

ILIZAROV EXTERNAL FIXATION (IEF) IN DISTAL FEMUR FRACTURES: A LIMB SAVIOUR - OUR EXPERIENCE IN SABAH

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Introduction: Distal femur fractures are favourably treated with open reduction and internal fixation as compared to IEF. However, IEF is an option for severely comminuted fracture (Type C fractures according to AO/ASIF system), poor soft tissue condition and bone quality. A total of 2 cases were selected for reporting from our centre based on the criteria mentioned. The aim of this case series is to highlight the effectiveness of IEF in such conditions.

Discussion: Case 1 Mr R is a 28 years old gentleman, sustained a closed left supracondylar femur fracture and was fixed with left distal femur LCP. Unfortunately, it was complicated with surgical site infection (SSI). Subsequently, he was subjected to removal of implant and IEF due to infection. IEF was removed after 1 year. Clinical series of following revealed good bone and wound healing. Case 2 Miss D is a 22 years old lady, sustained an open comminuted fracture distal end of right femur. She underwent a series of debridement whilst on an external fixator. In view of unfavourable soft tissue condition, her fracture was converted to IEF. 8 months post-fixation the wound healed and IEF was removed. she was able to ambulate and perform functional daily activities.

Conclusion: IEF can be concluded as a preferred choice in comminuted distal femur fractures with unfavourable bony or soft tissue component. This is due to shorter operating time, reduce blood loss, minimal surgical exposure and lack of periosteal stripping. Moreover, this technique allows early weight-bearing and healing with better soft tissue management.