Fracture neck of femur in children are rare. Hip fractures constitute approximately 1% of all fractures in children. Most of the fractures result from high-energy trauma. Complications are associated with serious long-term morbidities. Undesirable and unpredictable results occur despite of good fixation and care.

**CASE STUDY**

**Aim**
To evaluate clinical and radiological outcome of closed reduction and internal fixation of paediatric intracapsular neck of femur fracture with Moore’s pins

**Methods**
A prospective study of 7 patients admitted in our hospital during the period of JAN 2018 –DEC 2019

**Inclusion Criteria**
All Type: 1, 2, 3 Delbet classification  
**Age:** 5-14yrs

**Exclusion Criteria**
Age <5yrs and >14yrs  
**Type:** 4 Delbet classification (INTERTROCHANTERIC FRACTURES)  
Infective pathological IC fracture  
Delayed presentation to the hospital (>2 weeks)

**Results**
All patients were followed up for 6 to 12 months, and the mean follow-up duration was 7 months.

- 5 Displaced IC fractures and 2 undisplaced fractures.
  - 1 belonged to type-1, 4 were type-2 and 2 type-3
  - Associated injuries seen in 3 patients  
  - The mean time of injury to surgery was 2 days 8 hrs.

- 6 out of 7 fractures united on the average of 8 weeks (range, 6-10 weeks).

According to Ratliff criteria 5 patients showed good results 1 patient fair and 1 patient poor.

**DISCUSSION**
Pediatric femoral neck fractures are uncommon.

The average incidence, worldwide is 1% of all pediatric fractures.

May be higher in our environment.

Most cases result from high-energy trauma.

The presence of physis and vascular peculiarities make pediatric femoral neck fractures an important clinical entity.

The risk of severe complications like AVN and growth arrest, make prompt treatment of pediatric femoral neck fractures a priority.

Of all the complications reported in the literature, AVN is the most common and most devastating.

Quick et al, reported an average incidence of 6-53% for AVN in pediatric femoral neck fractures.

In our study, AVN occurred in 1 patient, and risk factors identified include:
- Type of fracture and displacement
- Late presentation.

**CONCLUSION**
The risk of vascular disruption and physeal damage was minimal on using MOORE’S PINS.

Functional and radiological outcome of pediatric intracapsular femur neck fractures were good on internal fixation using MOORE’S PINS.

**CASE STUDY 1**
PRE-OPERATIVE

**DELBET CLASSIFICATION - TRANSCERVICAL**
REFERENCES