

ILIZAROV FOR A CLOSED TIBIA PLATEAU FRACTURE IN A FILARIAL CELLULITIS LEG: A SURGICAL OPTION

Kishaani P¹, Khoh Phaik Shan¹

¹ [Department of Orthopaedic Surgery, Hospital Sultanah Bahiyah.](#)

INTRODUCTION:

Filariasis is a parasitic disease which impairs the lymphatic vessels leading to elephantiasis. It is commonly complicated with cellulitis. We are reporting on a patient with filarial cellulitis whom was treated with Ilizarov for tibia plateau fracture.

REPORT:

A 62 years old lady, with underlying right lower limb filariasis, presented with motor vehicle accident. Post trauma, she was unable to ambulate. Upon arrival to casualty, right leg was swollen and edematous. Her skin condition was poor with fungal infection. Limb was warm, tender around knee region. There was no bleeding or open wound. Radiological assessment revealed a right tibia plateau fracture (Schatzker IV). Her skin condition was unsuitable for an internal fixation. Therefore, we proceeded with Ilizarov to fix the fracture.

Postoperatively, she was on non-weightbearing ambulation for 1 month. During her first month follow up, there was callus seen at the fracture site. She was then started on partial and full weightbearing subsequently. Her bone united well in 3 months and Ilizarov was removed after 3 months. Patient could ambulate well without pain after bone union.



Figure 1: Post Ilizarov in a filarial leg

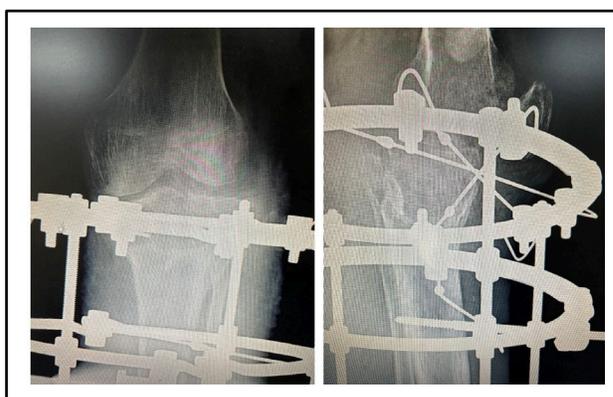


Figure 2: Radiograph post fixation

CONCLUSION:

No cases reported till date for surgical option in a filarial cellulitis patient with a tibia plateau fracture. It is a well known fact that internal fixation in a bad soft tissue condition will high likely lead to surgical site infection. This will impair the process of bone union. Therefore, Ilizarov is a good surgical option as outcome in this patient was successful.

REFERENCES:

WJ. Metsemakers, Fracture-related infection: A consensus on definition from an international expert group, Injury, Volume 49, Issue 3, 2018