

Technical Section [TECHNICAL NOTES AND TIPS

Open reduction of displaced intertrochanteric neck of femur fractures

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doi 10.1308/rcsann.2021.0240

Background

Although common, neck of femur (NOF) fractures requiring surgical fixation can be difficult to manage.^{1,2} This can be particularly challenging when the lesser trochanter (LT) and greater trochanter (GT) are both attached to the proximal fragment due to the resultant pull of muscles (Figures 1 and 2). Fragment-specific fixation allows reduction to be maintained while definitive cephalomedullary fixation is introduced.

Technique

Fragment-specific reduction techniques can be employed:

1. Reduce the LT with large bone-holding forceps.
2. Reduce the GT using pointed reduction forceps.
3. Hold reduction using 2mm crossed Kirschner wires (Figure 3).



Figure 1 Anteroposterior image of fracture (after attempted closed reduction)



Figure 3 Crossed Kirschner wires



Figure 2 Lateral of fracture (after attempted closed reduction)



Figure 4 EVOS plating



Figure 5 Addition of Hey-Groves bone-holding forceps before intramedullary nailing



Figure 6 Intramedullary nail insertion



Figure 7 Final anteroposterior image

4. Apply small fragment-locking plate (EVOS plate, Smith+Nephew, Croxley Park, UK) and secure with unicortical locking screws to neutralise the abduction forces (Figure 4). Plan placement so as to avoid the entry point for the neck screw.

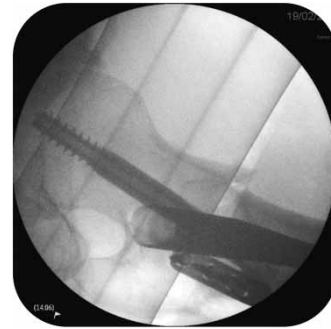


Figure 8 Final lateral image

5. Apply large bone-holding forceps to the LT to reinforce the reduction (Figure 5).
6. Medialise the entry point for a trochanteric entry cephalomedullary nail (Gamma3, Stryker, Newbury, UK) as described by Westacott and Bhattacharava³ (Figure 6).

Discussion

Anatomical reduction of NOF fractures can be challenging. Fracture-specific reduction can be used to stabilise the proximal femur to allow definitive fixation, and to avoid varus reduction of unstable NOF fractures (Figures 7 and 8).

References

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3. Westacott DJ, Bhattacharava S. A simple technique to help avoid varus malreduction of reverse oblique proximal femoral fractures. *Ann R Coll Surg Engl* 2013; **95**: 74.

Difficult supralelevator abscess draining through the 'posterior umbilicus': an old approach to keep in mind

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doi 10.1308/rcsann.2021.0267

Background

Supralelevator abscess (SLA) may be drained through the rectum or through the ischiofemoral fossa according to the skeletal muscle rule.¹ In