

Proximal Femur Shepherd Crook Deformity

¹ZC, Lee; ¹Devarani P; ¹Saw Aik

Department of Orthopaedic Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia.

INTRODUCTION:

Fibrous dysplasia (FD) is a condition characterized by the presence of fibro-osseous tissue in the bone resulting in thinning of cortex. The clinical spectrum of fibrous dysplasia varies widely includes monostotic fibrous dysplasia, polyostotic fibrous dysplasia and combination of polyostotic fibrous dysplasia with extra-skeletal manifestations. Fibrous dysplasia of proximal femur is difficult to treat due to the varied presentations like pain, pathological fractures, severe deformity and high recurrence rate. Understanding the bone properties and residual growth potential is essential for a long-lasting surgical result.

CASE REPORT:

We report a case of unilateral monostotic fibrous dysplasia of proximal femur with Shepherd's crook deformity in a 12-year-old male. He presented with progressive worsening deformity over left femur which was associated with intermittent pain. It was aggravated by weight bearing and activity. Lower limb radiograph showed coxa vara with ground glass appearance over left proximal femur extending till midshaft and bowing of femur. There was no cortical breakage and soft tissue extension. Hip joint was not involved. The lesion resulted in alteration of hip joint anatomy with a decrease in the neck-shaft angle to 114 degrees and leading to coxa vara. The patient underwent a single-stage procedure of valgus osteotomy with TFNA. Intraoperatively, 2 shanz pins were inserted to achieve reduction and gentle reaming was performed to prevent iatrogenic fracture. Post-operative neck-shaft angle was restored to 122 degrees. He was allowed partial weight bearing and rehabilitation care.



(a)

(b)

CONCLUSION:

The management of proximal femoral deformity in fibrous dysplasia is a challenge to the orthopaedic surgeon. Accurate preoperative planning focusing on providing mechanical stability and improving function but not on eradicating the lesion is crucial for success.

REFERENCES:

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