

My Experience Treating A Large Isolated Greater Trochanter Fracture

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INTRODUCTION:

Isolated greater trochanteric fractures (IGTfs) are rare, constituting 2–10% of occult fractures in and around the hip joint and pelvis. [1] The literature on the management of IGTf is limited with most of these fractures treated symptomatically; however, there is an increased burden on hospitals as this patient group has the potential for prolonged in-patient stay due to pain or poor mobility. We present our experience in treating a large isolated greater trochanter fracture with proximal femur locking plate.

REPORT:

Patient A is a 29 year old male with history of left neck of femur fracture and was treated with screw fixation at other Centre in 2016 which he claimed was removed in 2019. He recently had alleged motor vehicle accident and sustained closed isolated fracture greater trochanter of left femur. We treated the patient with proximal femur locking plate under semi emergency surgery. Operation was uneventful. Post operation xray shows satisfactory reduction and patient was discharged well with non weight bearing crutches ambulation.



Figure 1: Trauma xray showing AP and lateral view of left hip



Figure 2: Post operative xray showing AP and lateral view of left hip

CONCLUSION:

Isolated Greater Trochanter of Femur fracture is a rare fracture with potential for prolonged in-patient stay. We proposed plate-screw osteosynthesis as a viable method for treating this kind of fracture.

REFERENCES:

1. Lee KH, Kim HM, Kim YS, et al. Isolated fractures of the greater trochanter with occult intertrochanteric extension. Arch Orthopaedic Trauma Surg 2010; 130: 1275–1280.