



A STUDY OF COXO-FEMORAL BYPASS IN INTERTROCHANTERIC FRACTURE FEMUR OF ELDERLY PATIENTS

Orthopaedics

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ABSTRACT

In this study we tried to find and analyse the outcome of coxofemoral bypass in intertrochanteric fractures which were operated at our centre and completed the follow up till 12 months. These patients were analysed on various intra-operative and post-operative parameters. Functional assessment was done using Harris Hip Score. Harris Hip Score showed that 04(20%) patients had excellent results, 08(40%) patient had good results, 04(20%) patients had fair and 02(10%) had poor results, poor results seen in patient with multiple co-morbidity. Our study indicate that coxofemoral bypass in elderly patients have shown to achieve early rehabilitation of the patient and good long-term results intertrochanteric fractures.

KEYWORDS

Intertrochanteric fractures, coxo femoral bypass, harris hip score, hemiarthroplasty.

INTRODUCTION

An increase in the incidence of intertrochanteric fractures is on the rise due to the increased life expectancy of the people and osteoporosis¹⁻⁵. The mechanism of injury is mostly trivial trauma. Bergström *et al*⁶ found that low-energy trauma (fall <1 m) caused 53% of all fractures in persons 50 years of age and older. In those over 75 years, low-energy trauma caused >80% of all fractures. Osteoporosis and instability are one of the most important factors leading to unsatisfactory results⁷⁻⁹. Also in these elderly patients with unstable osteoporotic fractures, a period of restricted mobilisation is suggested^{10,11} which may cause complications like atelectasis, bed sores, pneumonia, and deep vein thrombosis¹².

Intramedullary interlocking devices have shown reduced tendency for cut-outs in osteoporotic bones^{13,14} and also have better results in cases of unstable intertrochanteric fractures¹⁵⁻¹⁹. Endoprosthetic replacements have also been shown to achieve early rehabilitation of the patient and good long-term results²⁰⁻²⁴.

This study analyses the result of coxofemoral bypass in treatment of intertrochanteric fracture in the elderly and physiologically elderly patients treated by primary hemiarthroplasty.

MATERIAL AND METHODS

The study was conducted after approval from ethics committee of our institute. Patients presenting with intertrochanteric fractures of greater than 60 years of age were included in the study after getting an informed consent. Patient is evaluated preoperatively by preoperative X ray hip AP and Lateral view, preoperative and post operative Harris Hip Score²⁵, preoperative and postoperative weight-bearing and whole lower extremity radiographs were obtained in all patients.

20 patients meeting the inclusion and exclusion criteria were admitted between July 2018 to September 2020. These patients were operated under spinal anaesthesia thorough scrubbing, painting and draping were done.

There were two approaches with which the patients were operated namely,

1. Antero-lateral approach or 2. Posterior approach.

Appropriate sized prosthesis was inserted. All surgeries were done by experienced surgeons.

Patients were mobilized with full weight bearing with the assistance of physiotherapists on the second postoperative day, and check dressings were done, suction drains were removed after 48 hours.

Follow up

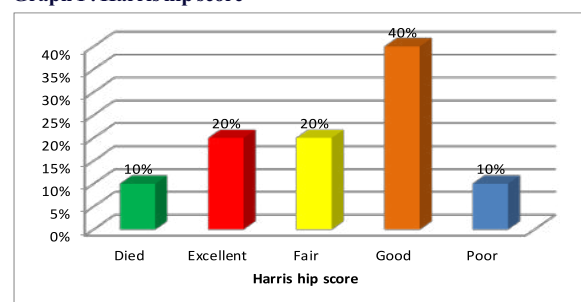
Functional outcome was assessed post operatively at 2 weeks, 3 months, 6 months and 12 months.

HARRIS HIP SCORE

Table 1:- Harris Hip Score

S. No.	No. of cases	Harris Hip Score range	Percentage
1	Died	2	10.0
2	Excellent	4	20.0
3	Fair	4	20.0
4	Good	8	40.0
5	Poor	2	10.0
6	Total	20	100.0

Graph 1 : Harris hip score



Bar chart showing Harris hip score range



Figure 1: Pre-op Xray

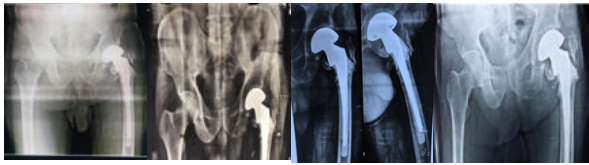


Figure 2: Progress of a case over 12 months

CONCLUSION

All the patients considered in our study were above 60 years of age with most of patients of 60 to 70 years of age.

The functional outcome was evaluated using Harris hip score.

04(20%) patients had excellent results, 08(40%) patient had good results, 04(20%) patients had fair and 02(10%) had poor results, poor results seen in patient with multiple co-morbidity.

Out of 20 patients, 04 (20%) patients had Harris hip score range between 91-100, 08 (40%) patients had Harris hip score range between 81-90, 04 (20%) patients had Harris hip score range between 71-80, 02 (10%) patients had Harris hip score range between <70.

Further comparative studies are required to assess the improvement scores of the above procedure and the procedures mentioned in the literature.

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