

Navigating Complexity In A Double Trouble Malunion And Concurrent Basicervical Neck Fracture Of The Femur

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INTRODUCTION: Femur fractures are present in the daily routine of orthopaedic surgeons. The existence of a previous injury, such as femoral subtrochanteric fracture malunion with ipsilateral basicervical neck fracture, makes the treatment truly demanding and with a high risk of complications. In this case report, we detail the presentation, diagnostic imaging and surgical management of this unique case, providing insights into the challenges encountered and rationale behind the chosen intervention.

CASE REPORT: In the case presented herein, we encounter an unusual scenario: a patient admitted with malunited subtrochanteric left femur fracture thought to be an extension of basicervical neck of femur fracture after a low energy fall. After a review of plain radiograph imaging from which diagnosis was ascertained, he was put on temporary splintage with skin traction, admitted to be planned for a CT scan prior to operative intervention. CT scan revealed an isolated basicervical neck of femur fracture in conjunction with malunited proximal femoral shaft. This unexpected revelation necessitated a reevaluation of our initial surgical approach, ultimately leading to the adoption of an alternative intervention strategy.

DISCUSSION: The utilization of intramedullary nailing posed potential challenges in this case, albeit a better option as load sharing device, due to risk of incarcerated reaming, hindered nail advancement, iatrogenic fracture, prolonged operative time or catastrophic failure. In this case, Locking Hip Screw with antirotational screw was performed. It enhances stability of fixation, preserving femoral head blood supply, avoids the need for reaming.



CONCLUSION: The coexistence of these distinct femoral fractures poses an operative treatment dilemma, emphasizing the importance of meticulous evaluation and thorough radiographic assessment. This case highlights the critical role of advanced imaging modalities, specifically computed tomography, in refining the diagnosis and guiding surgical decision making.

REFERENCES:

1. Bhoumick K, Decision making in the management of malunion and nonunion of intertrochanteric fractures of the hip (2020)