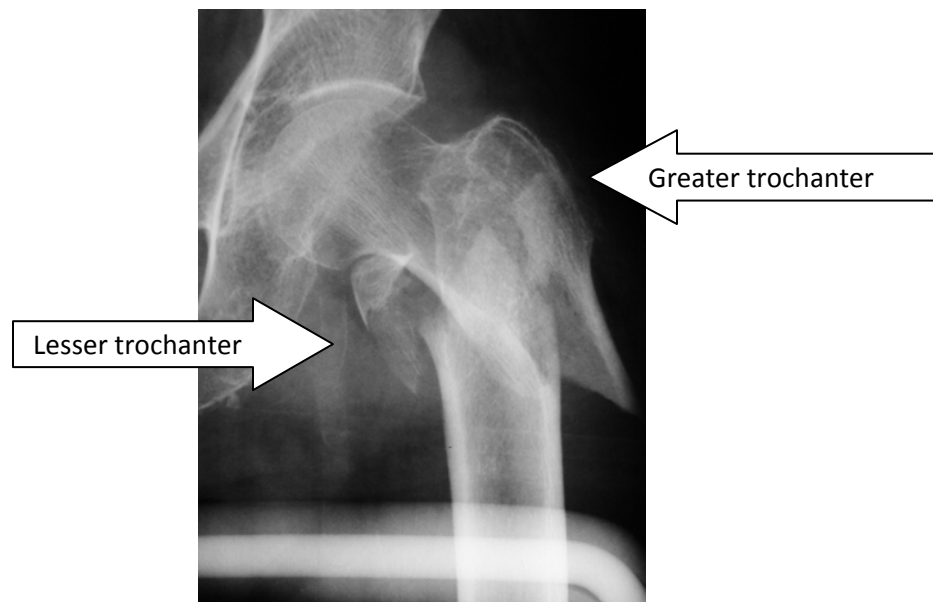


Radiology Case Study: November 2008 Subtrochanteric Femur Fx.

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Patient: A.L. is a 68 year old who was taken to the emergency room for hip pain after stepping on a cat and falling. A.L. presents on a stretcher with an externally rotated and apparent shortening of the left leg. On admission all vital signs, neurovascular exam and lab work were within normal limits. A.L. has a history of hypertension and is taking hydrochlorothiazide (HCTZ). Radiographs of the left hip were obtained only the AP is available.

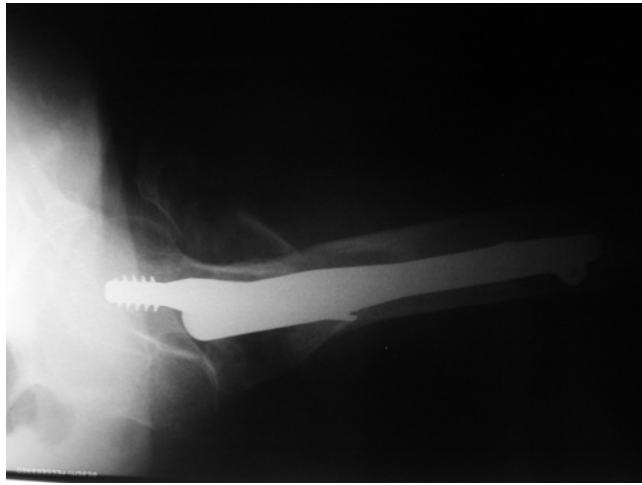
Radiograph (AP x-ray of the left hip):



Diagnosis: Left subtrochanteric hip fracture.

Brief overview: Nonsurgical treatment of subtrochanteric femur fractures has traditionally been associated with significant shortening and malrotation. Non-operative treatment has also been associated with increased morbidity and mortality due to prolonged immobilization. Subtrochanteric hip fractures account for approximately 10-20% of all hip fractures and are most common in older osteopenic patients after a low-energy fall or injury. They can also be seen in younger patients following a high-energy trauma (motor vehicle crash)

Treatment: Intratrochanteric hip fractures are commonly treated with an intramedullary device due to the stress riser that occurs when the normal biomechanics of the hip are fractured away as you can see the greater trochanter and lesser trochanter are separated from the femur. Intramedullary nails are emerging as the treatment of choice for subtrochanteric femur fractures



Patient s/p intramedullary nailing for subtrochanteric fx.