INTRODUCTION:
The primary goal in the treatment of femur intertrochanteric fractures in an elderly is to return them to their pre-fracture activity at the earliest opportunity. Pain and proximal femur deformity and instability must be addressed to allow rapid mobilization to prevent skin ulceration, pneumonia, thromboembolic disease and other complications of confinement to bed. For these reasons, internal fixation has become the standard procedure. Unfortunately, most elderlies do not have enough strength or coordination to ambulate post-surgery. Therefore, many surgeons attempted to provide fixation that is stable with adequate mechanical resistance to allow weight-bearing.

CASE REPORT:
Mr. L, a 104-year-old man who premorbid ADL-independent had a fall and sustained a closed intertrochanteric fracture of right femur. He underwent a right dynamic hip screw fixation on day five post trauma and discharged home well three days after surgery. A 4 holes dynamic hip screw plate with four cortical screws was utilized. Intraoperative no complications were noted. This case has been followed up to a year with no adverse effect. During the last follow-up, he is ambulating well with a walking frame with no hip pain and satisfactory hip range of movement.

DISCUSSIONS:
When confronted with intertrochanteric fracture, either stable or unstable in elderly, it’s imperative to know which fixation device or position of fracture fragments will yield the maximum stability. In a prospective study by Simon H.et al.[1] they conclude that there was no difference in operating time, blood loss, wound complications, hospital stay, fixation failure rates and patient’s morbidity between a dynamic hip screw and intramedullary device. Both groups achieve union by six months. Kesmezacar H. et al. [2] conclude that hemiarthroplasty has shorter weight bearing time compare to internal fixation but shorter postoperative survival and higher mortality rate.

CONCLUSION:
Osteosynthesis is by all accounts the decision in the treatment of elderly patients with intertrochanteric femur fractures; however, we must also consider other factors such as patient’s comorbid and premorbid condition before choosing for surgery.

REFERENCES: