IPSILATERAL SUBTROCHANTERIC AND SUPRACONDYLAR FEMUR FRACTURE, FRACTURE FIXATION EXPERIENCE : A CASE REPORT

Normawathy Amir Osman[1], Sanjeevan Radhakrishnan[1], Wan Assanul Azfan Wan Ali[1]

[1]Penang General Hospital

Introduction: Complex femoral fracture imposed a challenge to orthopaedic surgeon. Ipsilateral subtrochanteric femur and condylar region fracture are rare. Current management is fixation each fracture independently by separate fixation. We presented a case, apart from sustained ipsilateral subtrochanteric femur with supracondylar and intercondylar split, treated with short proximal femoral nail (PFN) and locking plate distal femur, patient also has acetabular fracture (treated conservatively).

Discussion: Mr I, 57 years old, was hit by a car while he was driving motorcycle. He has acetabular fracture (AO/OTA 62 B1.1), closed subtrochanteric fracture right femur (AO/OTA 32-C1.1), and open supracondylar fracture right femur with intra-articular extension (AO/OTA 33 C 2.2). Patient immediately undergo wound debridement of open fracture of supracondylar region with tibial pin traction. Patient undergo definitive fixation of right lower limb 5 days post initial surgery despite patient develop pulmonary embolism. (diagnosed intra-operatively during middle of operation). Patient was put on traction table. Supracondylar and intercondylar fracture was addressed first. To relax the gastrocnemius muscle contraction, single crutches was used, traction by traction table (to maintain length), with bridge plate principle used by lateral locking plate inserted through lateral parapatellar approach. Another lateral incision done for subtrochanteric region due to failure of closed reduction. Subtrochanteric fracture proximal part was too flexed, abducted and externally rotated. Open reduction was able to reduce the fracture and PFN was able to be done.

Conclusion: For ipsilateral multiple femoral fractures are not common and its challenging for fixation. Current management involved fixation of each fracture separately. Here, we reported a case of ipsilateral subtrochanteric, supracondylar and intercondylar fracture. Pre-operative planning for ideal fixation method for ipsilateral subtrochanteric and distal femoral fracture, including understanding the deforming forces is important in fracture reduction and stabilization.