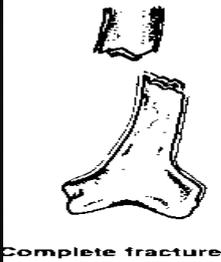
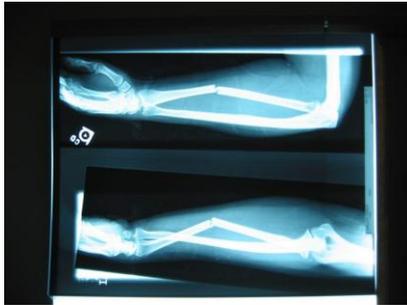


Principle of Fractures

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Edited by Badra'a Muharib

Principle of Fractures

- A **Fracture is a Break in the continuity of bone**
- It could be complete or incomplete (green-stick fracture)
 - Complete usually in old people. (Cortex is involved)
 - Incomplete usually in pediatric due to high water content in the bone. (side of cortex has fracture and other side not)



Complete fracture

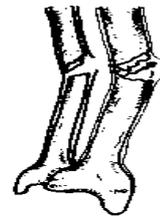


Fig. 2 Incomplete fracture



It's imp to differentiate b/w them cause the management is different e.g if complete and displaced need to fix it, if incomplete put splint!

◆ Classification of fracture:

- It may classify in different ways:
- Depending on communication with external environment (management is different)!

∴

1- Simple (closed): Does NOT communicate with external environment (we don't scare from infections rather than to be tense and cause compartment syndrome)

2- Compound (open): Communicate with external environment, Infection (**Alert!**)!!→orthopedic emergency.

"**Note:** In-out open fracture (the bone get out of the skin) OR out-in open fracture (anything broke the bone and get inside)".

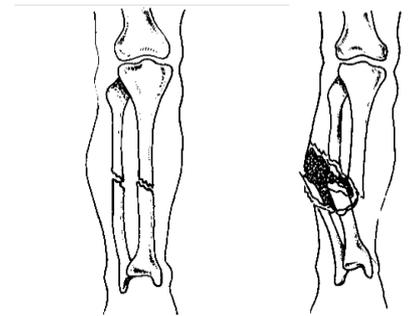


Fig 3. closed fracture tibia Fig. 4 Open fracture tibia

- Depending on the presence or absence of soft tissue (viscera,nerve,blood vessel)damage:

1- Complicated (can be open or closed): Associated with damage to nerves, vessels or internal organs e.g fracture in arm and forearm may injure brachial artery so check peripheral pulsation, if there is cold hand and no pulsation > real emergency (orthopedic + vascular surgery), fracture in radial area will cause wrist drop, pregnant had RTA cause pelvic fracture so the baby has absent movement or heart sound.

2- Non-complicated.

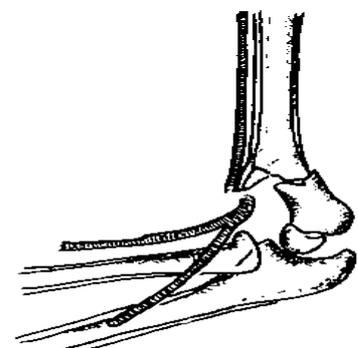


Fig. 5 A supracondylar fracture of the humerus with damage to the brachial artery

- Depend on amount of force; it is classified into:

1- Traumatic fracture.	
<p>2- Pathological : Anything causes weakness of bone; Fracture abnormal bone Cyst, <u>Tumor</u>, Infection, osteoporosis , osteomalacia Weak or minor trauma!</p>	 <p style="font-size: small;">Fig. 6 Pathological fracture - simple bone cyst</p>

Other special classification e.g.: fracture around the hip, ankle, etc.



Xray of lady has breast cancer which is metastasis to bone
 بس نزلت من السرير وصار الكسر لأن العضلة أقوى من العظم

- **Dislocation خلع :** Complete separation of the articular surface . Distal to proximal fragment (من distal تقارن من proximal إلى)

Anterior, Posterior, Inferior, Superior .can't move.

Most common: dislocation of shoulder.

So if the pt has fracture in proximal part, u should ask if there is dislocation or not.

