

Navigating Challenges in the Management of Comminuted Subtrochanteric Femur Fracture in Traction Table and Lateral Position

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INTRODUCTION:

Intertrochanteric femur fracture with subtrochanteric extension is a difficult fracture associated with a high incidence of complications. Three positions have been described previously: supine on a traction table, supine flat, and lateral decubitus. Each has its advantages and limitations. This study reports a comminuted intertrochanteric femur fracture with subtrochanteric extension treated with long TFNA and a cable system in the supine and lateral positions.

REPORT:

A 67-year-old, obese man was hit by a car coming from his left side, sustaining pain over his left thigh. Plain radiography and Ct scan showing a intertrochanteric femur fracture with comminuted subtrochanteric femur extension (figure 1 & 2)



Figure 1

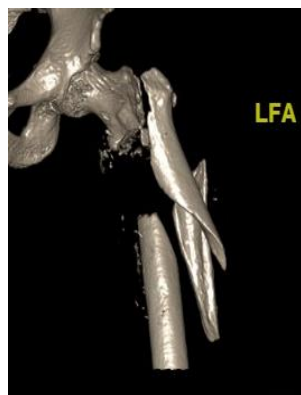


Figure 2

The patient was operated one month later because of multiple medical issues that needed to be addressed before the operation. The patient was initially placed in the supine position on a traction table. Open reduction was attempted multiple times, but could not achieve

satisfactory reduction. Subsequently, he was repositioned into the lateral decubitus position. Reduction of fracture from distal to proximal was found to be easier and further stabilization with cerclage and long cephalomedullary nail. (figure 3)



Figure 3

CONCLUSION

Lateral decubitus position should be considered when dealing with very obese patient with complex fracture of proximal femur that require nailing to ease the reduction.

REFERENCES:

- 1) Delgado, J. M. (2014). Intramedullary Nailing of Subtrochanteric Femur Fractures in the Lateral Position. In *Techniques in Orthopaedics* (Vol. 29, Issue 3, pp. 133–139).