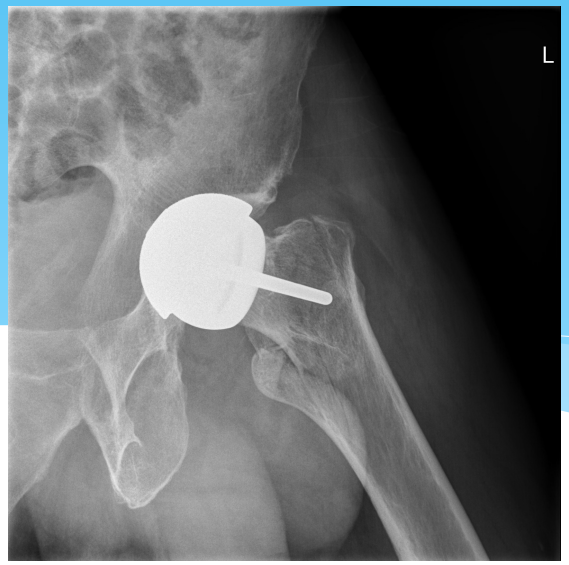
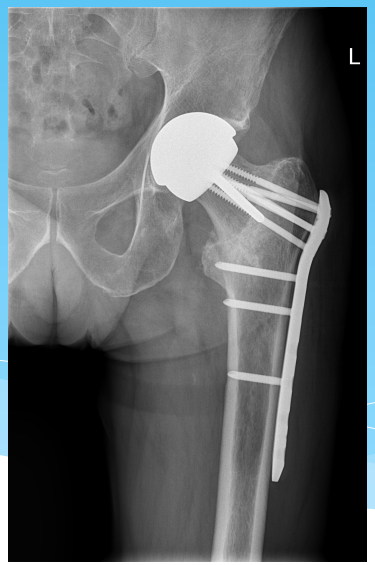
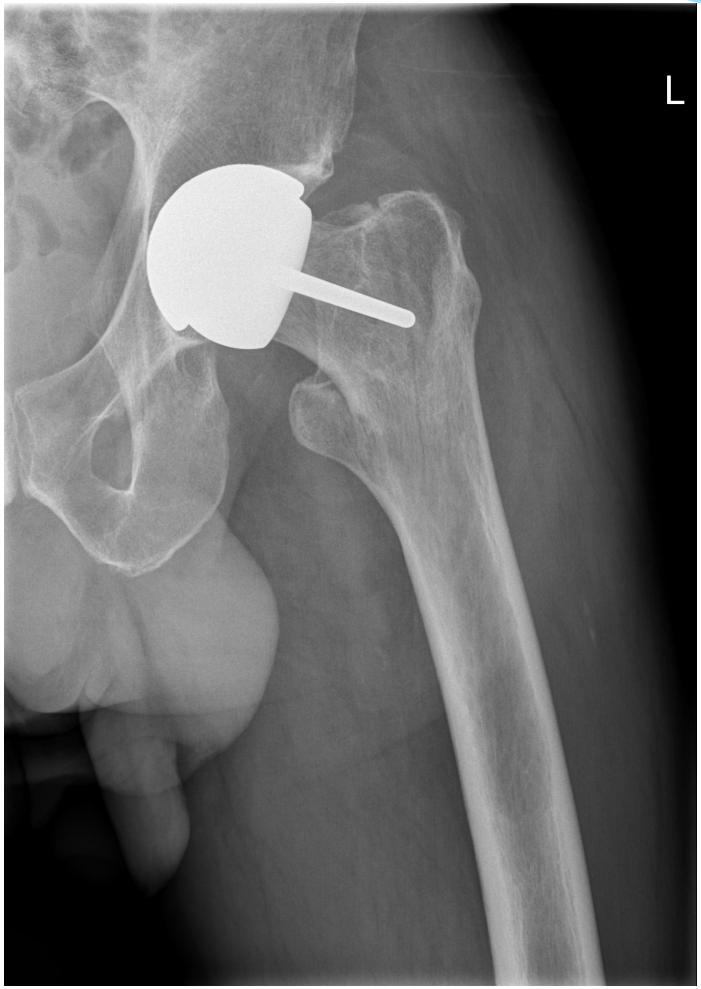
BOTA CASE OF THE MONTH APRIL 2015 PERIRESURFACING HIP FRACTURE

