

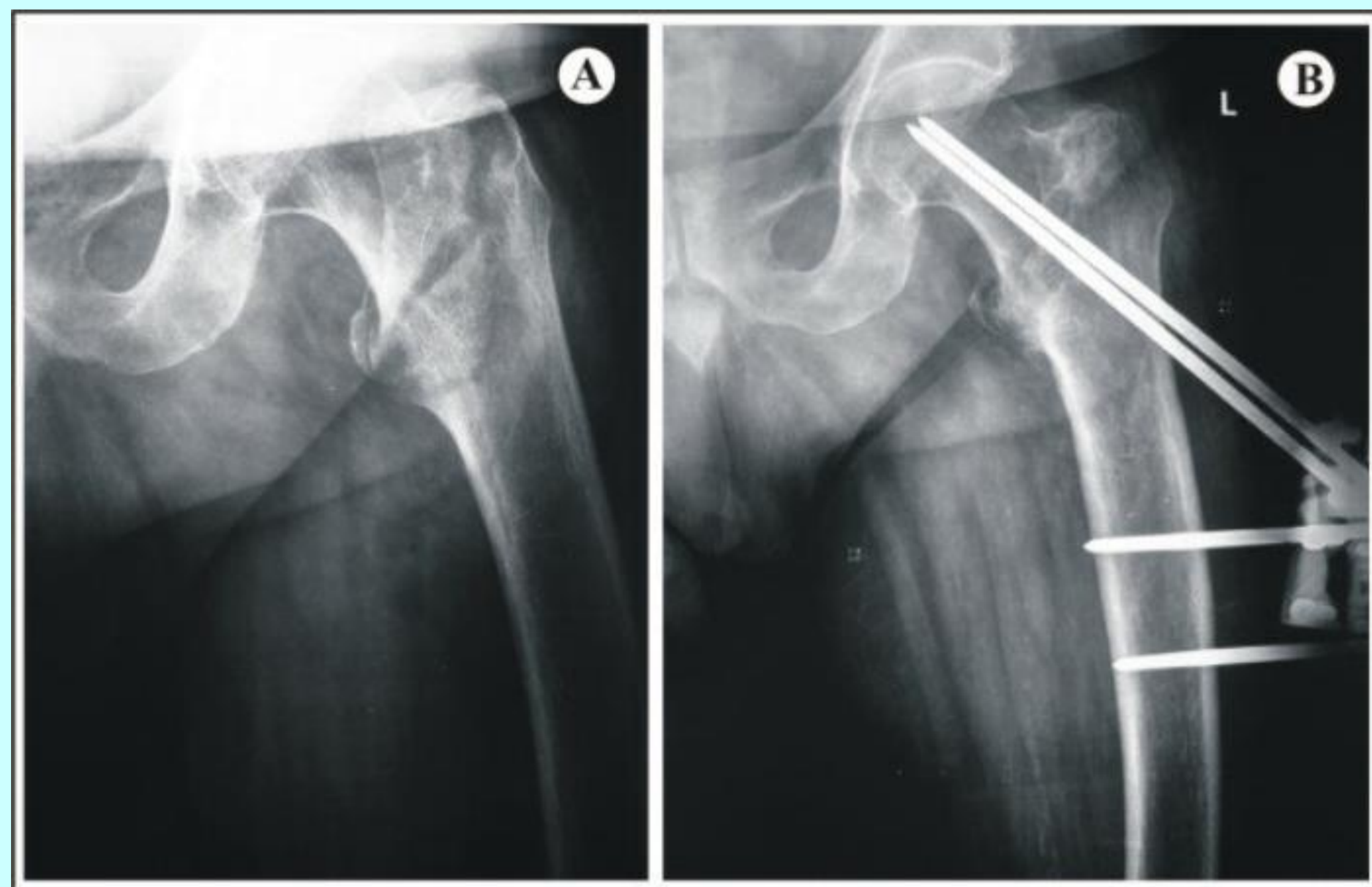
Percutaneous External Fixation for Intertrochanteric Femur Fracture In Geriatric and High Risk Patients



