

Surgical Management of Distal Femur Fracture Using Locking Compression Plate: Our Experience in a Rural Tertiary Care Centre in India

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Abstract : Introduction: Management of distal femur fractures is challenging. Recently, treatment has evolved towards indirect reduction and minimally invasive techniques. Objectives: To assess the fracture union and functional outcome following open reduction and internal fixation of distal femur fractures with locking compression plate and to achieve restoration of the anatomical alignment of fracture fragments and stable internal fixation. Methodology: Patients with distal femur fracture treated by locking compression during Oct 2011 to April 2013 were assessed prospectively. Patients below 18 years and those with neuro-vascular deficits were excluded. Age, sex of the patient, type of fracture, mechanism of injury, type of implant used, operative time and postoperative complications were analysed. The Neer's scale was used to assess the outcome of the patients. Results: The total number of patients was 30; 28 males and 2 females; mean age was 41.53 years. Road traffic accidents were the major causes of injury followed by falls. The average duration of hospital stay was 21.3 days. The overall complication rate note was 23.33%. The mean range of movement around the knee joint after 6 months of follow-up was 114.330. The average time for the radiological union was 14 weeks. Excellent to good results were noted in 26 patients (86.6%) and average to poor results were observed in 4 (13.33%) patients. Conclusions: The locking compression plate gives a rigid fixation for the fracture. It also provides a good purchase in osteoporotic bones. LCP is simple and a reliable implant appropriate for fixation of femoral fractures with promising results.

Keywords : distal femur fractures, locking compression plate, Neer's criteria, neuro-vascular deficits

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