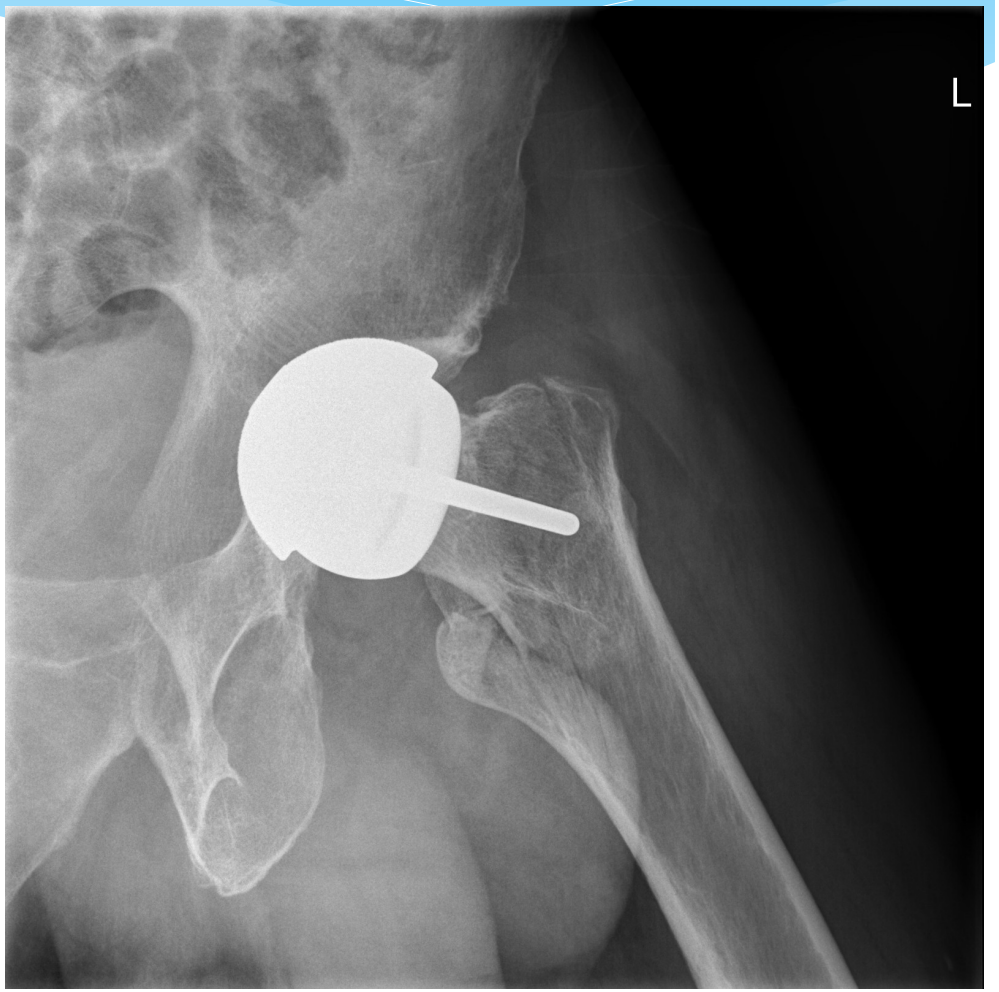
From the department of orthopedic and trauma surgery
AZ ST DIMPNA GEEL
By Dr Wim Vandesande



