INTRODUCTION:
The surgical treatment choices for comminuted unstable intertrochanteric femur fractures include angled plates, sliding hip screw (DHS), intramedullary (IM) nailing, proximal locking system and arthroplasty. However, as several complications may be encountered with all these methods, there is still no ideal treatment choice.

We intend to present a case which reverse contralateral distal femur locking plate as an alternative choice of fixation for comminuted unstable intertrochanteric femur fracture (AO classification A3.3) in young patient.

Case Report:
A 42 years old Malay gentleman who alleged motor vehicle accident, hit by a car and rolled over the road. He sustained pain and deformity over the left thigh. He was unable to ambulate and rushed to casualty by an ambulance. The left lower limb was shortened and internally rotated.

Reverse contralateral distal femur locking plate as an alternative choice as mainly due to implant availability at that time. A patient was put on traction table. Direct lateral proximal femur approached with fracture fragment was reduced and temporary fix with k-wire. Greater trochanteric femur was reduced and buttress with the plate. Screws were directed to the femur neck and one locking screw position over the calcar region.

Patient was on non weight bearing for 6week and started on partial weight bearing. Xray of post operation 3month show good union and allow for full weight bearing.

Patient functional outcome was good with near full ROM, no limbs length discrepancy and no rotational deformity.

DISCUSSIONS:
The advantages of the reverse contralateral locking plate application is the capability to added number of screw options for proximal femoral fracture fragments, thus resulting in a more stable construct with higher pull out resistance. The shape of the plate also fits well over the anterolateral curve of the proximal femur.

CONCLUSION:
For successful result of the surgical treatment of unstable intertrochanteric fractures, it is necessary to have careful preoperative planning to choose the appropriate implant and to use the surgical technique with care.

REFERENCES: