

Collum femorisfrakturer.

Epidemiologi, frakturtyper, behandling. Osteosyntese vs. alloplastik



AO Basic Danmark 2019



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INDHOLD (15 min.)



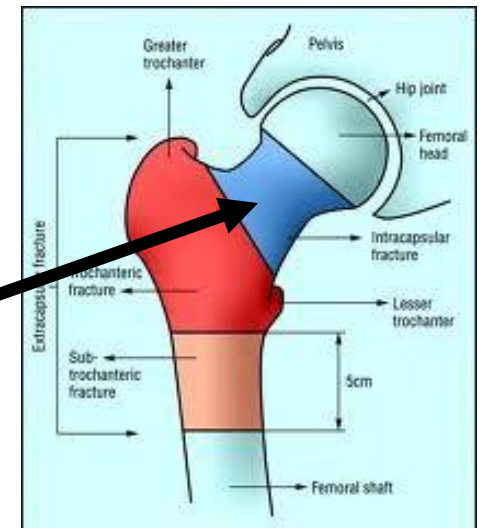
- Epidemiologi
- Klassifikation
- Behandling, valg af metode/implantat
- Komplikationer
- Fremtiden
- Take-home messages



Epidemiologi



- Ca. 10.000 hoftenære frakturer DK/år
- Ca. 55% defineres som collumfrakturer
- Gennemsnitsalder 80 år.
- ¾ er kvinder
- Høj dødelighed
- Hvad ellers?
 - Lavenergi traume
 - Osteoporose, KOL, hjertesvigt, demens
 - "Tung" medicinsk patient



Klassifikation

Garden, Pauwel, AO m.fl.

Subcapital



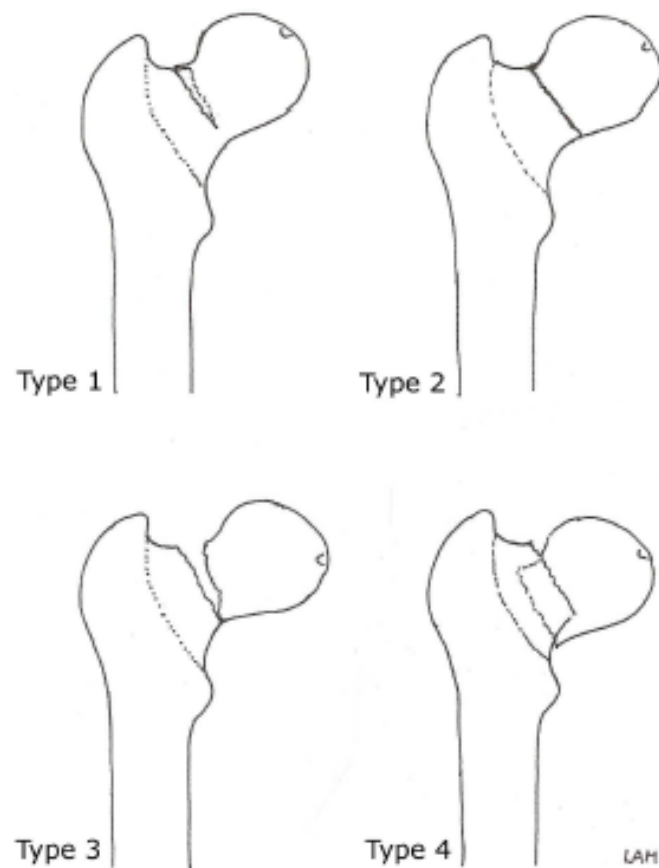
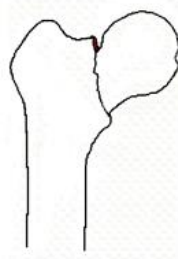
Transcervikal



