

# Pertrochanteric fracture

가

<		>	
:		(pertrochanteric fracture)	
:		7	-4.25, Singh
index	3.28	CT	CT
			Postel grade
		가	
:		CT	
13 (6-19 )			
:			
CT			

:  
 2 502-2  
 가  
 TEL : 42-220-9400, 9844  
 FAX : 42-221-0429

\* 2001  
 \* 2001 가

가

가

CT

가 1,3,6,7,8)

(Fig.1,2,3).

13 ( 6,

Daubin & Postel

Dynamic hip screw (DHS)

19 )

grade

CT scan

가

5-7

3

가

AO/ASIF<sup>6)</sup>

OTA(Orthopedics Trauma Association) <sup>7)</sup>

(intertrochanteric

ridge)

(inferior edge)

(pertrochanteric fracture)

trochanteric line

1998 10 2000 6

Boyd and Griffin <sup>1)</sup>

modification(Tronzo<sup>9)</sup>, modified Boy and Griffin by

Kyle<sup>5)</sup>)

intertrochanteric fracture(

76 (64-85 ) 2 , 5 )

-4.25( -4.25, -3.3),

intertrochanteric line

Singh index 3.28(3 5 , 4 2 ) . 5 cm

CT

가

가

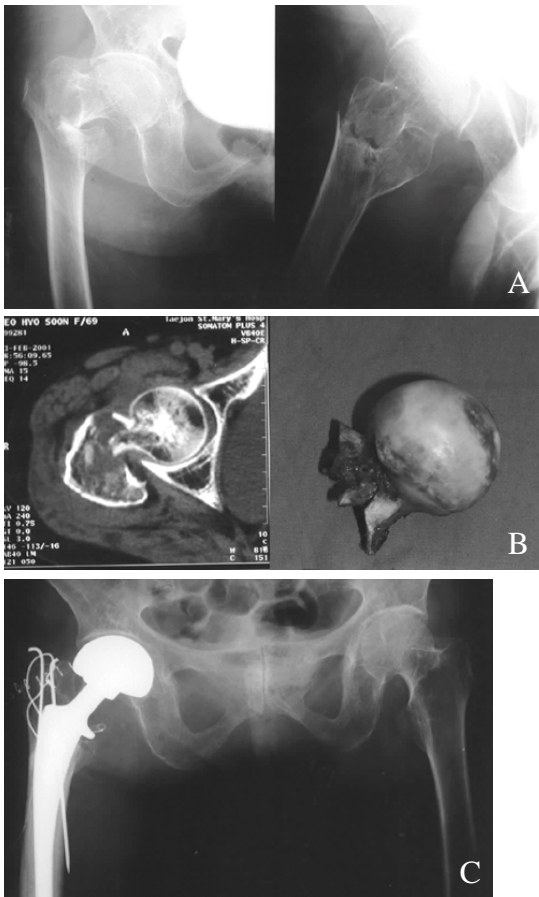
2 cemented

5 noncemented

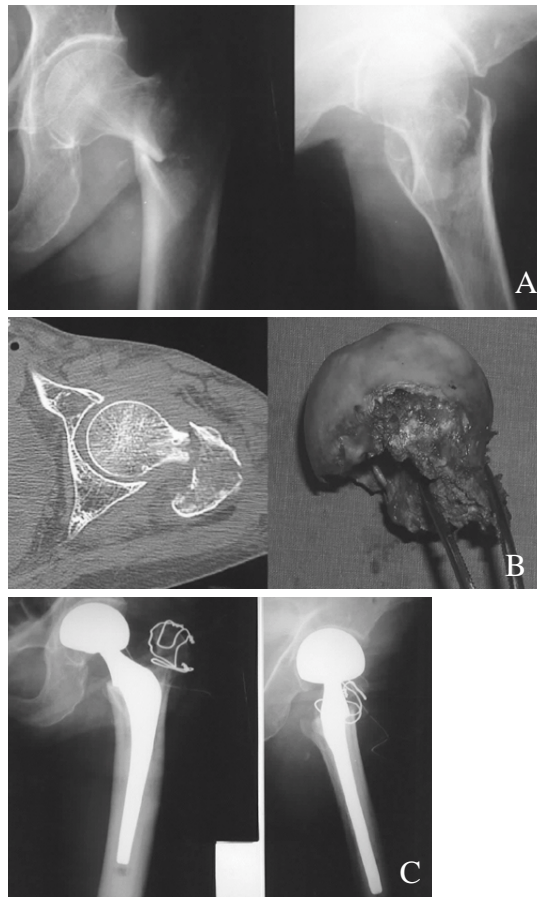
Postel

CT

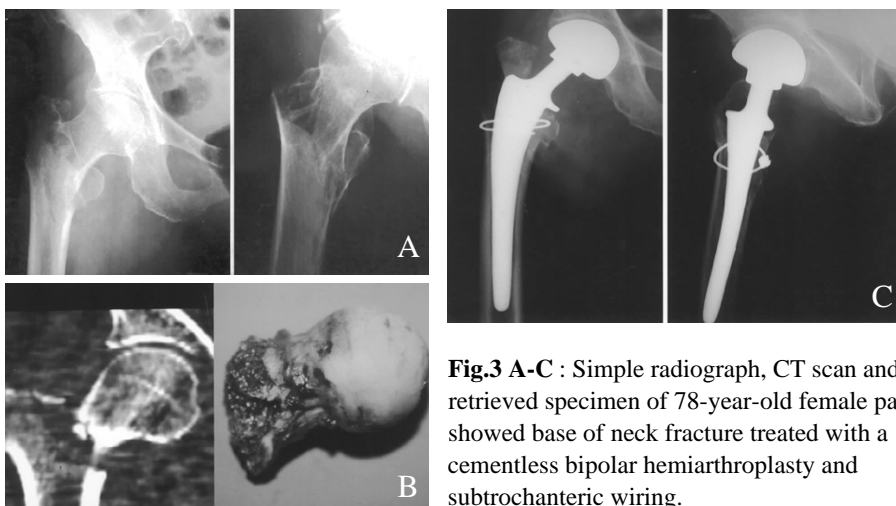
grade



**Fig.1A-C** : Simple radiograph, CT scan and retrieved specimen of 69-year-old female patient showed pertrochanteric fracture with transcervical femoral neck fracture treated with a cemented bipolar hemiarthroplasty and tension band wiring.



**Fig.2 A-C** : Simple radiograph, CT scan and retrieved specimen of 85-year-old female patient showed subcapital femoral neck fracture treated with a cemented bipolar hemiarthroplasty and trochanteric wiring.



**Fig.3 A-C** : Simple radiograph, CT scan and retrieved specimen of 78-year-old female patient showed base of neck fracture treated with a cementless bipolar hemiarthroplasty and subtrochanteric wiring.

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## Abstract

