

IMPENDING PERIPROSTHETIC FEMUR FRACTURE AROUND A LOOSE FEMORAL STEM

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Introduction: 38 years old gentleman presented with chief complain of pain over right thigh and limping. Patient had history of right total hip arthroplasty done 4 years previously for failed internal fixation. Patient was well ambulating well until one week prior when he had a fall. Physical examination revealed 3 cm shortening with limited range of movement of right hip. Radiological examination showed subsidence of valgus position stem, possible loosening of femoral component with impingement on the medial cortex. ESR was 28 and crp 10. CT scan showed proximal femur medial cortex with thin cortical rim present and an isolated bone seen over posteromedial to the greater trochanter.

Discussion: Patient underwent revision right total hip arthroplasty with exchange of femoral stem, femoral head and poly liner. Intraoperatively greater trochanteric avulsion was present, with wear of the polyliner. Acetabulum was solidly fixed, however the femoral stem was loose. Hip aspiration was haemoserous in colour with negative alpha defensin and leucocyte esterase test. Prior insertion of the stem, femur canal was identified using drilling technique as the canal was occluded by pedestal. Restoration modular cementless femoral stem was used. Post operatively hip was stable and limb length was equal. Greater trochanter avulsion was sutured back to main fragment.

Conclusion: Management of periprosthetic fractures around the femoral stem after total hip arthroplasty represents a significant challenge and optimal treatment remains controversial. Clearly, fractures around femoral stems that are loose should be treated using revision THA.