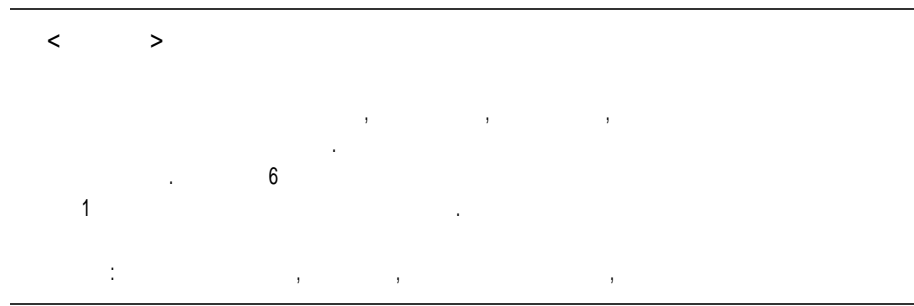


- 1 -
.

가



(growth spurt)

1

가

(Fig.1)

2

53 °

(Fig.2).

6

가

4

29.6 °

:

505

가

: 02-590-1464

: 02-535-9834



Fig. 1-A : The initial AP radiograph of both femur in 4-year old child shows subtrochanteric fracture of left femur.



Fig. 2 : The both hip AP radiograph shows plenty callus around fracture site in hip spica cast.

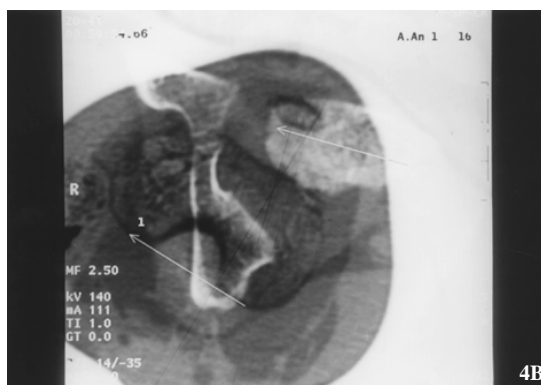
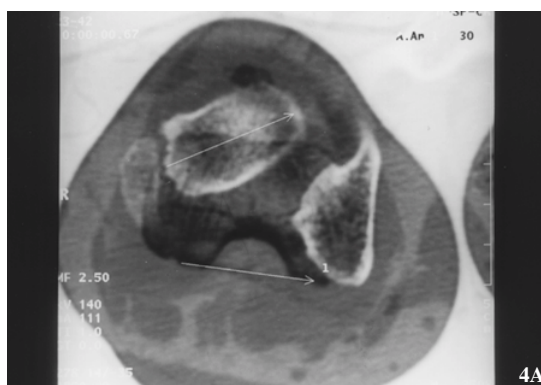
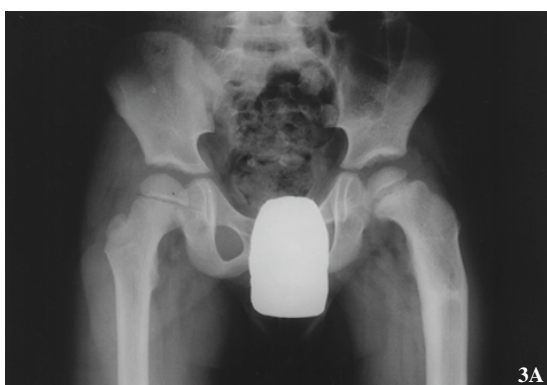


Fig. 3 : One year 2 months after injury
A. The both hip AP radiograph shows decreased neck-shaft angle(left : 135 ° , right : 140 °) and decreased epiphyseal angle(left : 50 ° , right : 75 °).
B. The irregular growth plate and posteromedially displaced femoral epiphysis was seen.

Fig. 4 : One year 2 months after injury
A. CT of right distal femur and femoral neck shows 31 ° anteversion of femoral neck.
B. CT of left distal femur and femoral neck shows -15 ° retroversion of femoral neck.

53 ° , -15 ° ,
31 ° ,
46 °
(50 °)

가

Ogden⁷⁾

2

가

가

4 , 5 가 13 , 16

가

6

1 9

가

가 50%

가 50%

가

가 50%

, 4

가

가 가

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Abstract

A Slipped Capital Femoral Epiphysis following Ipsilateral Femoral Subtrochanteric fracture

- A Case Report -

In-Young OK, M.D.,Ph.D., Yang-Soo Kim, M.D., Yong-jin Kwon, M.D.

*Department of Orthopaedic Surgery, College of Medicine, Catholic University of Korea,
Seoul, Korea*

It was known that the etiologies of slipped capital femoral epiphysis(SCFE) were trauma, hormonal or endocrine disorder, genetic factor, radiation, renal osteodystrophy which render the epiphyseal plate susceptible to displacement. We report the case of a 6 year old boy who had SCFE following malunion of the ipsilateral subtrochanteric fracture. The alteration of shear force on epiphyseal plate can be one of the contributing factors in SCFE.

Key Words : subtrochanter fracture, malunion, SCFE