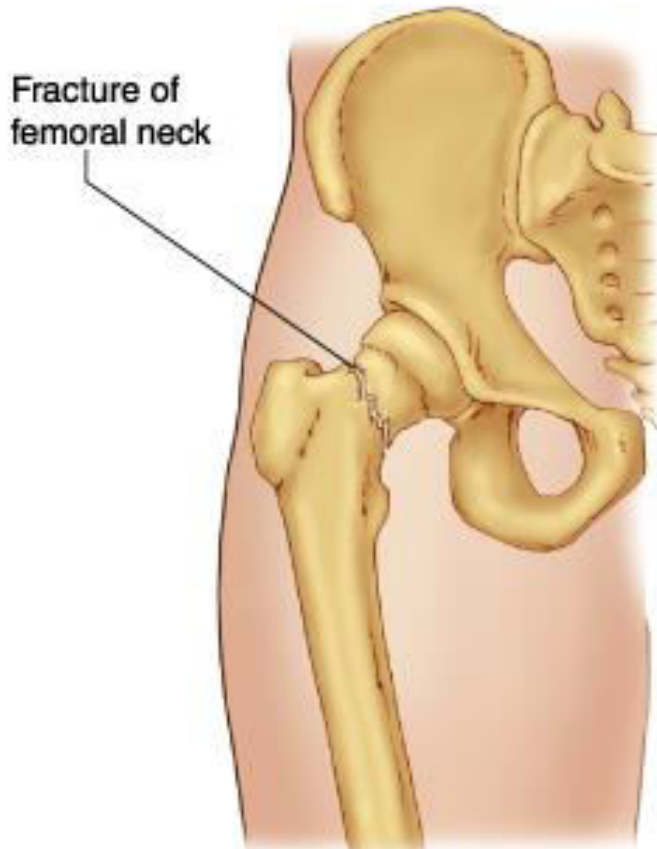


MANAGEMENT OF FRACTURE NECK OF FEMUR



- - Dr. Gayatri
2nd yr PG

CASE 1

- Name: Mr. xxxx
- Age: 36 yrs
- Sex: Male
- Address: Nalgonda
- Chief complaints:

Pain in the right hip since 3 days.

HISTORY OF PRESENTING ILLNESS:

- Patient was apparently normal 3 days back when he had a history of fall at work place.
- Since then, the patient complains of pain in the right hip.
- Pain is continuous and dull aching, non radiating, aggravates on walking and relieves on taking rest.
- Patient is unable to bear weight on his right lower limb.

- **PAST HISTORY:**

Not a known case of diabetes mellitus, hypertension, asthma or tuberculosis.

- **PERSONAL HISTORY:**

Not significant.

- **FAMILY HISTORY:**

Not significant.

GENERAL PHYSICAL EXAMINATION

- Patient is moderately built and nourished.
- No pallor, icterus, cyanosis, clubbing , lymphadenopathy and edema.
- Pulse: 78/min
- B.P: 128/82 mmHg
- CVS: S1, S2 heard, no murmurs
- RS: Normal vesicular breath sounds heard

EXAMINATION

- Clavicle: No tenderness
- Chest compression test: -ve
- Per abdomen: Soft and non tender
- Pelvic compression test: -ve

LOCAL EXAMINATION

- No swelling in the right hip.
- No scars, no sinuses, no discoloration.
- There is no shortening.
- Limb is externally rotated to about 30 degrees.
- Tenderness over the anterior joint line.
- Greater trochanter is not broadened or thickened.
- There is no proximal migration of the greater trochanter.
- Movements about the hip joint are painful and restricted.
- Telescopy test could not be elicited due to pain.

PROVISIONAL DIAGNOSIS

INTRACAPSULAR FRACTURE NECK OF
RIGHT FEMUR

Garden Classification

Type I fractures can be incomplete. Typically they are impacted into valgus, and retroversion.



Garden type I

Type II fractures are complete, but undisplaced. Fractures have a break in the trabeculations, but no shift in alignment.



Garden type II

Garden Classification

- Type III fractures have marked angulation, but usually minimal to no proximal translation of the shaft.



