



A RARE CASE OF BILATERAL SIMULTANEOUS INTERTROCHANTERIC FRACTURE OF FEMUR

Orthopedics

**Dr.Nagabhushana
D M**

Professor, Department of Orthopedics, JJM Medical College, Davangere

**Dr. Vickykumar
Pethapara***

Postgraduate Student, Department of Orthopedics, JJM Medical College, Davangere
*Corresponding Author

**Dr.Kartavya
Chaudhari**

Postgraduate Student, Department of Orthopedics, JJM Medical College, Davangere

ABSTRACT

Bilateral simultaneous intertrochanteric femur fractures are rare and usually occur as a result of major trauma. In this paper, we present a 55-year old male patient resident of madluri, rannebenur taluk, haveri district; Karnataka was brought to the emergency services of our hospital with severe pain and poor mobilization in both hips. There was a history of major trauma. The patient fell down from bullock cart and the run over of cart wheel over him. And he was treated with ORIF with DHS both the sides and was operated in two seatings.

KEYWORDS

Introduction

Trochanteric femur fractures are observed frequently by orthopedic surgeons in daily practice in emergency services especially in the elderly patient population.

They generally appear due to simple falls.

Simultaneous bilateral femur intertrochanteric fractures are very rare and usually appear after major traumas or primary/secondary bone diseases.

Although there are many case presentations in the literature about bilateral femoral neck fractures, there are very few case presentations about simultaneous bilateral femur intertrochanteric fractures.

The proximal femur is the area where the most deficiency fractures are observed.

In addition, the proximal femur is the area which is routinely subjected to maximum loading force.

The deficiency fracture is a type of stress fracture caused by normal stress on abnormal bone.

The proximal femur is a very important component of the motion system and receives high energy during movements because of carrying the whole of the body weight and due to the contractions of the muscles in this area.

For this reason, the trochanteric femur fractures may occur in some cases where the bone mass is decreased and with the effects of the simple trauma and excessive muscle contractions together.

CASE REPORT

A 55 year old male from madluri, rannebenur taluk, haveri district was brought to the emergency services of our hospital with severe pain and poor mobilization in both hips. In his history he had a fall from bullock cart and cart wheel ran over him and soon after that he was not able to stand up because he felt severe pain in both hips, and then he was transported to the emergency services later.

The physical examination in the emergency service department revealed external rotation posture in both lower extremities, limitations in movement, sensitivity, and severe pain. After the X-ray, bilateral trochanteric femur fracture was detected.

All necessary investigations done, physician fitness taken and the patient was taken to operating room.

Spinal anaesthesia given, position of the patient made and fracture reduction was performed on the fracture table with the support of fluoroscopy and with Open reduction internal fixation with dynamic hip screw procedure right side is fixed first, post op blood transfusion done as blood loss was more intraoperatively and after two days with the same procedure left side was fixed.

No complication developed in the post operative period. At last follow up 3 months after surgery, the patient is able to walk with the help of walker; patient has to take intensive rehabilitation programme to resume his previous status.





But in this case fracture was unstable with severe trochanteric comminution and subtrochanteric extension, we tried to perform stable fracture fixation and preferred to apply dynamic hip screw, which delayed early mobilization but we were expecting a good outcome.

CONCLUSION:

Bilateral trochanteric fractures are very rare injuries; however, sometimes they can occur especially in patients with osteoporosis after a simple fall or high energy trauma.

In the treatment, both the patient and the surgeon may have some challenges. In choosing the surgical fixation material, it is important that the material will allow early mobilization and protect the patient from any surgical complication, thus avoiding possible complications that can stem from long-term immobilization and surgical complication.

Surgeons can be sure of a successful treatment with the choice of proper fixation material and accurate planning.



Discussion

Although femur trochanteric fractures may be observed frequently in the elderly, bilateral fractures are very rare and usually occur after serious traumas.

Those which occur after simple traumas are usually in the form of femoral neck fractures. These kinds of patients are usually osteoporotic patients. Unilateral trochanteric fractures may occur after simple traumas.

Bilateral fractures are very rare and occur after serious complicated traumas. Besides the effect of the direct trauma, excessive and imbalanced contractions of the muscles in the same area also have an effect in these fractures. It is known that old bones lose their elastic adaptation capacity and this facilitates the occurrence of fractures.

It must be kept in mind that in the basis of such fractures, there will always be osteoporosis, and the operation method must be chosen according to this fact.

Also, the follow-up medical support must be considered in the light of this situation.

Intramedullary nails, sliding hip screws, anatomical plates, partial and total prosthesis, external fixators, and proximal femoral nails are among the materials used in the fixation of the fractures in this area.

When both lower extremities are involved in the event, the fixation tool which will allow early mobilization and load of weight must be chosen.

The treatment of extra capsular fracture of the hip relies on fracture pattern and stability. The sliding hip screw and plates generally are utilized for stable and displaced fracture pattern.

The use of an intramedullary device is dedicated to unstable extra capsular femur intertrochanteric fracture and loss of medial cortical support of femur proximal fractures.