Basocervical



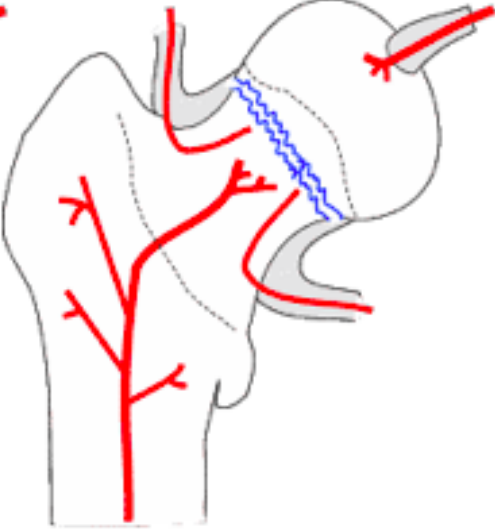
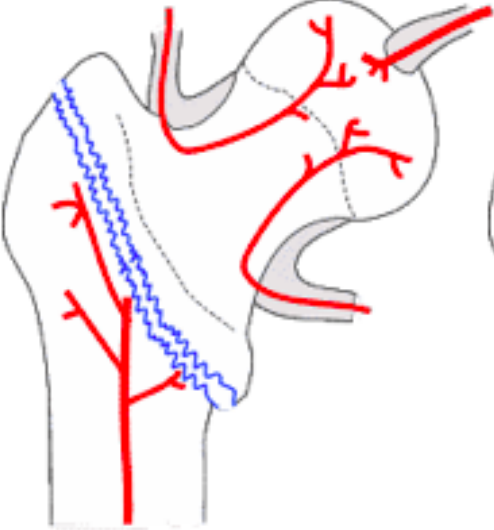
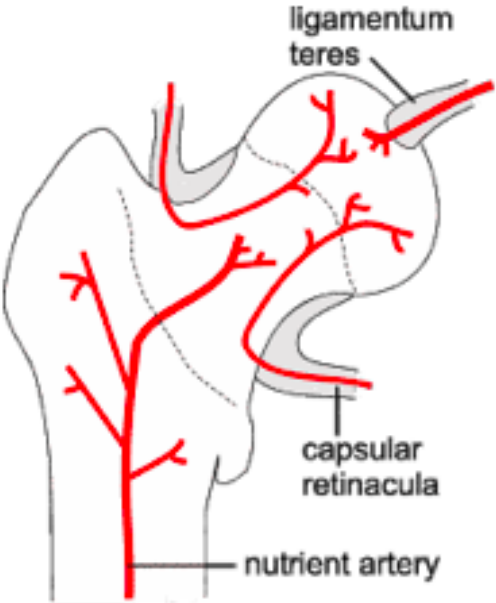
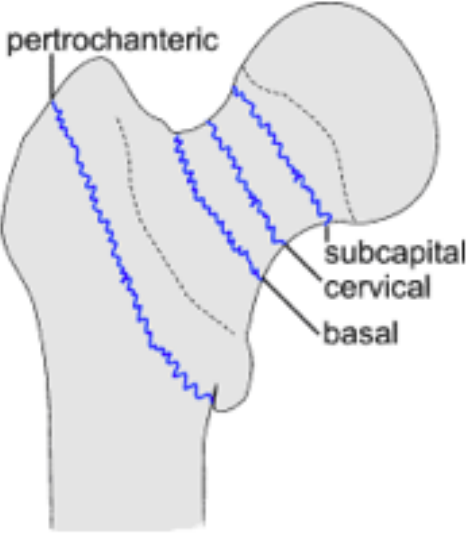
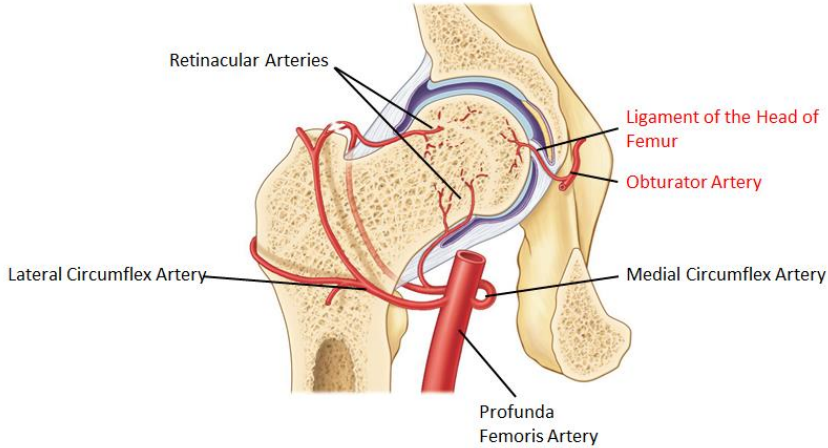
Vertikale