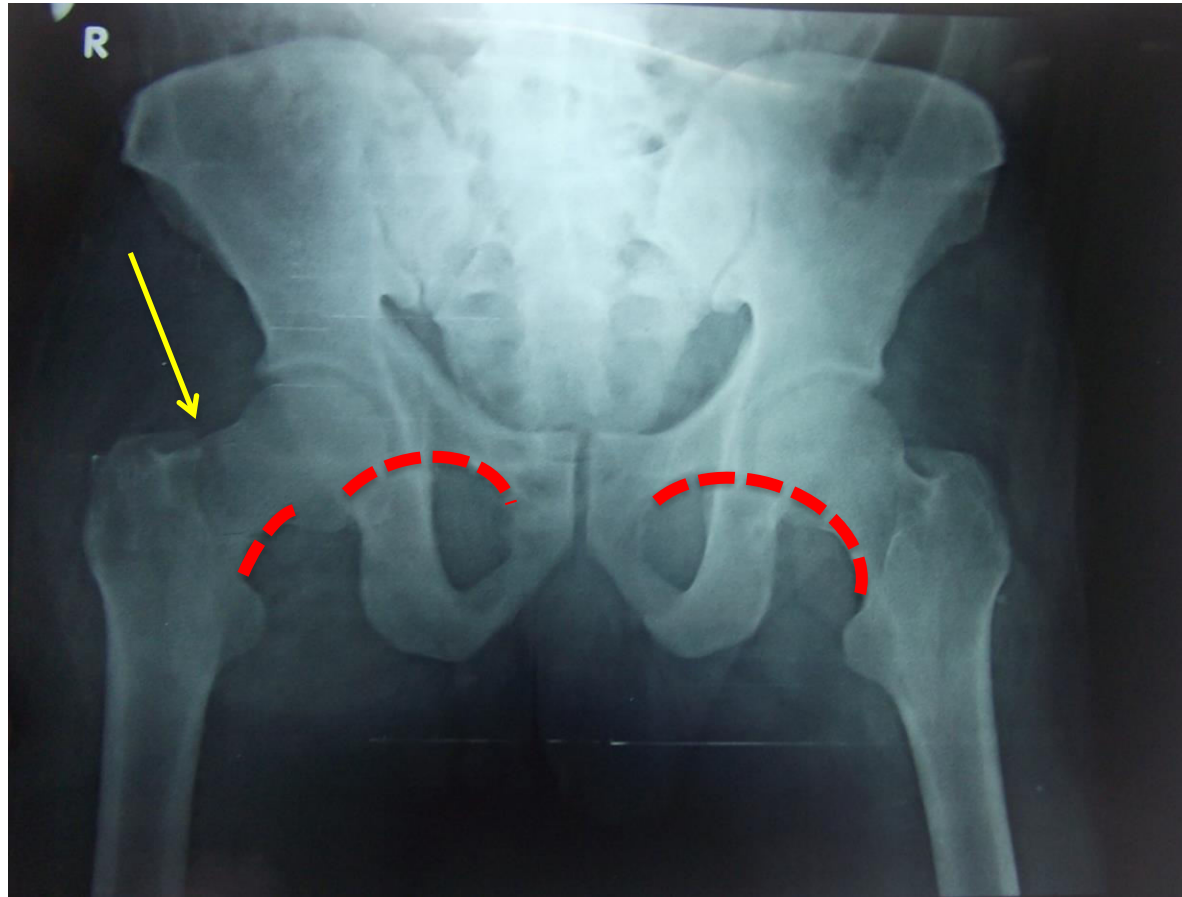
Garden type III

Type IV fracture, there is complete displacement between fragments and the shaft translates proximally.



Garden type IV

X-RAY



Right sided Impacted Incomplete Stage - 1 Intracapsular Fracture neck of Femur.

PRE OP INVESTIGATIONS

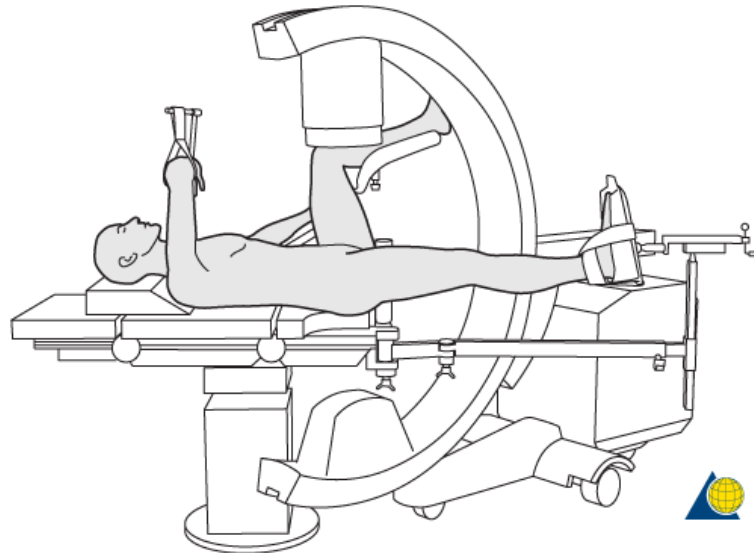
- Hb: 12gm%
- RBS: 96mg/dl
- TLC: 12000/cumm
- Platelet count: 1.8lakhs/cumm
- RFT: WNL
- BT, CT: Normal
- HIV, HbsAg: Negative
- ECG: WNL
- Chest X-ray: Normal

