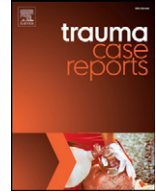




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### Case Report

# Case report: AVN of the femoral head five year follow-up of the combination of ipsilateral femoral neck and sub-trochanteric fracture

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### ARTICLE INFO

#### Article history:

Accepted 20 March 2016

Available online 12 May 2016

#### Keywords:

Ipsilateral fractures

Proximal femur

Femoral neck and sub-trochanteric

AVN

### ABSTRACT

To our knowledge, the type of combination of ipsilateral femoral neck and sub-trochanteric fracture is rare. And the long term follow-up is seldom been reported. A 60 year old woman suffered from a traffic accident. We gave her the intramedullary nail treatment for the combination of ipsilateral femoral neck and sub-trochanteric fracture, and the fracture indeed cured after one year and there is no clue of necrosis of the femoral head, but after 5 years, there is an evidence of necrosis of the femoral head. Combination of ipsilateral femoral neck and sub-trochanteric fracture should be kept in mind. Patients with this unusual fracture should be kept under surveillance for longer than might be thought currently to be necessary for there is a possibility of necrosis of the femoral head, even a nondisplaced femoral neck fracture.

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### Introduction

Femoral neck fractures and intertrochanteric fractures often occur in elderly patients. But concomitant ipsilateral fractures of the proximal femur are uncommon. Patients who have this severe intra- and extracapsular hip fractures are often seen in old people with osteoporosis following a fall, and most of the type which has been reported is concomitant ipsilateral femoral neck and intertrochanteric fracture. There is no other surgery report about combination of ipsilateral femoral neck and sub-trochanteric fracture. So we report this case and discuss how to deal with it more efficiently.

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## Case presentation

A 60-year-old female patient met with a traffic accident while walking. The patient had a coma and was taken to a nearby hospital for emergency treatment, then shifted to our hospital for further treatment after 2 weeks. On presentation, the patient was conscious, oriented and hemodynamically stable. The left lower limb was tracting, there was contusion over the hip. The right elbow was casting. The radiographs revealed a fracture of the right Ulna olecranon, a combination of ipsilateral left femoral neck and sub-trochanteric fracture. His neurovascular examination is normal. Evaluations are femoral neck fracture Garden II (nondisplaced) and sub-trochanteric fracture Seinsheimer IIIB (AO 32A1.1), AIS 14, ISS 27 (Fig. 1). Eventually the fracture was treated with a long Gamma3 nail (Fig. 2) with ORIF to the sub-trochanteric fracture, and the femoral neck fracture was treated with closed reduction. During fluoroscopy, care was taken to ensure that all the screw threads crossed the fracture lines and compression was obtained at the femoral neck region. After 12-month follow-up, the fracture was union and has no evidence of avascular necrosis (Fig. 3). But at 4-year



**Fig. 1.** AP radiographic reveal a ipsilateral left femoral neck and sub-trochanteric fracture.

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