

What should we do for an unexpected improvement?

Hồ Quang Hưng

13/1/2011

A 30-year-old female, midwife

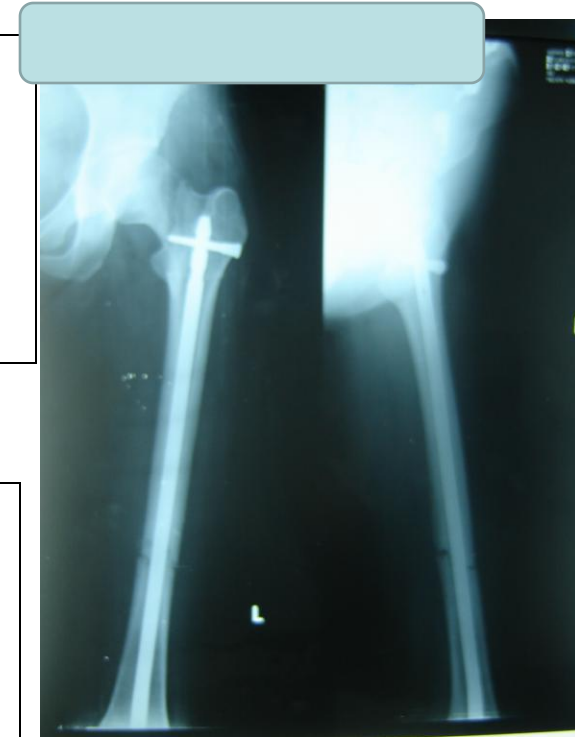
- 30/8/2010: debridement, continuous traction (Dr Dương-5B3)
- 1/9/2010: fixation of femur and ulna (Dr Bính-5B3)
- 7/10/2010: PT (Dr Hưng, PT Hải):

Evaluation:

- Knee ROM =(0-65)
- MMT = 2/5
- Partial WB

Program:

- Strengthening
- ROM ex.
- WBAT (as tolerated)



- 3/11/2010: review (Dr Hưng, PT Hải)

Evaluation:

- ROM = (0-110)
- MMT = 2/5
- Partial WB
- No pain

Program:

- Strengthening
- WBAT (as tolerated)
- ROM ex.

4/11/2010: orthopedic review - **neglected** hip fracture

9/11/2010: ORIF with bone grafting

10/2010

(before PT)



11/2010

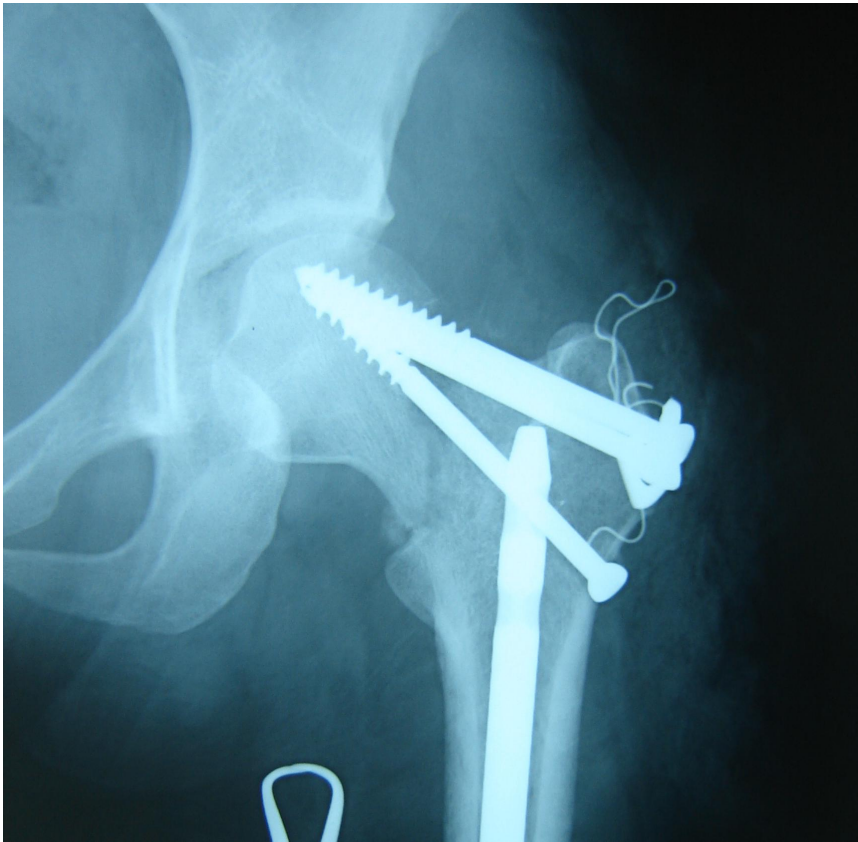
(One month
after PT with
partial WB)