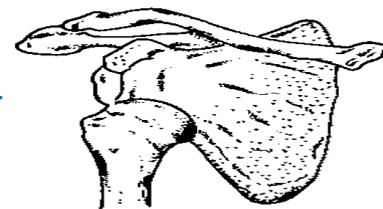


Fig. 7 Dislocation of the shoulder

- **Subluxation:-**Incomplete separation (partial separation).Joint Function in Anatomical position Only, can be moved **but maybe not in all directions!!**

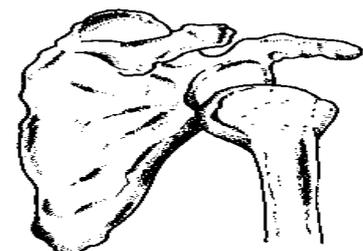


Fig. 8. Subluxation of the shoulder

Note: The **Dislocation & Subluxation** can be associated with Fracture.

Always xray joint above&below.

- May the pt comes with open + complicated +dislocation fracture!



◆ Mechanism of injury:

The line and extent of the fracture are determined by:

1- Amount of physical force(Magnitude).this will give u a hint on the amount of bone & soft tissue damage

Trivial force = Pathological مثل لو عمره 20 سنة ونزل من السيارة وانكسر

Magnitude = Non-pathological طاح من دورين, صار له حادث

2- Direction of physical force (direct or indirect)((we don't have to know the details just the fracture can be direct & indirect force))

:Details غير مطلوب

A-direct force:

- The bone fractured at the point of impact.
- Usually associated with complicated fracture.👉
- 3types:
 - 1- Trapping force: lead to transverse fracture.
 - 2- Crushing force; lead to comminuted fracture.
 - 3- Penetrating force; lead to comminuted fracture.

N.B. comminuted fracture: one in which the bone is splintered or crushed.

Direct: bruising in the area, on xray comminuted

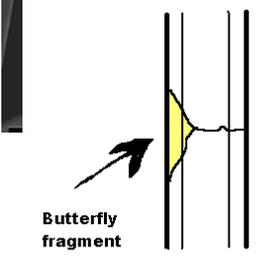
B- Indirect force:

- It is a force which is exerted at a distance from the site of the fracture.

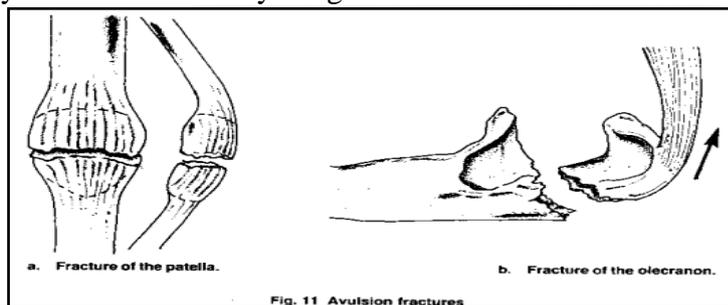
ع بال ماتوصل المنطقة تقل القوة وتوزع فبالتالي يكون فيه

Bruising , muscle pain which are minors in different areas

- Less chance to association with complicated fracture.👉
- 5 types:

<p>1- Twisting force; lead to spiral fracture.</p> <p>ز-ميلتها تمزح معها click ولقيت يدها وسمعت - Put splint</p>		<p>2- Angulation force; lead to transverse fracture .(may need ORIF or 3weeks casting)</p>	
<p>3- Angulation +axial compression force; lead to partial transverse fracture +butterfly (a separate triangular fragment). N.B. The axial fracture in spine occurs at: <i>thoracolumbar</i>.</p>	 <p>Butterfly fragment</p> <p>مثل شخص يسوق السيارة وانزلت رجله بحق البنزين فيصير فيه ضغط عليها</p>	<p>4- Twisting + angulation + axial compression; lead to short oblique fracture. 90% need surgery(need to fix b/c fracture is complex). maybe it takes time if conservative</p>	
	<p>5- Vertical compression force ;lead to comminuted fracture Direction of Force On Cancellous Bones:- Direct OR Indirect Comminuted Pattern Burst</p> <p>طاح من مكان مرتفع وصار فيه compression على ظهره Can be missed !</p>		

Indirect force due to Resisted Muscle Action: - “**Avulsion**” Transverse pattern
Note: i.e. Bodybuilders lift a heavy weights that will lead the muscle to break the bone.



