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= Abstract =

## **Ipsilateral Fractures of Femoral neck and Shaft**

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Ipsilateral fractures of the femoral neck and shaft are uncommon injuries with the difficulties in diagnosis and treatment. The femoral neck fracture of this injury is commonly missed on initial evaluation. The overlooked femoral neck fracture may lead to higher risk of complications such as avascular necrosis of the femoral head, nonunion and coxa vara.

The authors reviewed nine cases of ipsilateral femoral neck and shaft fracture treated in our clinic from June 1990 to March 1997, and average follow-up period was 39 months(range, 16 to 97 months).

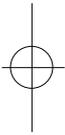
The results obtained were as follows ;

1. The cause of injury was traffic accident and one femoral neck fracture was missed initially.
2. The most common site of femoral neck fracture was basicervical in 7 cases and that of shaft fractures was middle 1/3 shaft in 6 cases.
3. Two cases were treated with femoral reconstruction nail, seven with multiple neck pinning and dynamic compression plate for shaft fracture.
4. There were complication such as 2 cases of delayed union of femoral shaft, 1 case of nonunion of femoral shaft.
5. It should be treated with anatomical and rigid internal fixation in femoral neck fracture

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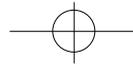




**Table 1.** Case analysis

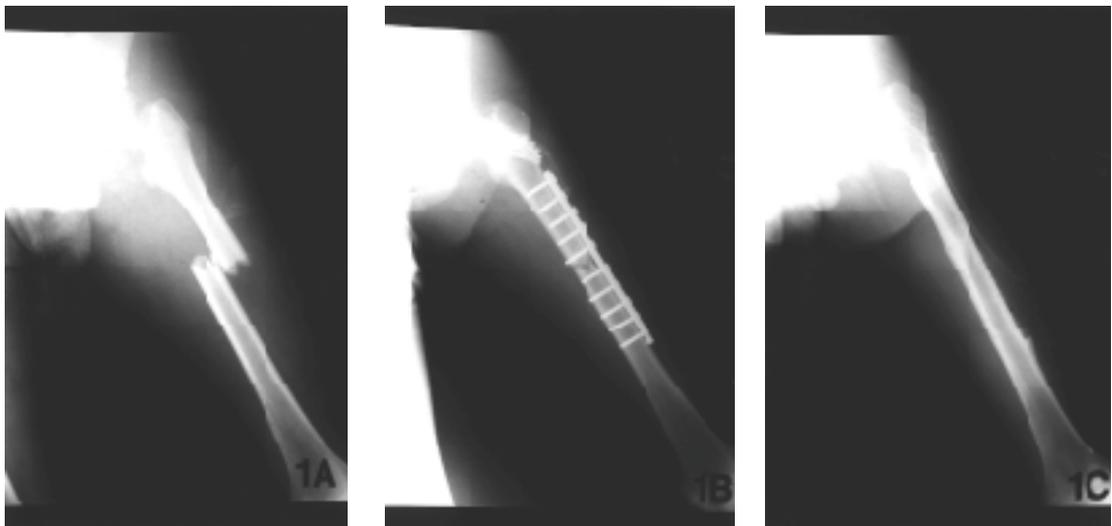
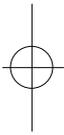
Case	Sex/Age	Femur Neck Fx. site	Femur Neck Fx. Garden's	Femur Shaft Fx. site	Missed Dx. of Femur Neck Fx.	Associated injuries	Method of Treatment	Complication
1	M/53	B.C	II	prox. 1/3	-	Fx. tibia condyle Open Fx. contralateral femur	MP/DCP	All Fx. healed
2	M/14	T.C	IV	prox. 1/3	-	Fx. pelvic bone	MP/DCP	All Fx. healed
3	F/44	B.C	III	middle 1/3	-	Fx. femur supracondyle	MP/DCP	Delayed union of shaft
4	M/42	B.C	II	middle 1/3	-	Fx. pelvic bone Degloving injury of scrotum & thigh	MP/DCP	Nonunion of shaft Ankylosis of knee
5	M/46	B.C	II	middle 1/3	-	Open Fx. ankle Hemoperitoneum & pneumothorax	R IM nail	Delayed union of shaft
6	F/44	B.C	II	middle 1/3	+	Fx. femur supracondyle & tibia condyle Fx. clavicle	MP/DCP	All Fx. healed
7	M/42	T.C	IV	middle 1/3	-	Fx. tibia condyle & fibula Open Monteggia Fx.	MP/DCP	Partial ankylosis of knee
8	M/39	B.C	II	middle 1/3	-	Fx. tibia condyle	R IM nail	Partial ankylosis of knee
9	F/20	B.C	I	distal 1/3	-	Head injury	MP/DCP	All Fx. healed

B.C : Basicervical, T.C : Transcervical, MP : Multiple pinning, DCP : Dynamic compression plate, R IM nail : Reconstruction intramedullary nail



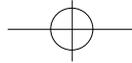
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 (Table 1). (Fig 1-A, B, C).

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 1/3 . 1953 Delaney Street<sup>16)</sup> 4 2

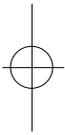


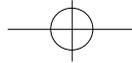
**Fig 1-A.** Initial roentgenogram of a 14 year old male showed the femoral neck fracture (transcervical, Garden stage IV) and ipsilateral femoral shaft fracture(prox 1/3).  
**B.** Multiple pinning for the femoral neck fracture and DCP for the femoral shaft fracture were performed.  
**C.** Postoperative 12 months radiologic pictures after removal of cannulated screws and DCP showing complete radiologic union.





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 Barrington<sup>22)</sup>, Ashby Anderson<sup>10)</sup> 12,13,15,16,19)  
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 , Bernstein<sup>12)</sup>  
 15  
 Zettas Zettas<sup>26)</sup> Wolinsky . Casey Chapman<sup>13)</sup> antegrade  
 Johnson<sup>25)</sup> ender nailing sliding hip screw  
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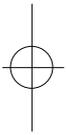
Mackenzie<sup>19)</sup> Swiontkowski<sup>23,24)</sup> (capsulo-  
 plasty), (accurate reduction), , 2 1 , 2 1  
 (rigid fixation with compression)

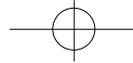
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Wolinsky Johnson<sup>25)</sup> 1 11  
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 Chapman<sup>14)</sup> 4.5%, (7 ) , 1/3  
 Swiontkowski<sup>23,24)</sup> 4.5-15% 6 가 .  
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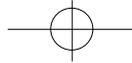




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