

## Missed Nail Technique With Ilizarov For Open Fracture Supracondylar Femur With Previous Implant *In Situ* – A Case Report

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### INTRODUCTION:

Principles management of open fracture includes early antibiotic administration, wound debridement and early skeletal stabilization. Occasionally a fracture was difficult to manage especially in patient who had poor skin flap and fracture with previous implant in situ

### CASE REPORT:

A 54 years old Chinese male presented to us with open fracture of right supracondylar femur. He had history of segmental femur fracture which cephalomedullary nail done. Besides, he also had contracted thigh muscles and skin from previous degloving injury over his right thigh. Initially, we did wound debridement and skeletal traction. However, in view of poor skin condition and unknown implant, we decided for fixation with missed nail technique with Ilizarov due to difficulty to remove the previous implant

### RESULTS:



3 month

6 month

### DISCUSSIONS:

In management of open fracture femur with previous implant in situ, we need to remove previous implant thus unknown previous implant will definitely cause a lot of difficulties, In addition, he also had poor skin condition due to his previous degloving injury. We choose ilizarov technique which acted as external fixator to this patient due to above condition which we left his previous nail in situ. Tradional external fixator is not suitable for this patient as this fracture is too distal therefore we unable to put enough pin to stabilize the fracture. Ilizarov has its own advantages compared to other methods especially is primarily percutaneous, minimally invasive, and typically requires only minimal soft tissue dissection therefore this technique useful for him with previous poor skin condition."

### CONCLUSIONS

The ilizarov ring external fixator methods has been used and greatly contributed to the fields of trauma and fracture care. Missed nail technique using Ilizarov ring external fixator was done in this case, when internal fixation either with plates or nails not as an option for fracture stabilization to achieve bone union. At the same time, it prevents further soft tissue defect over the previous chronic soft tissue condition that patient had.

### REFERENCES:

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2. Emara KM,Allam MF. et. al. J Trauma. 2008;65:685-691