Non-union fracture neck femur

Dr. Vinod Naneria,
Dr. Girish Yeotikar,
Dr. Shiv Kumar Yadav,
Indore, India.

Treatment catch-22
Plan your treatment before you proceed?

This is “the x-ray”

This is “the x-ray”

This is “the x-ray”
Case Summary

- Mrs. S.D., 40 years, Obese, Female.
- Fracture neck femur with shaft left.
- Pre operative x-ray not available.
- Surgery done outside.
- Inadequate fixation?
Immediate post operation

Femoral shaft fracture

April 2001
Dissatisfied patient

- Persisted with pain and limitation of hip and knee movements,
- Using walking aids,
- Decided to take second opinion.
- Readjustment of Cancellous screws were done in May 2001. Washers were used to get compression at fracture site.
Readjustment of Cancellous screws May 2001

With high HOPE went to Mumbai
Screws removed in June 2001. Pin tracts Infection Lasted for 2 months. Pt. was on BB Splint for next 3 months, waiting for some definitive surgery.
“Sorry young lady we can’t help you”

After 5 months in Mumbai she returns to Indore with,

**Problems:**

- Gap Non Union
- 6 Months Post Accident
- Doubtful Union of Shaft Femur
- Limitation of hip & Knee movements
- History of pin tract infection at the screws site which were draining for two months.
My Treatment Options?

• Excision arthroplasty
• Replacement arthroplasty
• ORIF+ Graft
• Osteosynthesis
• Osteosynthesis + Grafts
• Osteosynthesis + Fibula
• Osteosynthesis + osteotomy
Discussion

• Excision – H/o local infection - Too young
• Replacement
• Open reduction + ORIF + Graft
• Osteosynthesis + Grafts – could be
• Osteosynthesis + Fibula – could be
• Osteosynthesis + osteotomy – H/o local infection

-----------------------------

• Osteosynthesis alone
Reactivation of Infection

Failure of Fixation

Avascular Necrosis of the femoral head

More reconstructive surgeries in future
Nail removal done.
Shaft femur found stable.
No residual infection.
Two guide wires passed.
Cancellous screw passed first.
DHS passed later.
Compression at fracture site by alternate impaction and screw tightness.
Final compression by DHS screw.

15/10/2001
As of Today - 2010

- Patient have No Complaints.
- No limp.
- No walking aids.
- No shortening.
- ROM at Hip full.
- ROM at Knee full.
Recipe to carry home

Proper Reduction
Maximum bone to bone contact
Rigid Fixation
Compression at fracture site
Hope for the best
DISCLAIMER

• Information contained and transmitted by this presentation is based on personal experience and collection of cases personally operated by the principal author at Indore, India, during last 32 years.
• It is intended for use only by the students of orthopedic surgery.
• Views and opinion expressed in this presentation are personal.
• Depending upon the x-rays and clinical presentations viewers can make their own opinion. For any confusion please contact the sole author for clarification.
• Every body is allowed to copy or download and use the material best suited to him.
• I am not responsible for any controversies arise out of this presentation. For any correction or suggestion please contact naneria@yahoo.com
• Animations used in the presentation are taken from “Google Image”.
• For any copy-right violation, please inform naneria@yahoo.com