

Bilateral Femoral Fractures

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Introduction

This 82 year old lady slipped and fell while she was pushing her shopping cart across an icy parking lot. She was unable to get up from her fall and was taken to hospital. In the emergency room, she complained of pain in both legs. She was neurovascularly intact, had deformities of both thighs, and there were no open injuries. Examination of both hips, ankles, and feet were normal. The pelvis was stable and nontender. Radiographs were obtained after splinting her legs (below).

Radiographs of the Right Femur in the Emergency Room

Radiographs of the Left Femur in the Emergency Room

What is your diagnosis and management ?

This patient has a comminuted supracondylar left femoral fracture and an oblique fracture of the right femur at the junction of the middle and distal thirds. There is also an undisplaced oblique fracture of the right femur in the distal third. In the emergency department, bilateral Thomas splints were applied and after informed consent was obtained, the patient was taken to the operating room for fixation of both fractures. The original plan was to perform a closed intramedullary nailing of the right femur and an open reduction and internal fixation with an eight-hole, 95-degree dynamic condylar screw on the left side. However, due to the undisplaced oblique diaphyseal right femoral fracture, management of that femur was revised to open reduction, cerclage wiring of the distal femoral fragment, and fracture fixation with a 12-hole 95-degree dynamic condylar screw over the cerclage wires (below).

Postoperative Radiographs of Both Femora

What is your postoperative management ?

Postoperatively, the two Jones Bandages and Hemovac drains were removed at the 48-hour mark. We plan to limit activity to bed-to-chair assisted transfers only for six weeks to three months.