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Extra medullary fixation in unstable trochanteric/subtrochanteric fracture by proximal femoral-locking compression plate (pre contoured proximal femoral plate)

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Introduction: Fracture geometry, anatomy and bio-mechanics render trochanteric and subtrochanteric region susceptible to instability, reduction loss, and implant failure and non-union. An implant providing complete angular stability by creating fixed angle dynamic lock, PF-LCP meets all needs of these fracture fixation minimizing complications. PF-LCP provides advantage of TSP, blade plate and LCP.

Method: Supine on fracture table under spinal anaesthesia, lateral vastus splitting approach, biological/open fixation depending upon indirect/ direct reduction respectively. Rotation maintained by keeping patella horizontal. PF-LCP on lateral aspect of proximal femur, 3 guide wires passed through wire guide mounted on plate in desired position under C Arm control, three screws in neck and minimum 3 distal to fracture.49 cases done in last 3 years. Discussion: Posterio-Medial column reconstruction is of paramount importance. PF-LCP acts as tension band plate, provides lateral shield, angular screws in neck provide torsional, bending stiffness, combi hole plate provides compression at Metaphyseal-diaphyseal junction, kick stand screw prevents varus collapse.

Result: All patients followed till union. No revision or additional surgery done. Subtrochanteric fractures took longer to heal. Two patients had screw back-out but not enblock screw backout from neck. Three elderly patients had loss of initial position due to early weight bearing. No cut-out of hip screws. No patient developed infection, DVT, non-union, implant failure. Conclusion: PF-LCP provides stable, effective extramedullary fixation in unstable trochanteric like revere oblique, fracture lateral trochanteric wall, four part fractures and sub-trochanteric fractures, fractures with narrow medullary canal, previous deformities, revision for malunion/ non-union.

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