

A Case Report; Atypical Presentation Of Traumatic Bone Fragment Transplantation, A Challenge In Management

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INTRODUCTION

MotoVehicle Accident(MVA)is one of the major concern in morbidity and mortality case in Malaysia(1).

METHODS

Clinical evaluation, assessment and investigation were done during admission. Medical record were also reviewed.

RESULTS

A 20 years old, malay gentleman with no comorbidity brought to Hospital Sungai Buloh on 31st August 2018 after involve in road traffic accident with punctured wound over anterolateral proximal third of right thigh with exposed bone. Case was referred to orthopedic team for open fracture right femur. Upon assessment noted no lower limb deformity with intact distal circulation. Vital sign was stable.



X-ray showed multiple bone fragments over proximal third right femur but femur bone was intact. Concerning the bony fragment near the femoral triangle, CTA was ordered. CTA lower limb showed right femur was intact and there are varying size of bone fragments over proximal third right femur from lateral to medial as shown in figure 1. Simultaneously, another case was referred and noted that the opponent motorcyclist who involve in the accident was diagnosed as open comminuted fracture of right femur with segmental loss. Conclusion was made there is traumatic transplantation of opponent cyclist during MVA. Patient underwent surgery and figure 2 show xray and bone piece after removal.



Figure 1: right thigh wound ,xray and CTA before surgery

DISCUSSION

Anything may happen during motovehicle accident. A rare presentation of bone transplant injury is never reported in Malaysia. Several article describe the sharp injury in health care setting. Referring the algorithm of sharp injury, the treatment applied according to risk stratification(2).The local and systemic complication need to be follow up at least 12 weeks(3). Risk of disease transmision such as HIV,Hep B, Hep C must be work out for early intervention to be done for post exposure prophylaxis treatment according to risk stratification(3) for both patient. Table 1 show screening for both patient. Challenge in removal of bone piece near the femoral triangle need to be address as iatrogenic vascular injury might not only lead to significant morbidity and mortality toward patient but aswell medicolegal implication toward health care institution.



Figure 2.xray and fragment removed after surgery after surgery.

INVESTIGATIONS(1/9/2018)	RESULTS
HIV	Non Reactive
Hep B	Non reactive
Hep C	Non reactive

Table 1.Investigations and results

CONCLUSION

A traumatic bone implantation is rare. Follow up to measure the progress of injury and complication are required to evaluate the outcome for future planning and to reduce the morbidity and mortality.

REFERENCE

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