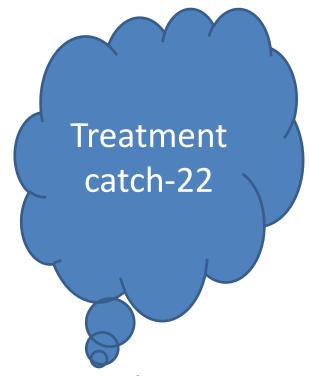
#### Non-union fracture neck femur







Dr. Vinod Naneria,

Dr. Girish Yeotikar,

Dr. Shiv Kumar Yadav,

Indore, India.

# Plan your treatment before you proceed?

This is "the x-ray"





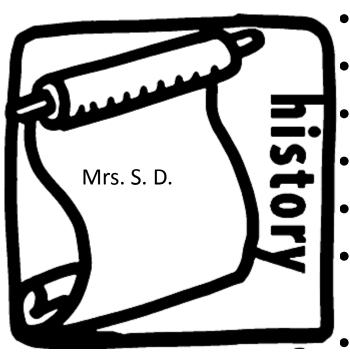
This is "the x-ray"

This is "the x-ray"





# **Case Summary**



- Mrs. S.D., 40 years, Obese, Female.
- Accident on 1 / 4 / 2001.
- Fracture neck femur with shaft left.
- Pre operative x-ray not available.
- Surgery done outside.
  - Reconstruction nail + Two cancellous screw fixation done on 2 / 4 / 2001.
  - Inadequate fixation?

April 2001

Immediate post operation

Femoral shaft fracture

# 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





### At 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.



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

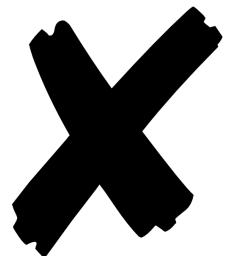


- Excision –H/o local infection -Too young
- Replacement
- Open reduction + ORIF + Graft
- Osteosynthesis + Grafts could be
- Osteosynthesis + Fibula could be





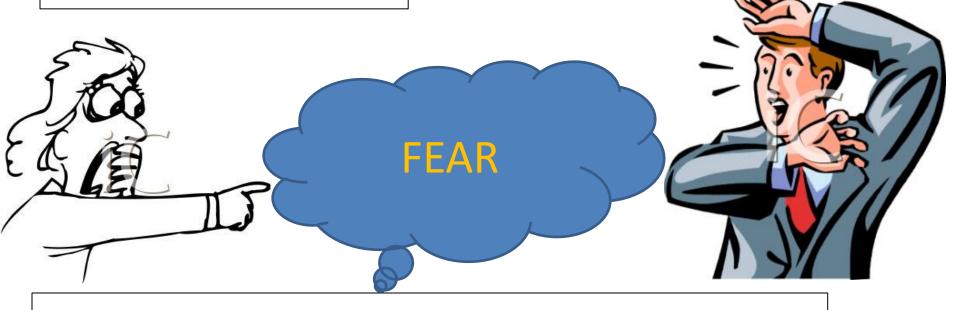
Osteosynthesis alone



#### 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.

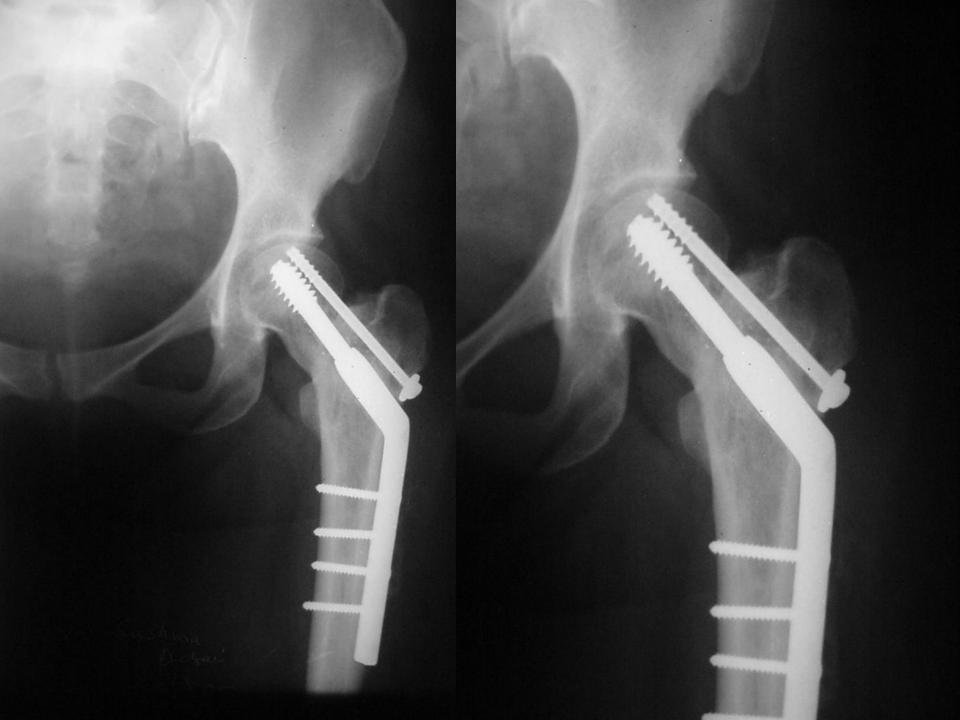
Cancellous screw passed first.

DHS passed later.

Compression at fracture site by alternate impaction and screw tightness.

Final compression by DHS screw.





# 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.
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