

Bilateral Simultaneous Neck Of Femur Fracture: A Rare Case Report

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INTRODUCTION:

Bilateral neck of femur fracture occurs rarely especially when they happen simultaneously. There were few reported incidences, with pathology ranging from high energy trauma, epileptic seizures to fragility fractures¹.

CASE REPORT:

We report a 58 years old chronic renal failure gentleman, who was admitted for renal replacement therapy. He was ambulating independently prior to fall. He sustained a fall in the toilet and complained of pain over bilateral hip and was unable to ambulate post trauma. Radiographs show bilateral neck of femur fracture (Fig. 1). He was put on skin traction for 4 days. Bilateral cemented bipolar hemiarthroplasties were done by a single surgeon in same operating theatre setting using similar implant. Intraoperatively the bone quality was poor, hence the decision for cemented implant. The right side sustained iatrogenic fracture of the greater trochanter while trying to deliver out femoral head which was fixed using tension band and cerclage wires. He was hemodynamically stable throughout the operation with no episodes of desaturation during cement implantation.

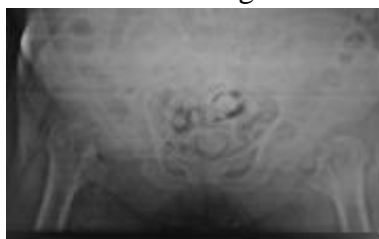


Figure 1: Trauma radiograph showing bilateral neck of femur fracture

DISCUSSIONS:

Simultaneous bilateral neck of femur fracture especially in patients with poor premorbid conditions raises many issues on treatment methods. Single stage surgery were done for reported cases¹⁻³. McGoldrick et al¹ preferred uncemented systems in view of patient having history of NSTEMI in order to avoid the



Figure 2: Post fixation with bilateral bipolar hemiarthroplasties

complications of bone cement implantation syndrome. Park et al² performed in situ screw fixation in supine position before turning their patient lateral for hemiarthroplasty procedure to minimise time of surgery. Grisoni et al⁴ reported mortality rate of 38% among patients who sustained bilateral simultaneous hip fractures.

CONCLUSION:

In view of the high morbidity and mortality rate hip fractures that occur simultaneously, this select group of patient should have proper pre operative stabilization and be operated as soon as possible to prevent orthostatic complications. We propose the use of cemented implants only in cases of osteoporotic bone as was in our case. Otherwise, the operating surgeon should use uncemented implants to prevent the risk of bone cement implantation syndrome.

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