Direct or indirect is imp to know them why?

- 1- To know natural Hx of fracture.
- 2- Next step in management
- 3- Forensic medicine

e.g in Crush injury> comminuted fracture they will have Increase time of healing especially if pt is old and has co-morbid conditions e.g DM

- forensic: حالة : طرف 1 قال جاب أكبر ماعنده وضربني وصار الكسر فبالتالي لو كلامه صحيح المفروض مايطلع بال ,,

xray spiral

comminuted المفروض يكون

xray spiral طرف 2 : الطرف الاول جاء بدفني وحاولت أحمي نخسي فلفيت يدف فبالتالي لو طلع بال معناته كلامه صحيح

◆ Diagnosis:

A. History :(Note: always it's acute history of trauma.)

- ❖ Ask about history of trauma; to exclude pathological fractures.
 - * Pathological (trivial)
 - * Non-pathological (magnitude)
- ❖ Mechanism of trauma to suspect :(asks about: Fall from height, RTA, pedestrian, Driver....?)
 - 1- The possible injury
 - 2- The association with soft tissue injury
 - 3- Help in management (by reverse the force during reduction).
- ❖ Complaints :
 - Pain: sharp, sudden in onset, aggravated by movement, relieved by rest, usually not referred. (Localized).
 - Lose of function.
 - Deformity, swelling, instability.
 - Symptom related to complications.

} **Commonest Presentation**

If pt had no trauma > may pathological fracture so if old male>? Prostate problem, heavy smoker>?lung ca , female with breast lump>?breast cancer...etc

- ❖ Ask about other systems especially in head, chest and abdominal injuries.
- ❖ Past medical, surgical history.
- ❖ Past drug history (important in pathological fracture).[Ⓝ]

B. Examination :

- ❖ General examination :
 - ✓ Sign due to fracture or trauma :
 - Vital signs, Shock A,B,C
 - Any associated injury to head, chest, or abdomen.
 - ✓ Sign related to the cause fracture (especially to the pathological fracture) for example; cancers of lung or prostate. (Full examination if we suspect pathological fracture.)
- ❖ Local examination :(always compare)

Look	Feel	Move	Do
Simple Vs. compound fracture	Localized Tenderness	Active Vs. passive movement	Special test: a) Circulation b) Nerves
Any deformity		Abnormal movement	Measurement: shortening (<u>always compare</u>)
Hematoma		Crepitus	
Skin lesion			
Swelling			

أحيانا يكون جدا مؤلم مثلا لو كان عنده

Fracture in tibia he won't allow u to move his knee or pt is unconscious we may create more damage b/c bone is sharp u may injure vessels, So ideally splint to prevent further damage.

بس لازم بالاختبار نقول خطوات الفحص كالألمة

Look ,feel, move, special tests

C. X-rays:

Essential requirements: 2 views 2 Joints

- ❖ Two views:
 - Antero-posterior (AP view) and lateral view.
 - It is need for 2 reasons:
 - Some fracture may show in one view only, e.g.: undisplaced fracture of the neck of the femur.
 - To determine the degree of displacement at the fracture site.

- ❖ Two joints:
 - Joints above and below the site of fracture.
 - It is needed for two reasons:
 - ◆ To detect any associated injury.
 - ◆ To determine the angulation at the fracture site.
 - Pre and post reduction.

Occasional requirements:

- Two limbs for comparison ,especially in children.
- Repeat the X-ray after 1-2 weeks(Two Occasions)
- Indication if the X-ray doesn't show a fracture .

(**Note:** common in bones with less blood spilled e.g: scaphoid, femoral neck, talus head and neck)

- Applied most commonly in suspected fracture to the scaphoid> so splint and after 2 wk repeat xray or can be seen in MRI بس ما ح يخلصون .
- Special X-ray ,e.g. stress films to ligamentous injuries (decrease it use nowadays since the MRI has taken the job) .



16 y/o had RTA result in ankle fracture so put splint but he complains of back pain if the doctor didn't ask for lateral view within one movement the pt may have quadriplegia so immediate admit pt and OR.



