

PROXIMAL AND DISTAL FEMUR REPLACEMENT FOR PATIENT WITH NON UNION FRACTURE OF INTERTROCHANTERIC AND SUPRACONDYLAR FEMUR

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Introduction: Non-union of intertrochanteric and supracondylar fractures of femur are uncommon which results in pain and functional disability, presenting major surgical challenge.

Discussion: Patient A is 54 years old lady sustained closed comminuted intertrochanteric fracture of right femur (31A2.3). She underwent open reduction, intermedullary device with cerclage wire on day 3 post trauma. At 6 months, there is sign of avascular necrosis of femur head with non-union fracture site. At 1 year, patient underwent right proximal femur replacement then able to full weight bear with walking cane without pain. Patient B is 56 years old gentleman sustained Grade IIIa open comminuted fracture of right supracondylar with intercondylar split (33C2.2). He underwent emergency wound debridement, screw fixation with high tibial pin insertion. At 4 months, he underwent distal locking plate of right femur with synthetic bone grafting. At 8 months post fixation, there is non-union comminuted fracture of supracondylar. At 1.5 year post trauma, patient underwent right distal femur replacement then able to full weight bear without aid.

Conclusion: Most failures of treatment occur in unstable fracture patterns of hip. Endoprosthesis can be considered as alternative treatment if internal fixation are recognized to be suboptimal, amount and quality of remaining distal bone stock and level of the non-union. In both our cases, patient experienced marked improvement in functional capacity and pain free, which are the hallmarks of a successful salvage procedure, hence providing stable joint, pain free and early return to daily activities.