PLAN OF SURGERY

PERCUTANEOUS CANNULATED
CANCELLOUS SCREW FIXATION

INTRA- OPERATIVE PROCEDURE

- Patient is put on fracture table.
 - Supine in position with the lower limbs in wide abduction.
 - C- arm image intensifier should be able to be put in proper position for guidance during surgery.



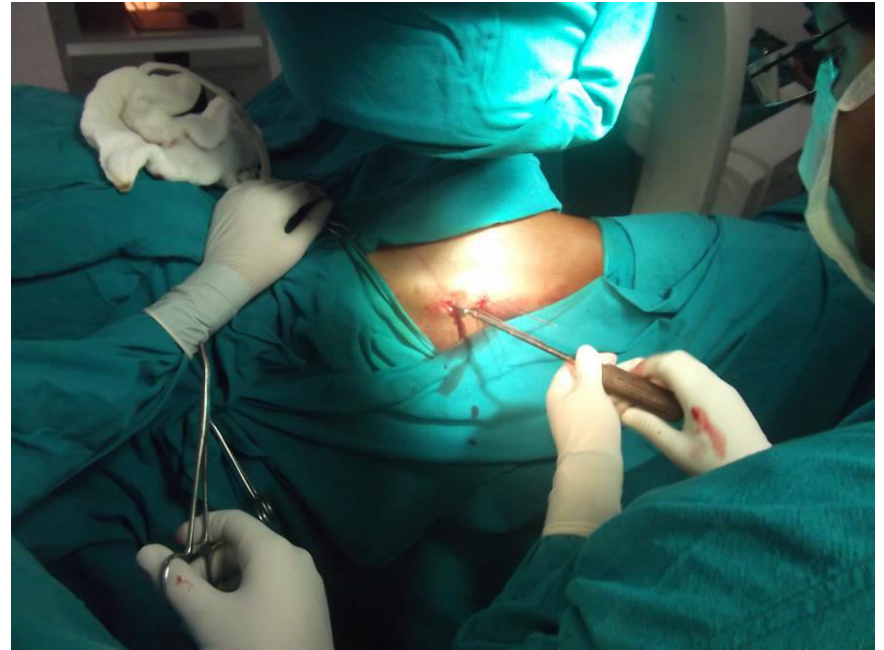
PASSING OF THE GUIDE WIRE

- INSERTION OF GUIDE WIRE UNDER GUIDANCE OF IMAGE INTENSIFIER

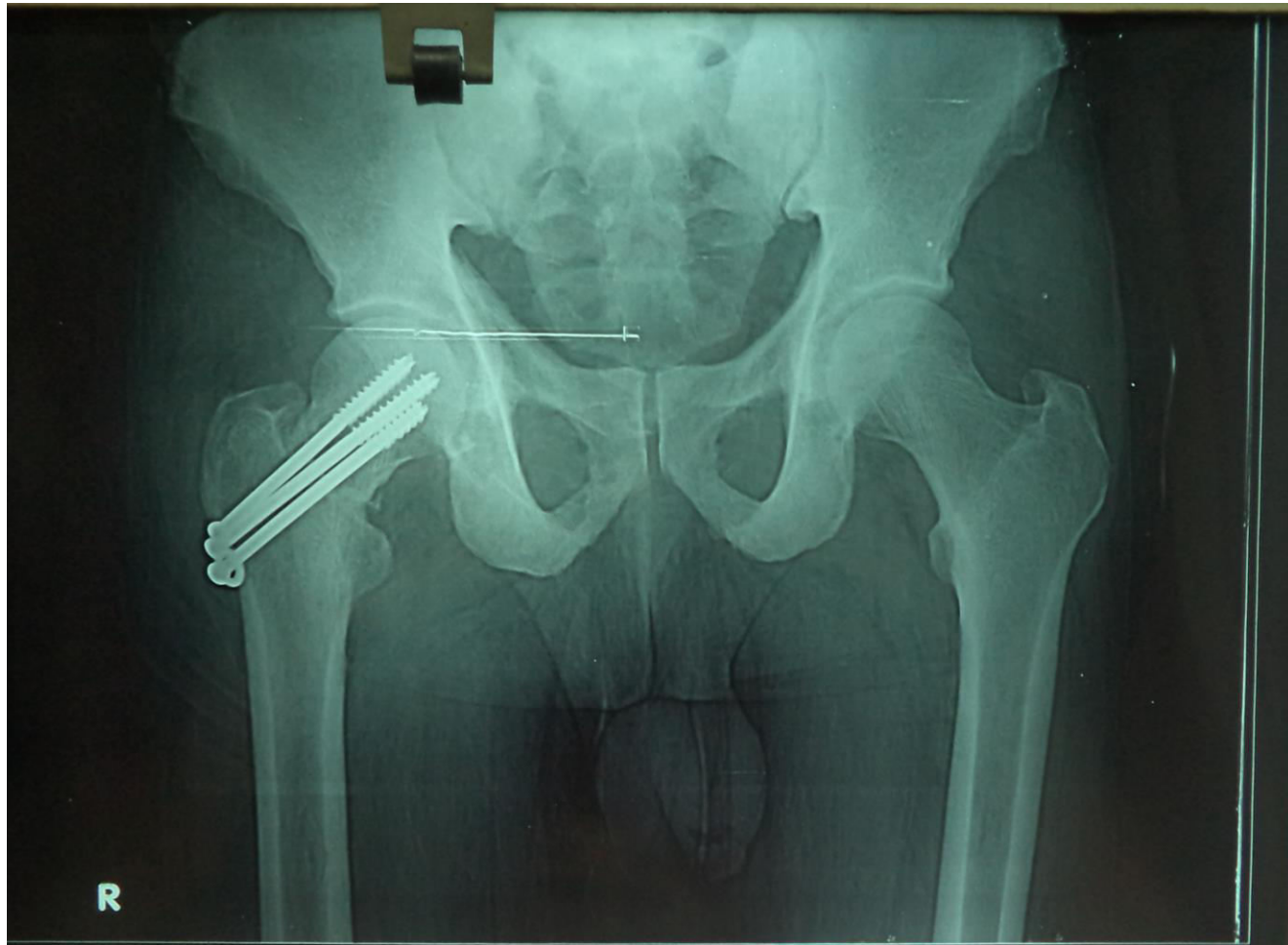


PASSING OF THE SCREW

- UNDER THE GUIDANCE OF IMAGE INTENSIFIER SCREW IS INSERTED



POST OP CHECK X-RAY



POST OP WOUND ON 10TH DAY



CASE 2

- Name: Mr. xxxx
- Age: 53yrs
- Sex: Male
- Address: Nalgonda
- Chief complaints:

Pain in the right hip since 1 day.

- **HISTORY OF PRESENTING ILLNESS:**

Patient was apparently asymptomatic 1 day back after which he had an accident, fall from bike .

Since then the patient complains of pain in the right hip.

Pain is continuous, severe, radiating , aggravates on walking and relieves on taking rest.

Patient is unable to bear weight on his right lower limb.

- **PAST HISTORY:**

Not a known case of diabetes mellitus, hypertension, asthma or tuberculosis.

- **PERSONAL HISTORY:**

Not significant.

- **FAMILY HISTORY:**

Not significant.

GENERAL PHYSICAL EXAMINATION

- Patient is moderately built and nourished
- No pallor, icterus, cyanosis, clubbing , lymphadenopathy and edema.
- Pulse: 88/min
- B.P: 130/90 mmhg
- CVS: S1, S2 heard, no murmurs
- RS: Normal vesicular breath sounds heard

EXAMINATION

- Clavicle: No tenderness
- Chest compression test: -ve
- Per abdomen: soft and non tender
- Pelvic compression test: -ve

