



NEGLECTED MALUNION OF FEMORAL SHAFT: A LEARNING CURVE OF LIMB LENGTHENING RECONSTRUCTION SYSTEM

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INTRODUCTION:

Neglected malunions are a common phenomenon here in Lahad Datu, Sabah. The phrase ‘the elephant in the room’ as we say are closely related to the strong belief of traditional treatment and financial constraint of the major population here. Catalysts to seek medical treatment in Hospital are often chronic pain and severe functional disabilities of the limb.

CASE REPORT:

A 40-year-old, gentleman with neglected malunion of left femoral shaft had history of major trauma in late 2015. Early internal fixation of left femur was done via interlocking nail. However, patient suffered another major trauma in 2016 with left femur refracture and implant failure. Removal of implant was done. Subsequently patient opted for traditional treatment. He presented with a neglected malunion of left femur and Limb Lengthening Reconstruction System (LRS) was done. Failure to achieve a stable fixation of fracture site was noted during clinic review. The basis of the failure was due to long distances travelling done by the patient for regular dressing. A combined antegrade interlocking nail and LRS was planned and performed to address the instability of osteotomy site.



Fig 1: Neglected malunion of left femur.

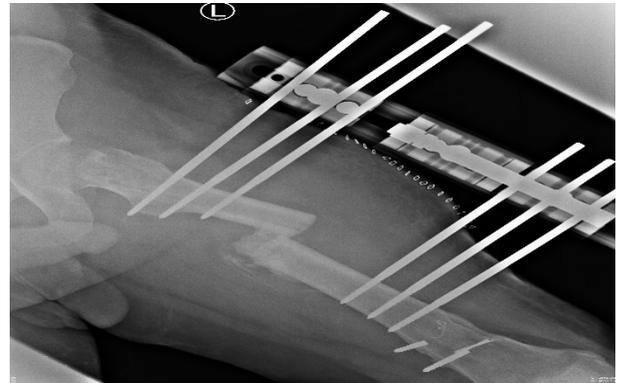


Fig 2: Instability of osteotomy site.

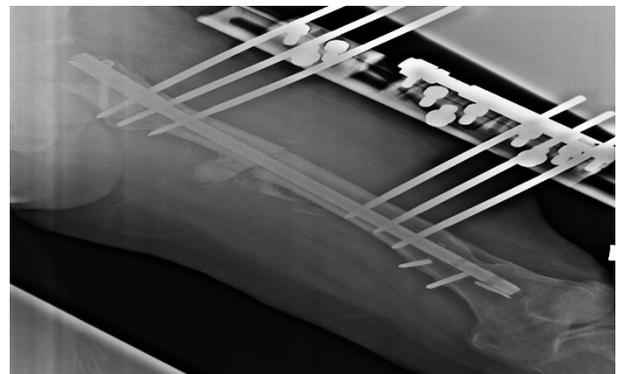


Fig 3: Interlocking nail and LRS in-situ.

CONCLUSION:

Limb Lengthening Reconstruction System (LRS) via a rail external fixator is an effective technique in treating lower limb length discrepancies. However, the challenge of maintaining a stable fixation and preventing axial deformities persist and can be addressed with limb lengthening system over an intramedullary nail. With the additional stability, this allows for an early rehabilitation and reduces the overall time on rail external fixator while achieving the goal of limb lengthening. Paley et al concluded this technique as advantageous over a series of monolateral external fixators.

REFERENCES:

1. Farsetti et al. J Orthop Traumatol (2019) 20:30 <https://doi.org/10.1186/s10195-019-0538-y>