Monteggia fracture: fracture of the proximal third of the ulna with dislocation of the head of the radius.
- seen in defense against blunt trauma (e.g. nightstick injury).
-could be missed if u didn't see the joint, have to fix

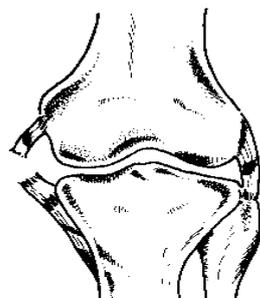


Fig. 13 The knee looks normal although the medial ligament is ruptured

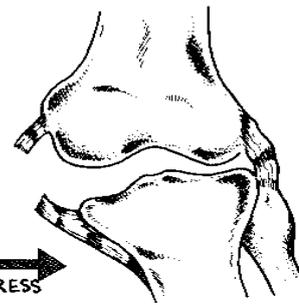


Fig. 14 Same knee under valgus stress shows widening due to the ruptured medial ligament.

◆ Description of the fracture on X-ray:

- Situation :
 - Side (right or left)
 - Site (upper, middle, or lower).
- Pattern :Line of the fracture (transverse ,spiral ,or comminuted, **short oblique, butterfly**)
- Displacement which could be : **management in ER**
 - ◆ Shift (lateral ,medial, anterior, or posterior)
 - ◆ Tilt (angulation)
 - ◆ Twist (rotation).(internal or e-xternal)
 - ◆ Shortening (over riding or impaction)

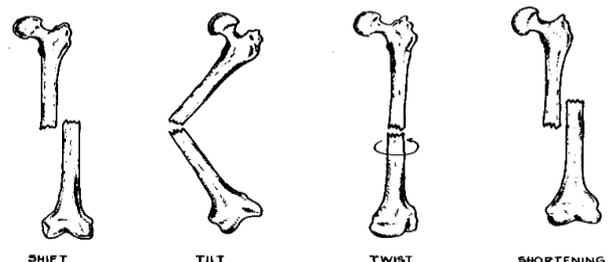


Fig. 15 Displacement

Lt femur : 1-Shift laterally(so push from lateral to medial).2-angulation medially .3- twist(so gentle maneuver and antitwist),4-overlapping

◆ Management:

Repair of the fracture:

a- Primary repair:

- With Rigid Internal Fixation
- No Callus formation
- Active Haversian remodeling
- Long time to heal

b- Secondary Repair:

- Without rigid fixation
- Commonest type even with I.F.
- Fast healing
- Callus formation

EX: fracture in proximal humerus:

?dislocation or not,

?skin intact or not.

?brachial plexus and nerve is intact or not

- Everything is ok> splint & OPD after week or 2
- Open>Emergency need OR
- Closed>investigations
- Vessels and nerves impaired>admit

Note : In Reduction : Relaxant is must

◆ Healing of fracture:

◆ Factor that affect the rate and effectiveness of healing process:

- Age
- Line of fracture
- Systemic or local disease.

A. fracture healing without rigid fixation :

- ❖ **Stage I:** hematoma formation: Clot formation (**Note:** hematoma formation has all the supplement of bone healing).
- ❖ **Stage II :** traumatic inflammation :
 - More fibrin will accumulate to already present clot.
 - Increase blood flow and infiltration of leukocyte.
- ❖ **Stage III :** Demolition:
 - Macrophage will take place through removal of inflammatory exudates, fibrin, RBC's and debris.
 - Remove any bone fragment undergoes necrosis by macrophage and osteoclasts.
- ❖ **Stage IV:** formation of granulation tissue.
- ❖ **Stage V :** woven bone and cartilage formation :
 - By the activity of osteoblasts.
 - Formation of external intermediate and internal callus (callus: unorganized network of woven bone, which is absorbed as healing, is completed, and ultimately replaced by true bone).
- ❖ **Stage VI:** Formation of lamellar bone: Form over the woven bone and cartilage.
- ❖ **Stage VII.** Remodeling: (Note: The remodeling can't be happened if the bone twisted.)
 - Continuation of osteoclastic removal and osteoblastic laying down of bone.
 - External callus will removed slowly, intermediate callus converted to compact bone while the internal callus will hollow into narrow cavity which contain cancellous bone.

