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MIPPO using minia-PFPA may be preferable to PFNA in treating unstable pertrochanteric fractures

Mohamed Ali Minia University, Egypt

Background: Controversy still existing about the relative merits of the fixation device for the challenging unstable pertrochanteric fractures, its suitability for the eastern patient groups. The aim of the present study was to compare the outcomes of MIPPO using a newly designed Proximal Femoral Plate-Anatomical, (Minia-PFPA) and Proximal Femoral Nail Anti-rotation (PFNA) in the treatment of these fractures.

Methods: We prospectively randomized 50 patients with unstable pertrochanteric fractures in a surgeon-allocated study to either technique. Each group included 25 patients. All the operative, post-operative and follow up variables were evaluated. Finally, functional evaluation as per the Harris Hip Score and economic assessment were done.

Results: No significant difference was found regarding blood loss, operative time, hospital stay, time to weight bearing, time to bone union, return to pre-injury level of activity, implant failure, or deep infection. The PFNA group should difficulty in reduction of some cases, higher deterioration of the immediate post-operative alignment and reoperation rate. It may not suit patients with small neck-shaft angles. The MIPPO group should less cost, higher Harris hip score and better achievement of structural competence especially with comminuted fractures and can be easily administrated by junior surgeons.

Conclusion: The preoperative planning is the cornerstone to determine the patient, fracture and surgeon factors that give priority for a certain implant. MIPPO offered less-cost and may be preferred in patients with reduced neck-shaft angle, lateral wall break and comminuted fractures extending to the greater trochanter, where structural competence could not be offered by nailing and with less experienced surgeons.

Biography

Mohamed Ali works as a Professor at Department of Orthopedic Surgery and Trauma, Minia University Hospital, El-Minia, Egypt.

profmoali@yahoo.com

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