

# Pertrochanteric fracture

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

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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).  
19 )  
grade

13 ( 6,  
Daubin & Postel

Dynamic hip screw (DHS)

CT scan

가

5-7  
3

가

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

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

(intertrochanteric  
ridge) (inferior edge)  
(perthrochanteric 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(

7  
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

2 cemented

가

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.

## REFERENCES

가

CT

가

가

CT

7

CT

pertrochanteric fracture

CT

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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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