Follow-up: immediately better strength and healing

Program: strengthening, gait training, partial WB

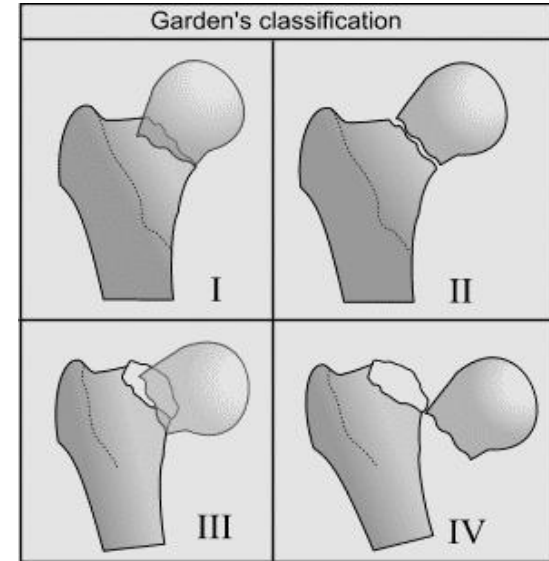
In-2nd operation



1 month later



First radiograph (9/2010): GARDEN II



Trần Văn Nên, Hồ Quang Hưng (11/2/2010). *Nhân một trường hợp gãy cổ xương đùi ở người trẻ*. Giao ban sáng khoa VLTL-PHCN BV Chợ Rẫy.

Medical literature (1)

Diagnosis of Femoral Neck Fractures in Patients with a Femoral Shaft Fracture. Improvement with a Standard Protocol

Paul Tornetta, III, Michael Sean Hillegass Kain and William R. Creevy
J Bone Joint Surg Am. 2007;89:39-43. doi:10.2106/JBJS.F.00297

Standard Protocol:

1. Preoperative anteroposterior internal rotation plain radiograph of the hip
2. Preoperative a fine (2-mm) cut computed tomographic scan
3. An intraoperative fluoroscopic lateral evaluation of the hip just prior to fixation of the femoral shaft
4. Postoperative radiographs of the hip are made in the operating room
5. At the time of follow-up, all patients were asked about the presence of hip pain, and radiographs of the femur were made with the hip visualized on all images

Medical literature (2)

Review

Clinical Medicine & Research
Volume 6, Number 1:33-39
©2008 Marshfield Clinic
clinmedres.org

The Neglected Femoral Neck Fracture in Young Adults: Review of a Challenging Problem

Amit Roshan, MRCS and Shatrughna Ram, MCh (Orth), FRCS

Treatment options:

1. Internal fixation alone
2. Internal Fixation and Osteotomy ± Bone Grafting
3. Internal Fixation and Bone Grafting (vascularized or non)
4. Hip Arthroplasty

Drawn experience

- **Be vigilant** if a case of fracture does not improve as expected
- **Reflection** of ideas is necessary

Thank you for your attention