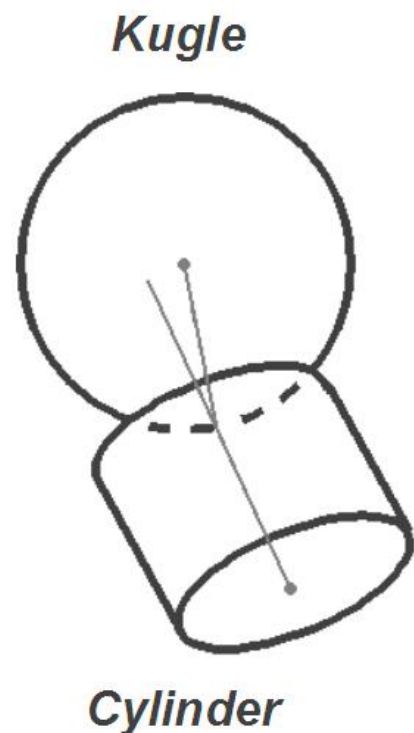
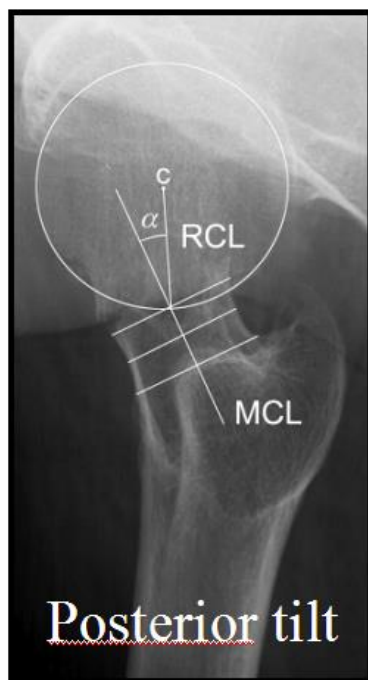
Bruddene inddeles i følgende 4 stadier:
Type 1: Inkomplet brud med valgus stilling, også kaldet indkilet brud.
Type 2: Komplet brud uden forskydning.
Type 3: Komplet brud med delvis forskydning
Type 4: Komplet og forskudt brud.

Figur 2. Gardens klassifikation af intrakapsulære frakturer.

Klassifikation



Klassifikation



- Posterior tilt

- Lapidus, JOT, 2013

+ Posterior tilt

- Palm, Acta, 2009
- Dolatowski, Acta, 2015

Behandling – Valg af implantat

Caput bevarende



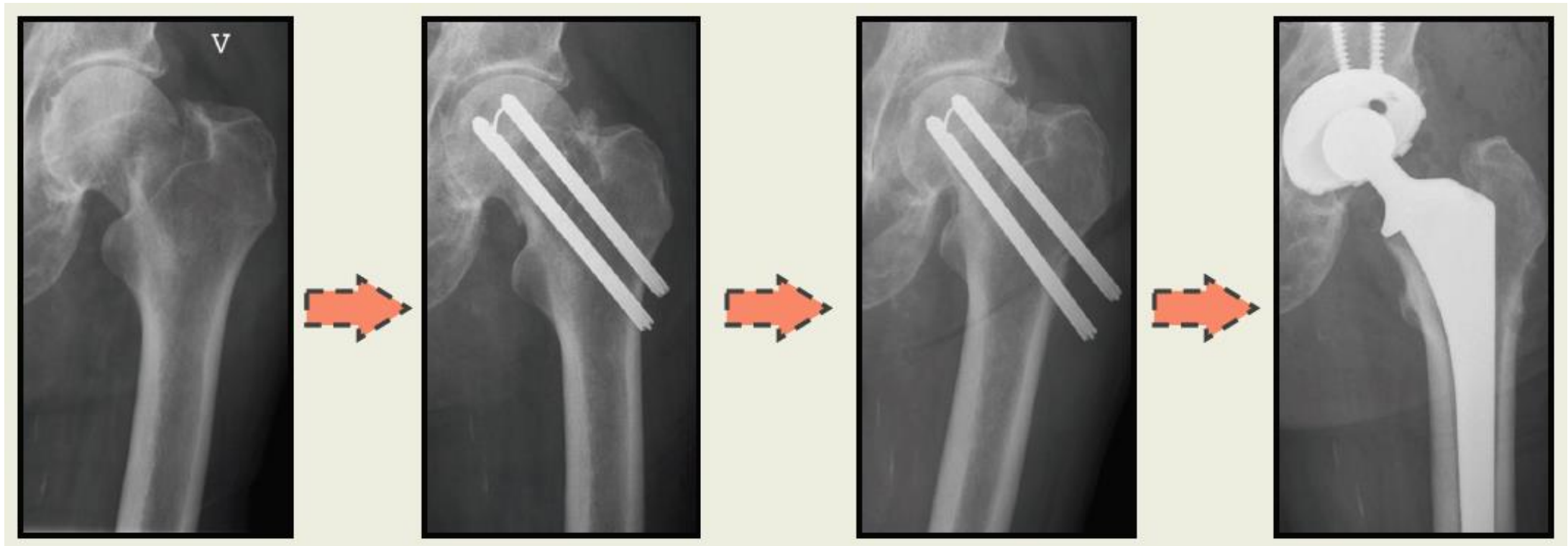
?



