# Poliomyelitis Survivor with Supracondylar Femur Fracture: A Case Report <sup>1</sup> Ang JM; <sup>1</sup> Lim ZY; <sup>1</sup> Teh JX;<sup>1</sup> Teh WB

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## **INTRODUCTION:**

Poliomyelitis, commonly known as polio, is indeed a contagious viral disease caused by the poliovirus. The virus primarily affects the nervous system and causes permanent and irreversible spinal and respiratory paralysis<sup>1</sup>. Malaysia and many other countries have successfully declared themselves polio-free, there may still be individuals who have survived the disease and are dealing with long-term consequences.

The musculoskeletal consequences arise due to the impact of the virus on motor neurons, leading to muscle atrophy and weakness. The bones of polio survivors may be smaller, malformed, and more susceptible to fractures. Osteopenia, a condition characterized by lower than normal bone mineral density, can contribute to bone fragility<sup>2</sup>. Choices of treatment and rehabilitation will be challenging in view of pre-existing muscle weakness or paralysis.

### **REPORT:**

A 66 year old, poliomyelitis lady survivor fall and sustained a closed right supracondylar femur fracture. Internal fixation with distal femur locking plate was done without any complications. She was temporary immobilized with a back slab for 2 weeks after fixation in view bone was osteopenia. She was started on right knee ROM exercise after 2 weeks. Post operatively 5 months, she was able to ambulate with range of movement of 0-90 degree over right knee.



Figure 1: Pre fixation X-ray showed right supracondylar femur fracture



Figure 2: Post operative X-rays after distal femur locking plate



**Figure 3:** 5 month post operative X-rays after distal femur locking plate

### **CONCLUSION:**

Distal lateral femur locking plates are often used in the fixation of distal femur fractures, providing stability and support during the healing process even in poliomyelitis survivor's affected limb.

#### **REFERENCES:**

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