

ORTHOPAEDICS, ARTHROPLASTY AND ARTHROSCOPY

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Concomitant ipsilateral transcervical and intertrochanteric fractures of the femur: a case report

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Concomitant ipsilateral femoral neck and trochanter fracture is a very rare injury and hence there is no consensus for its management. Its diagnosis can be missed on standard plain radiographs, which highlights the necessity of further imaging examinations. Careful preoperative assessment and planning are necessary for successful treatment. Case Report: A 70-year-old man was admitted to our emergency department following a fall from standing height at home. On physical examination, our patient reported pain in his right hip. He was unable to move his right lower limb, which presented shortening and external rotation. He had no other injuries. Plain radiographs confirmed the presence of simultaneous transcervical femoral neck and intertrochanteric fractures. To further characterize the fracture a computed tomographic (CT) scan was performed. The patient was proposed for surgery, undergoing a total hip arthroplasty with an uncemented acetabular cup and an uncemented distally fixed modular femoral stem, associated with trochanter fixation with a trochanteric grip plate and a interfragmentary screw. Our patient's post-operative rehabilitation protocol included immediate walking with crutches with partial to full weight-bearing with good evolution. At the last follow-up, 1 year after surgery, the patient had returned to his previous activities, his Harris hip score was 86 and control radiographs showed solid union of the trochanteric fracture and no complications related to the hip arthroplasty. Given the rarity of this injury, the treatment strategy is not standardized. Nonetheless, many options exist which must be adapted to the patient and fracture configuration, taking into consideration the complication risks, disadvantages, and advantages of each one.

Biography

Jose Machado is a resident of Traumatology and Orthopaedics with a vast interest in lower limb pathology, including hip, knee, foot and ankle pathology.

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