

SCREW FIXATION OF FEMORAL HEAD FRACTURE WITH TROCHANTERIC FLIP OSTEOTOMY : A CASE SERIES

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Introduction: Femoral head fractures are uncommon and early appropriate treatment is required to prevent post traumatic osteoarthritis. About 6 to 16 % of posterior hip dislocations have been reported to be associated with a femoral head fracture. The main aim of treatment are to achieve an anatomic reduction, restore and maintain stability, and remove interposed bony fragments. Trochanteric flip osteotomy described by Ganz et al. provides safe and ample exposure by avoiding risk of injury to femoral head blood supply.

Discussion: A series of 3 cases with posterior dislocation and femoral head fracture (Pipkin's II) following motor vehicle accident in 2 years are reported. Headless screw fixation with trochanteric flip osteotomy approach was done on these patients within 1 week after trauma. All patients was started with physiotherapy of range of motion exercise post operations. Patients was on non weight bearing crutches for 2 months and was followed up for 1 year. In all patients, fracture united in average 3 months and there is no evidence of avascular necrosis of femoral head. All patients were able to full weight bear with full range of motion of the hip joint with no pain. One patient had trandelenberg gait due to abductor muscle weakness but still undergoing physiotherapy

Conclusion: Trochanteric flip osteotomy is a reproducible approach to safely reduce and fix femoral head fractures with good visibility as well as preserving blood supply.