

# Sports injury resulting in an isolated osteochondral fracture of posterior femoral condyle in a pediatric patient-A case report.

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## History and Clinical features

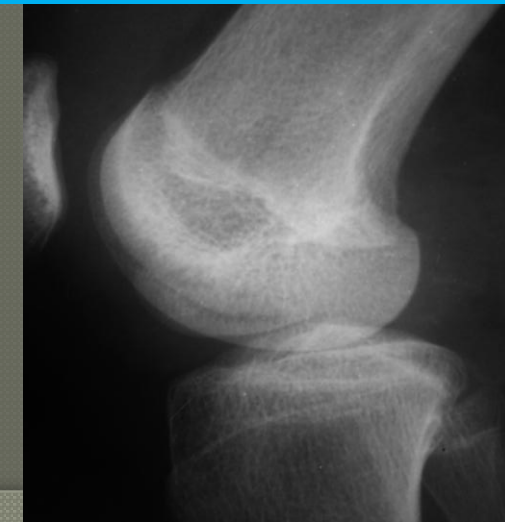
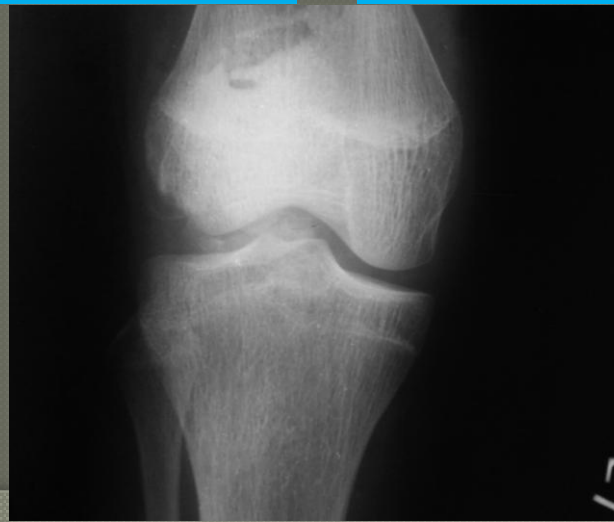
13 year old girl with history of fall on ground  
C/O swelling and pain knee

O/E

she has effusion  
no instability (lachman test-negative)  
no evidence of obvious fracture

## Differential diagnosis

Hemarthrosis knee  
IDK  
Hoffa's fracture  
Fracture condyle of distal femur or  
proximal tibia  
Osteochondral fracture



# Investigations and Management

What next?

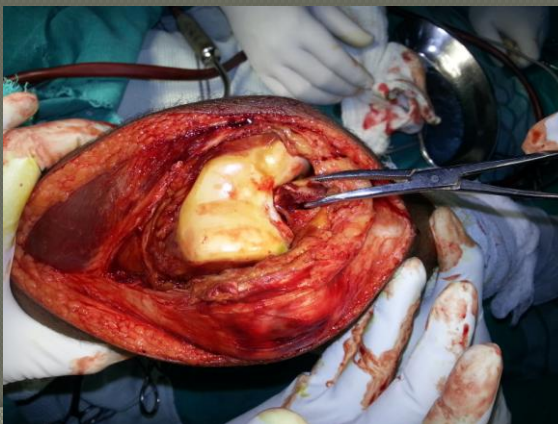
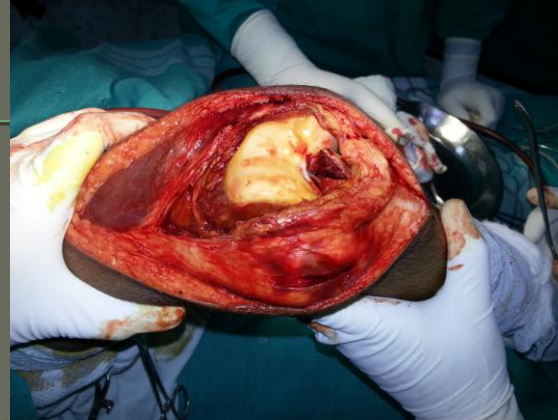


3D CT

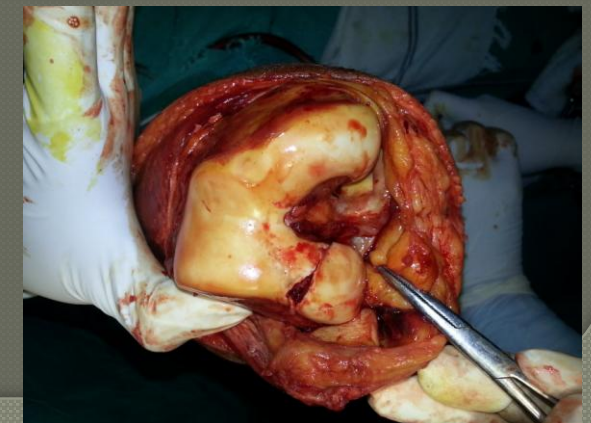
Osteochondral fracture in the intercondylar notch