## Treatment of Petrochanteric Fracture with Femoral Neck Fracture

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**Objectives :** To establish the precise diagnosis of a comminuted petrochanteric fracture with femoral neck fracture in a senile osteoporotic patient and report of a preliminary clinical results of early bipolar hemiarthroplasty.

**Material & Methods :** Consecutive seven cases of comminuted petrochanteric fractures who were suspicious to have combination with femoral neck fracture were evaluated. All cases had routine radiographs and CT scans of proximal femur and performed with bipolar hemiarthroplasties. Observation of the retrieved femoral head to evaluate a fracture and recorded with photograph. Postoperative evaluation was done with Daubine & Postel clinical grading with medical recording and personal telephone. The clinical evaluation was focused on the recovery for preinjured walking distance.

**Results :** All patients were proved to have combination with petrochanteric fractures and femoral neck fractures. In addition, all patients were recovered to more than good in clinical grading and pre-injured walking distance.

**Conclusion :** To make a precise diagnosis of petrochanteric fractures with femoral neck fracture it is recommended to perform the CT scan with prompt reading of the simple radiographs in suspicious case. An early bipolar hemiarthroplasty was also recommended to treat this kind of senile difficult fracture.

**Key Words :** Femur, Petrochanteric fracture, femoral neck fracture, Retrieved specimen study.

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