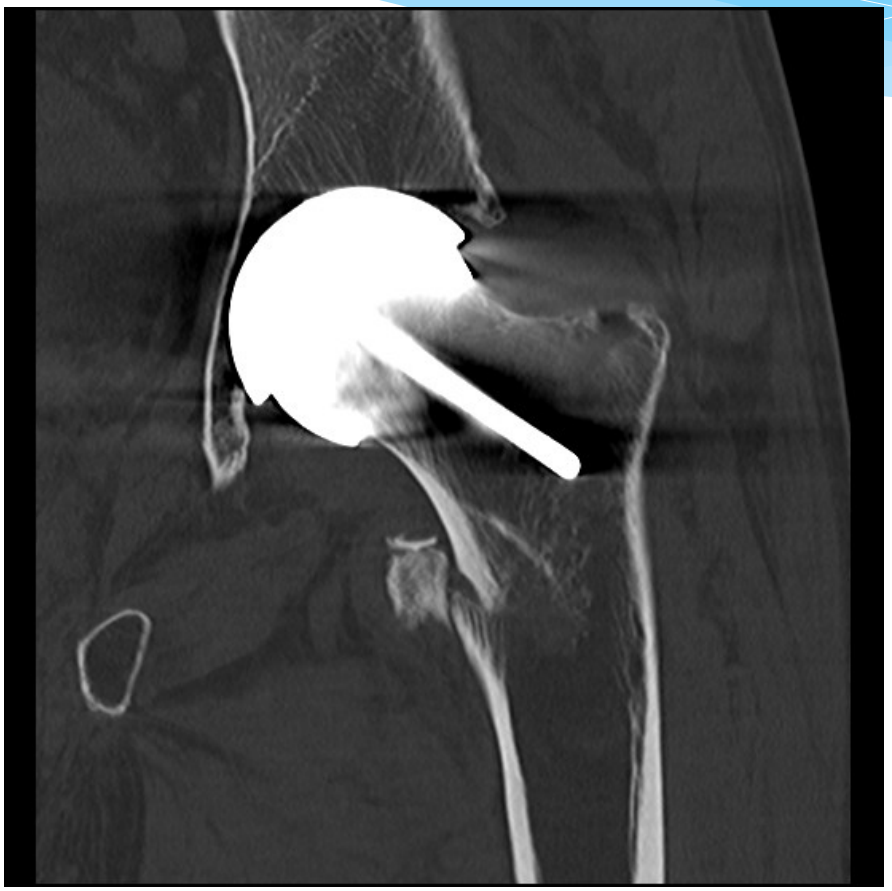


Case presentation: In September 2012 a 62 year old male in good health presented at our ER with a periprostetic pertrochanteric fracture of his Birmingham Resurfacing Left Hip. This implant was allready in place and functioning well for over two years. He had this surgery done in a different hopsital before he moved to our region. We did a Cromium and Cobalt level count and this was well within the normal limit for a well functioning BHR. Ultrasound showed no signs of a pseudotumor.