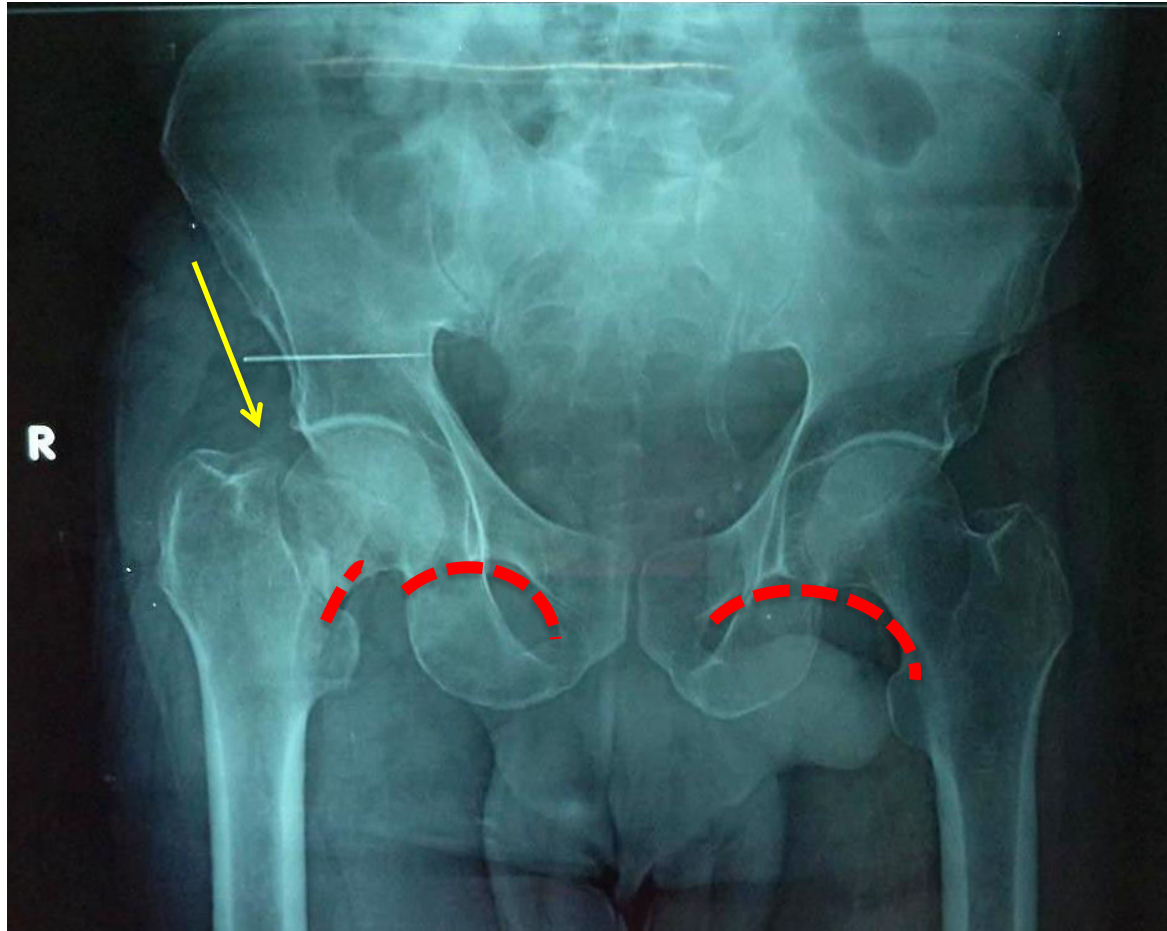
LOCAL EXAMINATION

- No swelling in the right hip
- No scars, no sinuses, no discoloration
- There is shortening of 1 cm.
- Limb is externally rotated to about 40 degrees.
- Tenderness over the anterior joint line.
- Greater trochanter is not broadened or thickened.
- There is minimal proximal migration of the greater trochanter.
- Movements about the hip joint are painful and restricted.
- Telescopy test could not be elicited due to pain.

PROVISIONAL DIAGNOSIS

INTRACAPSULAR FRACTURE NECK OF RIGHT
FEMUR.

X-RAY



Right sided Complete Stage – 4 Intracapsular Fracture neck of Femur

PRE OP INVESTIGATIONS

- Hb: 13gm%
- RBS: 112mg/dl
- TLC: 11000/cumm
- Platelet count: 2lakhs/cumm
- RFT: WNL
- BT, CT: Normal
- HIV, HbsAg: Negative
- ECG: WNL
- Chest X-ray: Normal

PLAN OF SURGERY

PRIMARY UNCEMENTED FENESTRATED
HEMIARTHROPLASTY OF RIGHT HIP.

X-Ray

Pre-Op



Post-Op