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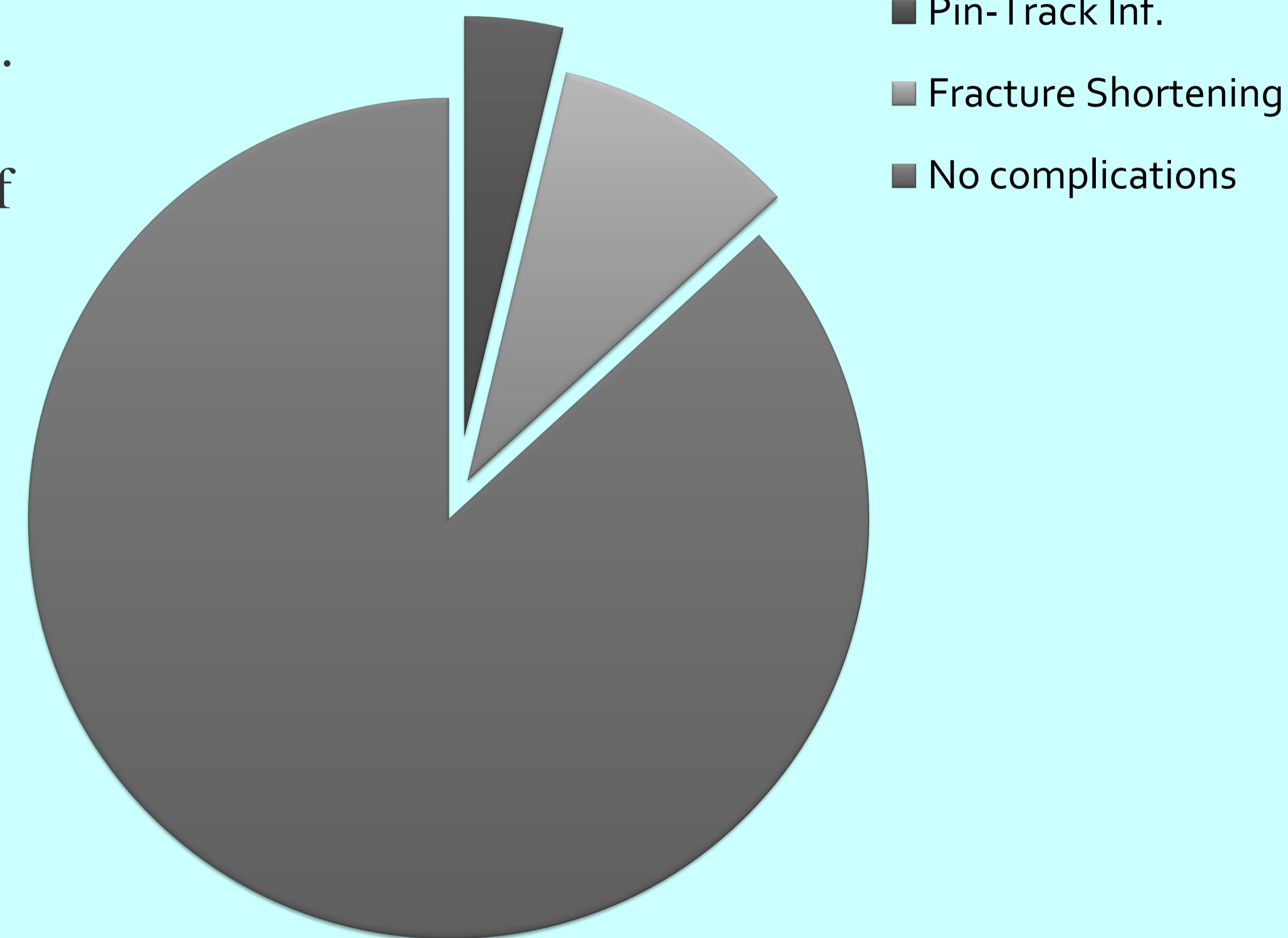
Introduction

Intertrochanteric fractures are a leading cause of disability among the elderly and one of the most frequent fractures of the hip particularly in the elderly with osteoporotic bones.. Treatment goals for this patient population include early mobilization with restoration of the anatomic alignment of the proximal part of the femur and maintenance of the fracture reduction. Internal fixation is the gold standard therapy. However, it may be hard in older the high-risk population.



Aim

We evaluate clinical, radiological and complications outcome of peritrochanteric fracture in older and high risk patients treated by percutaneous external fixation.

