FEMORAL FRACTURES TREATED BY MIPO IN PATIENTS WITH ABDOMINAL INJURIES

Usage: MIPO has been proven to be successful in the treatment of the femoral fractures. Urgent osteosynthesis after major abdominal injuries is still a challenge for trauma surgeon.

Aim: To analyze the results after the treatment of urgent MIPO of the femoral fractures after abdominal surgery in the patients with femoral fractures and major abdominal trauma.

Materials and methods: In a two year period 12 patients with major abdominal trauma and femoral fractures (ISS ≥ 18) and associated femur fractures in Teaching Hospital No. 212 of the University of Maribor were treated. The patients were followed up in out-patients clinics.

Results: There were no complications after abdominal surgery. In a case of single femoral fracture healing was completed in 17.7 weeks. In a case of concomitant ipsilateral or opposite tibial fracture femoral fractures healed in 26.8 weeks. One complication was observed: malposition of the femoral neck in complex femoral fracture.

Conclusion: Urgent MIPO of femoral fracture in patients with major abdominal injury could be successful. Important preconditions are: early diagnosis and treatment of abdominal trauma, and minimally invasive technique of osteosynthesis.

FEMORAL FRACTURES TREATMENT IN PATIENTS WITH MULTIPLE INJURIES

Introduction: MIPO has been proven to be successful in the treatment of the femoral fractures. Urgent osteosynthesis after major abdominal injuries is still a challenge for trauma surgeon.

Aim: To analyze the results after the treatment of urgent MIPO of the femoral fractures after abdominal surgery in the patients with femoral fractures and major abdominal trauma.

Materials and method: In a two year period 12 patients with major abdominal trauma and femoral fractures (ISS ≥ 18) were retrospectively analyzed. In ED all of the patients were treated according to ETC protocol. Anesthesia intraperitoneal fluid seen on FAST was an indication for urgent laparotomy. Clinical signs of femoral fractures were obvious and diagnosis was proven with image intensifier in OR. After laparotomy MIPO of femoral fracture was done using a long DCP, LCP or condylar plate. Concomitant fractures of the long bones were also treated in the same procedure. Patients were followed up in out-patients clinics.

Results: There were no complications after abdominal surgery. In a case of single femoral fracture healing was completed in 17.7 weeks. In a case of concomitant ipsilateral or opposite tibial fracture femoral fractures healed in 26.8 weeks. One complication was observed: malposition of the femoral neck in complex femoral fracture.

Conclusion: Urgent MIPO of femoral fracture in patients with major abdominal injury could be successful. Important preconditions are: early diagnosis and treatment of abdominal trauma, and minimally invasive technique of osteosynthesis.