with coronal fragment split. Incision made proximally and distal at level of mid thigh. Layers open by layers until able to visualize fracture site. Hematoma and unhealthy tissue removed. Reduction of proximal femur fragment and shaft was acquired and maintained with 10 holes plate. Plate positioning check and confirmed under II guidance. Cable system applied over coronal split fragment and able to achieve bony contact.



Figure 1: Pre-operative



Figure 2: Post-operative

CONCLUSION:

We believe that cable system is a great tool to achieve reduction in proximal femur fracture with subtrochanteric extension. Preoperative traction also play huge role to help with reduction intraoperatively.

REFERENCES:

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