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(lateral insufficiency fracture)

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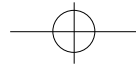
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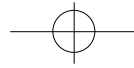
Fig 1-A. Initial anteroposterior radiography shows no lateral femoral insufficiency fracture

1-B. Preoperative anteroposterior and lateral radiography shows development of progressive varus angulation of the femur and a lateral cortical insufficiency fracture

1-C. Postoperative anteroposterior radiography shows revision by femoral long stem with allobone onlay graft and cerclage

1-D. Follow up anteroposterior radiography, showing no displacement of femoral stem and breakage of cerclage





stem

(Fig.1-A), 1

(Fig.1-B)

cerclage

(Fig.1-C).

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(Fig.1-D).

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(Fig.2-

A).

(Fig.2-B).

long leg splint

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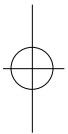
(Fig.2-C).



Fig 2-A. Preoperative anteroposterior and lateral radiography shows varus angulation and lateral femoral insufficiency fracture

2-B. Postoperative anteroposterior radiography shows revision by femoral long stem with circumferential wiring

2-C. Follow up radiography, showing no displacement and loosening of femoral stem





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hoop stress Karlstrom¹²⁾ , Jensen⁷⁾ Olerud
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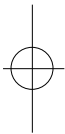
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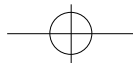
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Abstract

Lateral Insufficiency Fracture of the Femur caused by Osteopenia & Varus angulation after Hip Arthroplasty -Case Report-

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Lateral femoral insufficiency fracture in total hip arthroplasty occur due to osteopenia and varus positioning of the femoral component. The presentation of these fractures usually involves the insidious onset of unexplained thigh or groin pain. The insufficiency fracture generally occur at the level of the femoral stem tip on the lateral cortex of the femur. Recommended treatment involves revision to a long stem femoral component. This is the first report of lateral femoral insufficiency fracture simply regarded as periprosthetic fracture of the femur.

Key words : Total hip arthroplasty, Lateral femoral insufficiency fracture

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