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Case Report

Simultaneous bilateral femoral neck fracture in a patient with renal osteodystrophy

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ABSTRACT

We present a unique case of displaced simultaneous bilateral fractures, Garden 3 type, in a 49 year woman treated with non-cemented total hip arthroplasty. The patient showed a Harris hip score of 86 on the right hip and a 81 on the left side on the fourth postoperative year, besides a bilateral Trendelenburg gait, more pronounced on the right side. She needed a cane to walk, and felt pain in the left thigh. The X-ray showed a shortening of 0.9 cm and a left femoral varus. The other arthroplasty components showed good osseointegration and position.

We found that the use of the uncemented total hip arthroplasty to treat a simultaneous bilateral fracture in renal osteodystrophy patients has satisfactory results at a four year follow-up.

According to the OCEBM Levels of Evidence Working Group, this study is graded as a Level of Evidence IV.

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Introduction

Cases of bilateral simultaneous fracture of the femoral neck due to electric shock or epileptic episodes have already been well described [1–3]. However, such condition as a consequence of renal osteodystrophy is rare and has few reports [4,5], especially when treated with uncemented total arthroplasty. The chronic kidney dialysis (CKD) patients have usually poor bone quality and present a high rate of complications during treatment of femoral neck fracture by osteosynthesis [5]. The outcomes are not different for treatment by

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arthroplasty, since there are high rates of early aseptic cemented or non-cemented implant loosening [6], a fact that represents a relevant question upon defining the surgery technique to be used. In this situation, describing a case of spontaneous and simultaneous bilateral fracture, treated with non-cemented total hip replacement, can help define conduct in similar cases.

Case report

A 49 year old, chronic renal diseased female patient, on regular dialysis for 15 years, with major complaints of pain in both hips, reported sudden pain in the hip when trying to wear her pants by standing on her right single leg. It came to a fall on the ground and the impossibility of moving both hips. She was brought to the emergency room complaining of severe pain and immobility of both hips. We performed the scrolling test of the lower limbs that denoted an important aggravation of the pain. The X-ray revealed a fracture on both femoral necks and very poor bone quality, which prevented a proper assessment of the fracture. The CT scan of the pelvis clearly showed the presence of displaced fracture (Garden 3) on both femoral necks (Fig. 1A, B). In her preoperative preparation, we noticed significant changes in leukocyte levels and red series, besides clinical repercussions of heart failure, a fact that delayed her release to surgery. Hypocalcemia (6.8 mg/dL; normal level, 8.4–10.5 mg/dL) was also noticed, as well as elevated levels of parathyroid



Fig. 1. (A) X-ray images showing poor bone quality and deformity on both hips; (B) computed tomography image of the pelvis clearly demonstrating displaced fractures of both femoral necks.

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