

# A Surgical Dilemma – Cushing’s Syndrome Is Giving Me A Headache!

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## INTRODUCTION:

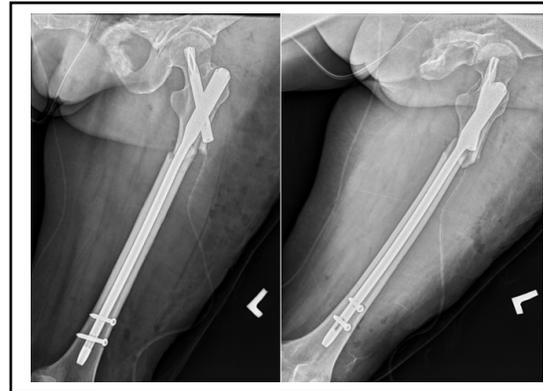
Cushing’s Syndrome secondary to adrenal adenoma is not uncommon in our clinical setting. Patients are usually prescribed with steroid-based medication which render them immunocompromised, susceptible to infection and avascular necrosis(AVN) of the head of femur. We present a patient with the above condition who suffered from an infected subtrochanteric femur fracture fixation. A case which put us in surgical dilemma in view of her immunocompromised status, sepsis, risk of AVN and subtrochanteric non-union of up to 20% due to malreduction<sup>1</sup>.

## REPORT:

A 65 year-old lady with newly diagnosed Cushing’s Syndrome secondary to adrenal adenoma sustained a left femur subtrochanter fracture after a fall. She underwent cephalomedullary nailing which was complicated with deep surgical site infection 1-month post operative. She presented to us in severe sepsis with slough and seropurulent discharge from the surgical site. Left femur xray(Fig.1) revealed a stable implant, malreduced fracture with no evidence of union and osteomyelitis. She was treated conservatively, in view of her initial unstable condition for surgery with 6-weeks of intravenous and 1-month of oral antibiotic. There was bony union(Fig.2) despite foregoing surgical debridement and fracture realignment. Patient was ambulating without aid 4-months post operatively with no clinical, biochemical and radiological evidence of infection.

Her immunocompromised state risked poor wound and bone healing. We questioned whether surgical debridement fracture realignment would benefit her. As she is at risk of AVN in the future, the cephalomedullary nail can act as early core decompression upon removal and for staged procedure for hip

replacement to address the avascular necrosis and biomechanics of the hip.



**Figure 1: Post-operative xray showing malreduced subtrochanteric femur fracture with cephalomedullary nail.**



**Figure 2: 4-months post operative xray shows a united fracture.**

## CONCLUSION:

Immunocompromised patients with fracture is a common scenario in our practice. Sometimes doing less is more -conservative approach may be better for the patient taking into account of fracture fixation complications and future salvage/replacement surgeries.

## REFERENCES:

1)Jung-Yoon Choi, Yerl-Bo Sung et al. Factors Affecting Time to Bony Union of Femoral Subtrochanteric Fractures Treated with Intramedullary Devices. Hip&Pelvis. 2014Jun;26(2):107-114.