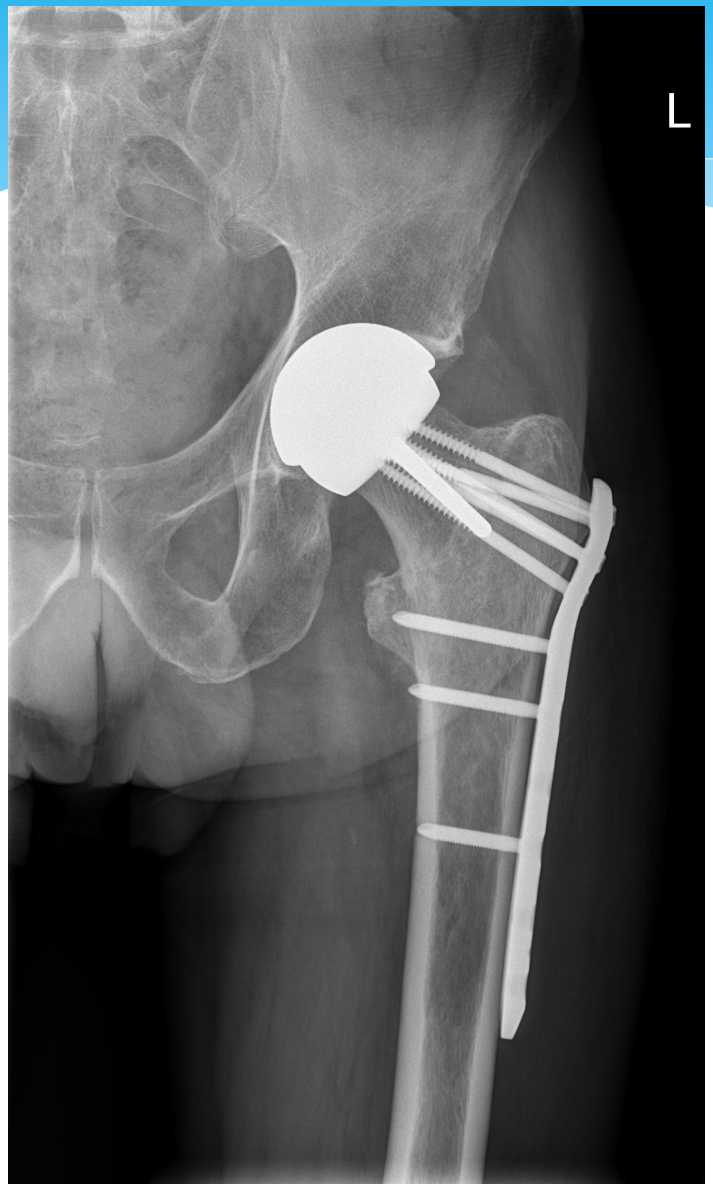


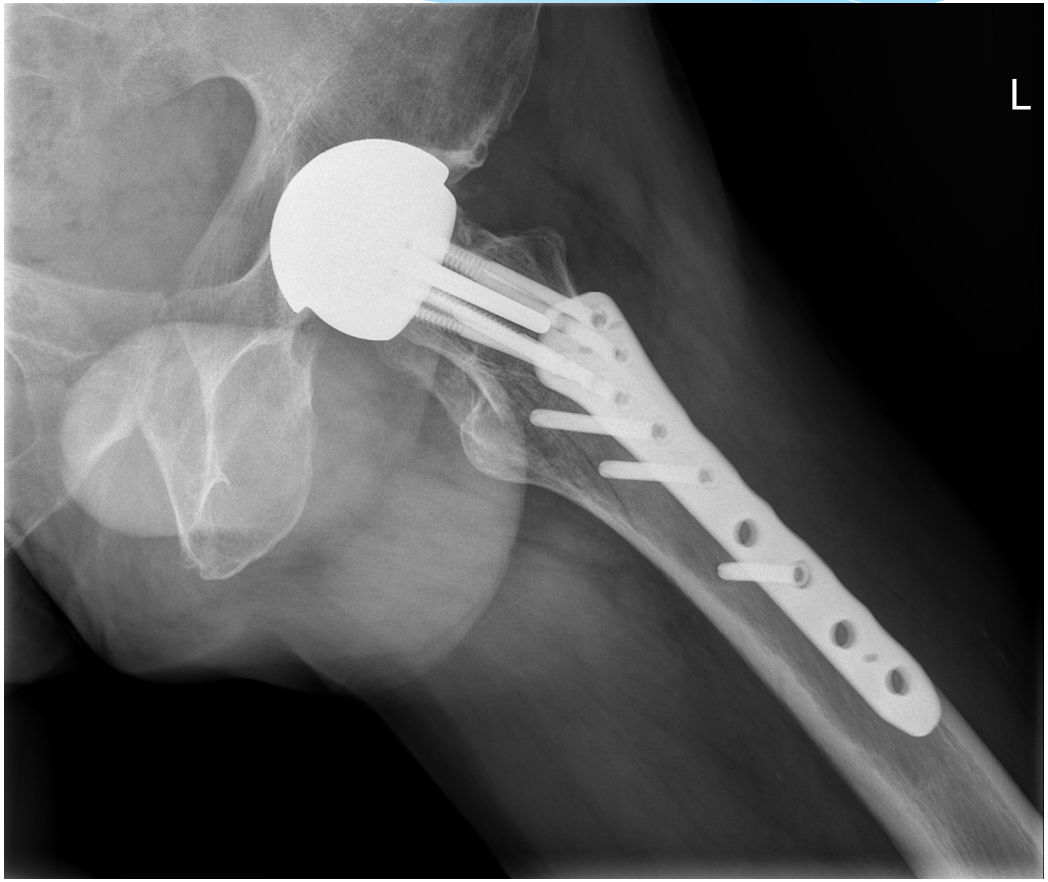
Treatment options: Retaining the Femoral Component of the BHR by osteosynthesis or sacrificing the femoral component and converting to a THR with a large baLL magnum head which can me mounted on most femoral stems using a connector sleeve around the taper?



We elected to go for an ORIF and retain the BHR. We reduced the fracture on the tractiontable . We used a direct lateral approach and a ZIMMER NCB plate normally used for the distal femur. So in fact we put this plate upside-down ! We selected this implant because of the low contour and the possibility to use 5 large fragment screws in a variable-angle locking fashion which we could aim into the femoral neck, right up untill the femoral component. In 2012, to my knowledge, no specific anatomic plates for the proximal femur had this option.

POSTOP XRAY shows good reduction and fairly stable fixation. We started ambulating the patient imediately by protected weightbearing for six weeks.





RESULT: this is the patient two years later in august 2014. BHR retained and functioning well, no groin pain , no restrictions, The fracture completely healed. I removed the hardware because of irritation of the fascia lata. I have not taken an xray afterwards because he had no complaints anymore. I will see him back every year for a check-up on his BHR. Feel free to comment: wim.vandesande1@telenet.be