Caput exciderende



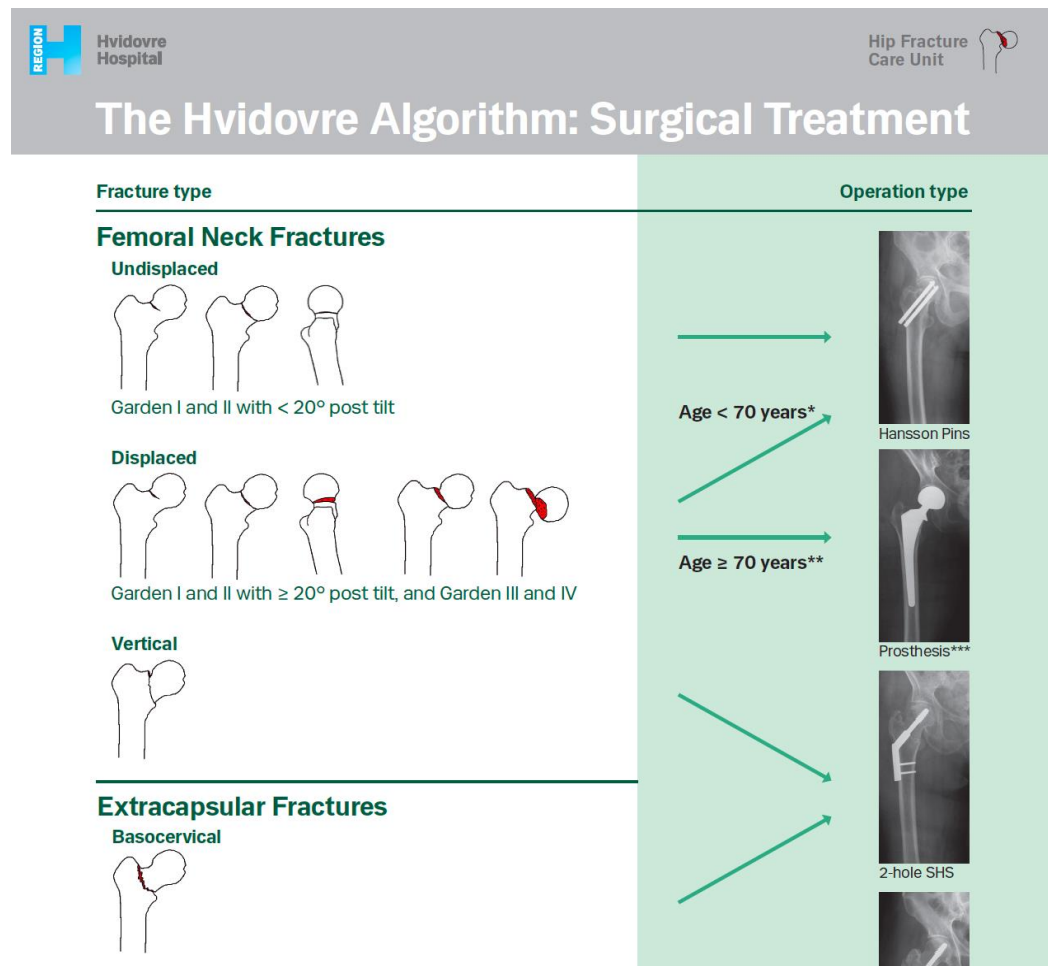
Behandling – Valg af implantat ?



Behandling – Valg af implantat ?



Behandling – Valg af implantat ?



A new algorithm for hip fracture surgery. Reoperation rate reduced from 18 % to 12 % in 2,000 consecutive patients followed for 1 year.

