



Transphyseal Femoral Neck Fracture with Dislocation

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E poster ID: eP 17
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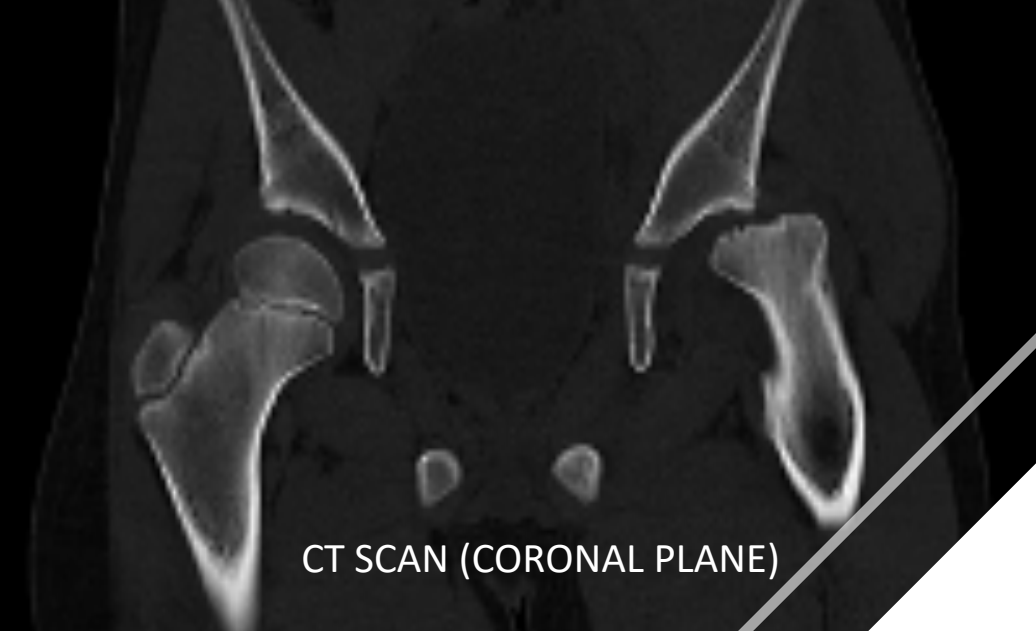
Abstract

The complication of the transphyseal femoral neck fracture with dislocation is very high. The reported frequency of avascular necrosis of the head is up to 100%. The avascular necrosis may lead to altered hip joint mechanics and early arthritis. We report a good outcome of transphyseal femoral neck with dislocation.

Case report

- A 10-year-old boy brought with left hip pain and inability to bear weight after slip and fall from a tree.
- Radiographs showed a left transphyseal femoral neck fracture (Delbet type 1) with posterior medial dislocation of the capital femoral epiphysis with cranial migration of femur. Distal neurovascular examination normal.
- The child underwent open reduction and internal fixation with a posterior approach on an emergency basis. The posterior labrum was also torn. It was repaired.
- The child was kept non-weight bearing for 3 months. After a normal bone scan, he was started weight bearing.

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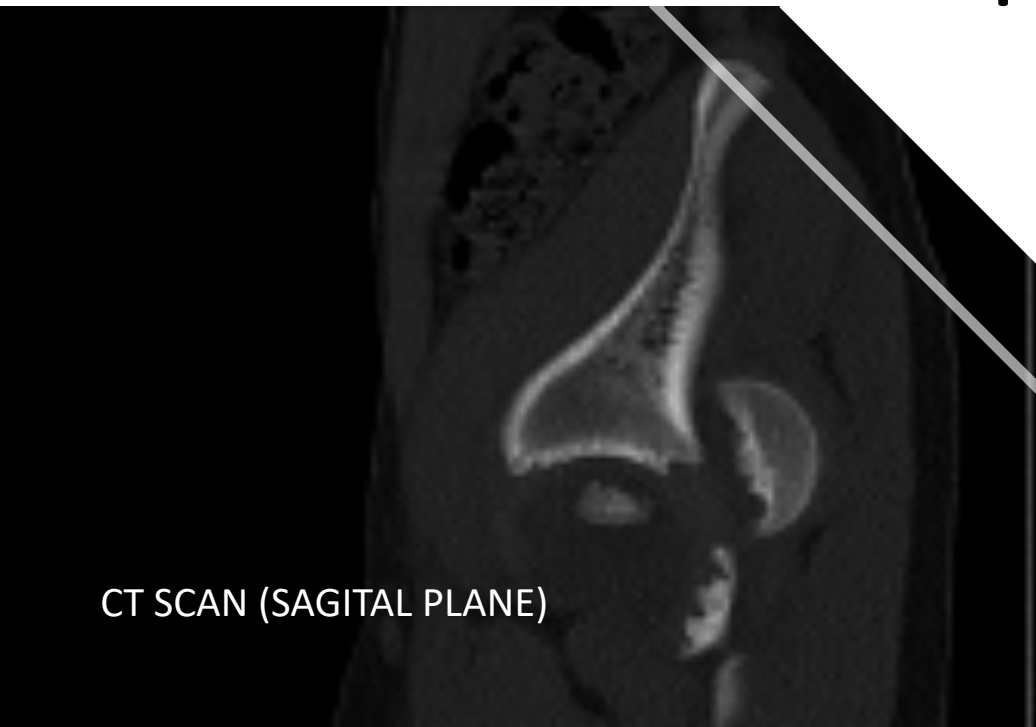
CT SCAN (CORONAL PLANE)



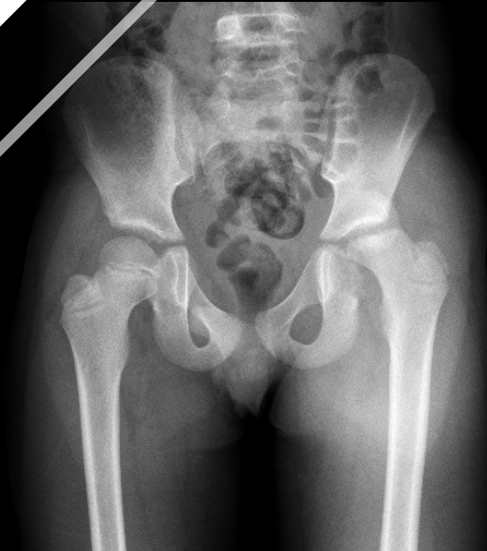
X-RAY (LATERAL VIEW)

L

Radiographs



CT SCAN (SAGITAL PLANE)



X-RAY (AP VIEW)

KASTUR

L

ms

F

Immediate post-op AP X-ray:



BONE SCAN (3 weeks post-op):

1. No definitive evidence of avascular necrosis of left femur.
2. Mild periprosthetic radiotracer uptake → reactive.

BONE SCAN (4 months post-op):

No evidence of avascular necrosis involving head and neck of left femur.

Final follow-up radiographs (21 months post-op)



RESULT

At a 1.9-year follow-up, he walks without pain and limp. The range of motion is excellent. Fracture united without complication. No avascular necrosis was evident.

CONCLUSION

- Transphyseal separation with dislocation should be treated early.
- The surgical approach should depend on the direction of dislocation.
- A good outcome can be anticipated with early anatomical reduction of the fracture and stable fixation.