## Treatment options

- Excision of the fragment
- Fixation of the fragment
- By open arthrotomy or arthroscopic

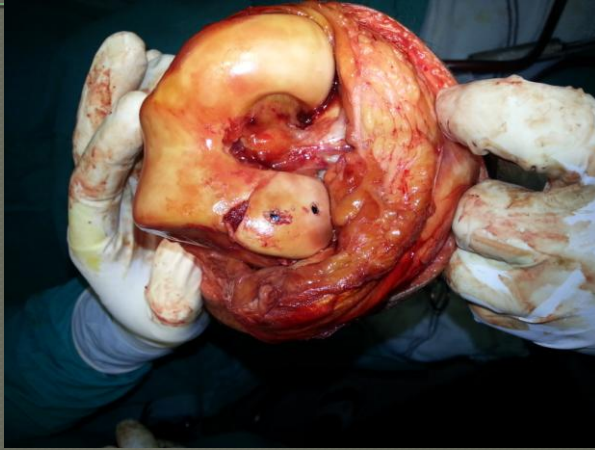
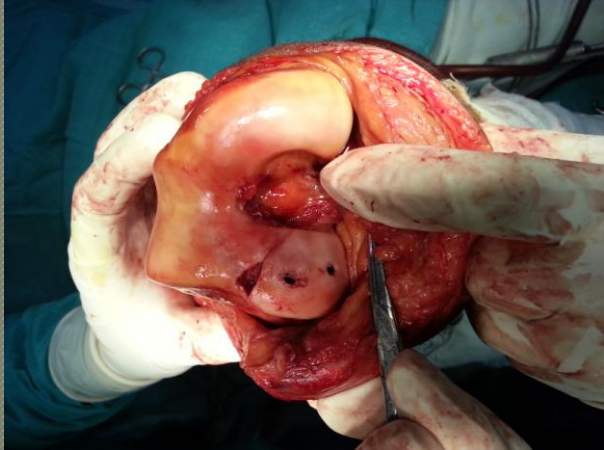


- Open reduction and Fixation of the fragment by open arthrotomy and Headless screw fixation.(Herbert screw)



# MANAGEMENT

Herbert screw fixation



Follow-up one year

Fragment was about 2X3.5X2 cm in size  
Which was completely seperated froagment with no soft tissue attachment  
It was fixed by 2 Herbert screw



Follow up 3 year

ROM full

No AVN



3 Year follow up ,ROM full,No signs of AVN, X ray shows signs of union, No other complaints

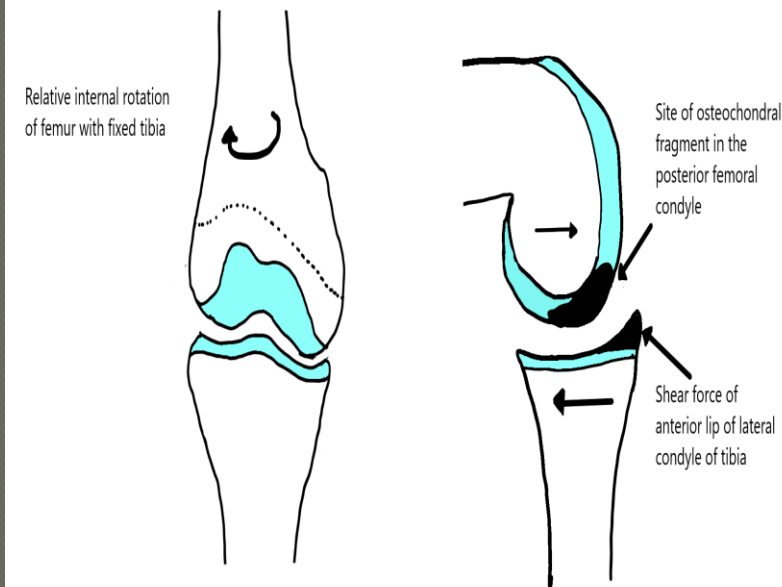
### Conclusion

Osteochondral injuries might be the result of a patella dislocation.

The antero-proximal margin of the lateral femoral condyle is the most common site of femoral injury, with the weightbearing surface of the lateral femoral condyle being less common .

Chondral fractures are distinct from the more common osteochondral fractures: 1.Challenge to diagnose, 2.Difficult to fix due to absence of bony component.

Fixation can be done with Cannulated screws,headless screws, brioscrews,suture anchors.



*Chandra K. P.*