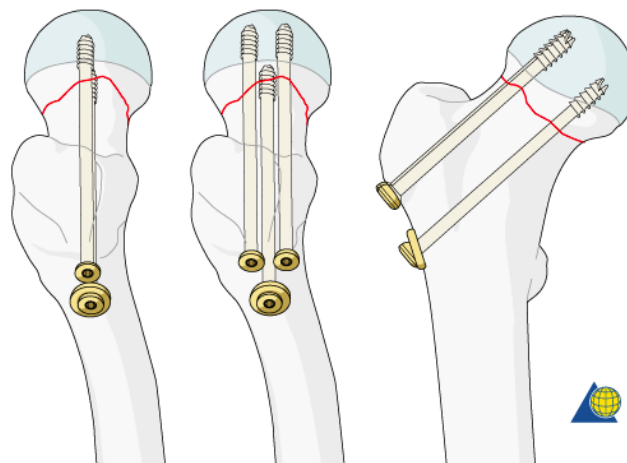
Palm H, Krasheninnikoff M, Holck K, Lemser T, Foss NB, Jacobsen S, Kehlet H, Gebuhr P. [Acta Orthop](#). 2012

Behandling – Valg af implantat ?



3 punkts fikstion:

- Head
- **Medial cortex (calcar)**
- Lateral cortex



Manglende calcar støtte => implantat fæstnes til skaftet

Behandling – i det store billede



Dato 08.11 2018
Forfatter Region
Syddanmark
Version: November 2018

Projektbeskrivelse

Lærings- og kvalitetsteam vedr.
Den +65-årige patient med hoftenært
lårbensbrud

Overlæge Frank Damborg, Formand for ekspertgruppen

The AO Principles of fracture management

Fracture reduction and fixation to restore anatomical relationships.



Fracture fixation providing absolute or relative stability, as required by the "personality" of the fracture, the patient, and the injury.

Early and safe mobilization and rehabilitation of the injured part and the patient as a whole.

Preservation of the blood supply to soft tissues and bone by gentle reduction techniques and careful handling.

Komplikationer

Osteosyntese

AVN, cut-out, non-union, forkortning, smerte, inf.



Hemialloplastik

Luxation, inf., periprostetisk fraktur, bruskslid



Komplikationen

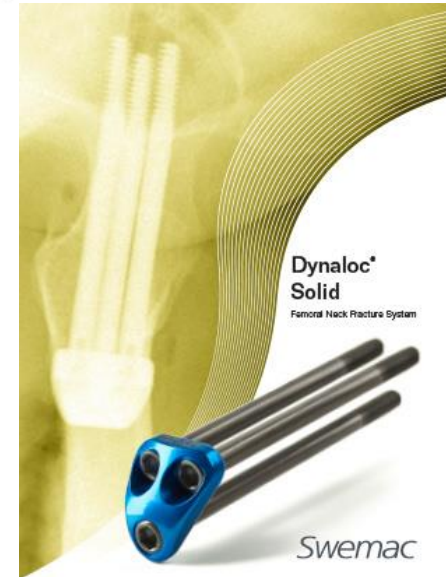
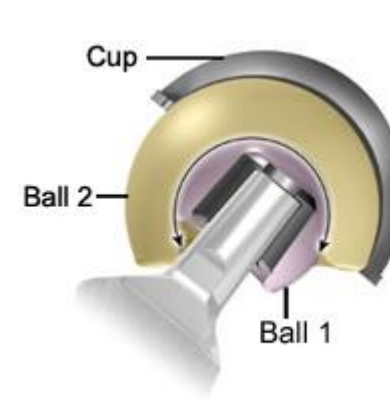


	Deep infection	Non-union & cut-out	AVN	Distal fracture	Dislocation	Aseptic loosening	Reoperation
U-FNF, IF	≈1%	5-10%	4-10%	<1%	-	-	8-12%
D-FNF, IF	≈1%	20-35%	5-20%	<1%	-	-	20-50%
FNF, Prosthesis	1-5%	-	-	1-7%	1-14%	1-3%	2-15%



Fremtiden ?

- **Alloplastik:** THA/HA, adgang, +/-cement, dual-mobility?
- **IF:** Pin-DynaLoc / Gannet / Targon?
- Komorbiditet



Dedikerede kirurger!?



?

Take-Home messages...



nobilisering

ng til caput!

ved osteosyntese