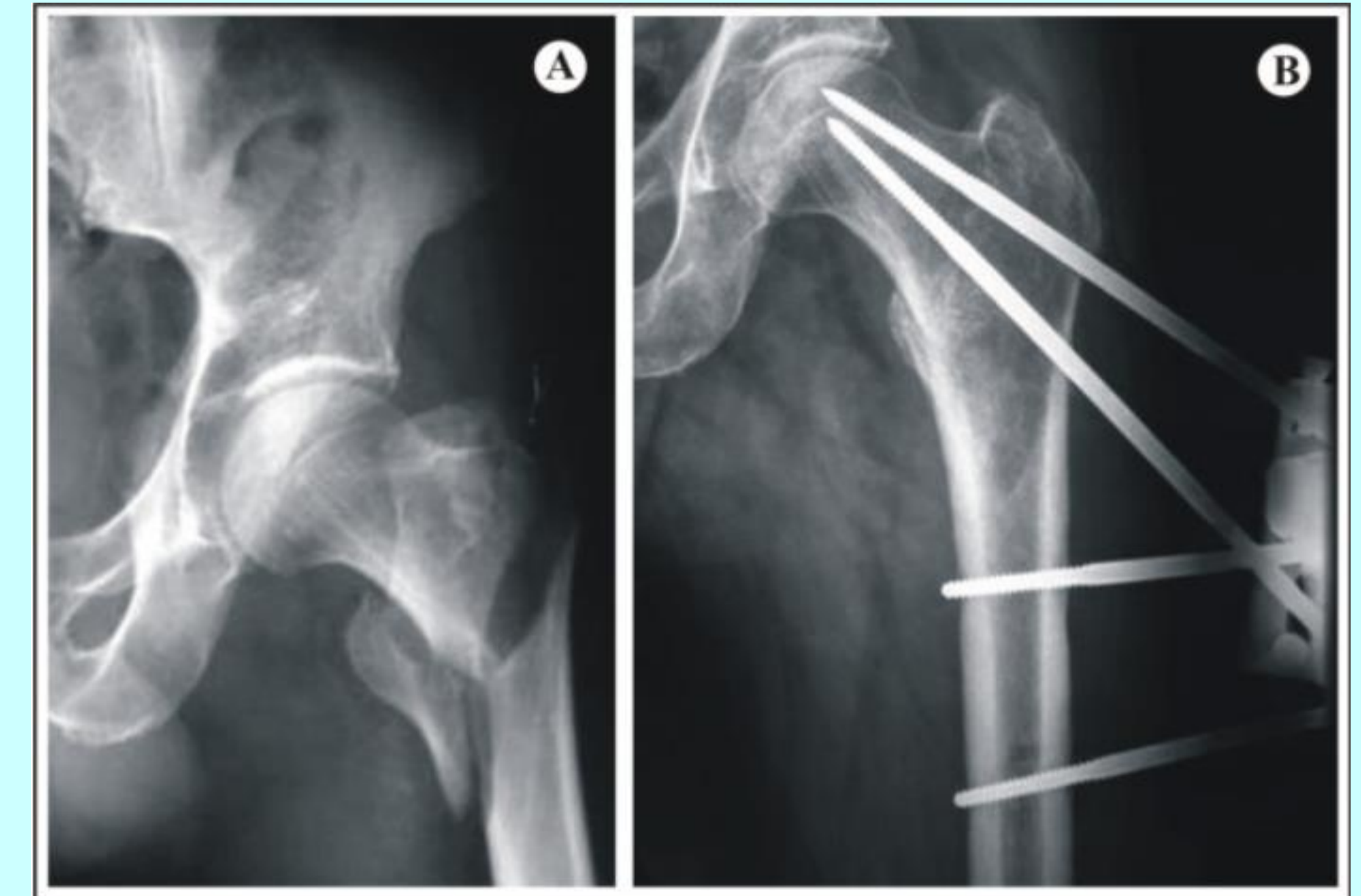


Patients and Methods:

53 high-risk geriatric patients with peritrochanteric fractures were treated with an external fixation from May 2017 to February 2023, under general, spinal or localan aesthesia. There were 38males and 15 females. Mean age was 75 (65-84) years old.

Results:

The average operational time was 22 minutes. Hospital stay was brief, with an average of 1-2 days. No intraoperative problems were found. Blood loss was low, all fractures healed within a average of 10,4 weeks. Two patients developed a superficial pin-tract infection as a result of their treatment (3,7%) . Five (9,4%) of the patients had a shortening of the fracture. No Revision fixation was performed. At 12 months, there were no patients with knee mobility restrictions. The mean VAS score was 5.2 at the time of surgery. At 12 months after surgery, the average Harris Hip Score and the Palmer -Parker mobility score was 64 and 5.5, respectively.



Conclusion:

Treatment of intertrochanteric fractures is safe and successful when externally fixed. It is minimally invasive causes less blood loss, requires short operative time. Requires a shorter hospital stay, and complications associated with prolonged recumbence and open reduction and internal fixation are avoided.