B. Fracture healing with rigid internal fixation:

- The bone heals by primary vascular bone formation.
- No formation of external or internal callus.☺

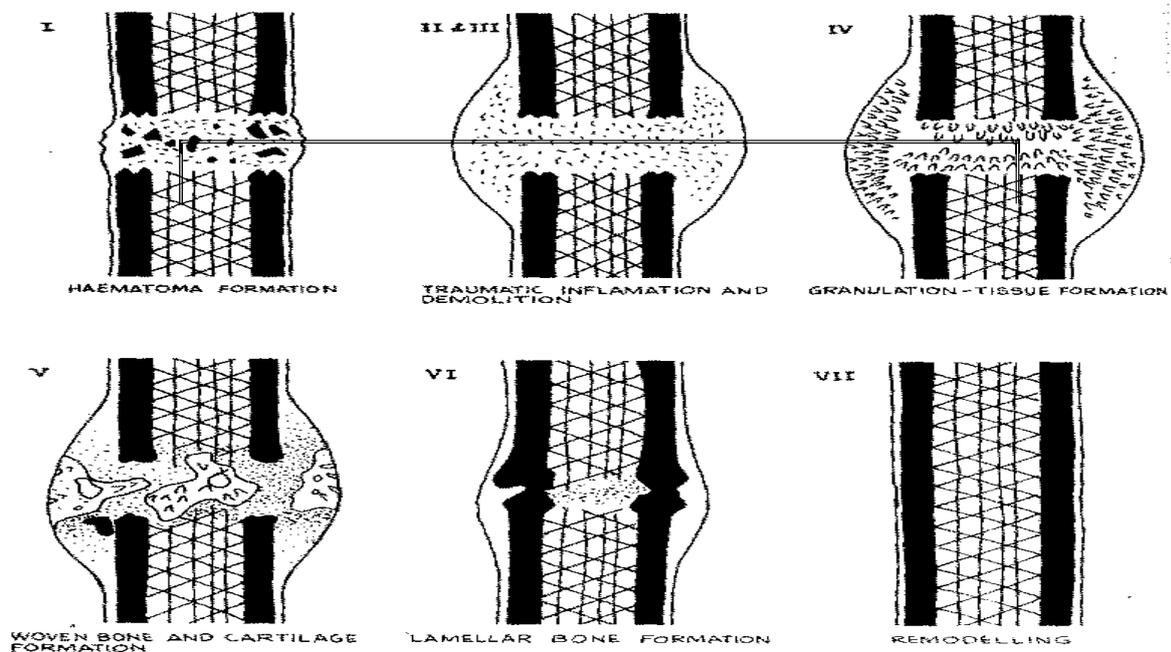


Fig. 37 Stages in fracture repair without rigid fixation

Time Factor- Perkin's formula

	Union	Consolidation (remodeling)
Upper limb	Spiral: 3 weeks Transverse : 6 weeks	Spiral=6 weeks Transverse =12 weeks
Lower Limb	Spiral:6 weeks Transverse:12 weeks	Spiral =12 weeks Transverse =24 weeks

N.B. Remodeling takes double the time of union .AND the children take the half of the period.

◆ Fractures in children:

➤ Fracture in children has a special consideration for the following reasons:

- 1) Healing is more rapid.
- 2) Open reduction is rarely indicated, except in cases of fracture into joints. (Note: We always start the management with closed reduction until we need to do open reduction.)
- 3) High remodeling rate. Especially in angular deformities not in rotation deformities.
- 4) Growth distribution in epiphyseal injuries. **If it in central > leg length discrepancy, in lateral: angular deformity.**

(distal femur will give 9mm/year, proximal tibia>6mm/year; 1.5-2cm/year if there is arrest in growth 1.5cm will be the difference so limping ! that's why follow 1-2 year to make sure no growth arrest)

- 5) Often missed due to poor communication with the child .b/c the child often tends to cry.
- 6) X-rays of both limbs for comparison are required .especially if it is near joints.

➤ Children differ than adult in:

- 1) Children bones are more malleable, allowing a plastic type of bowing injury.
- 2) The periosteum is thicker than adult & usually remain intact on one side of fracture □.

which helps

1. stabilize any reduction, 2. decreases the amount of displacement, 3. lower incidence of open fractures

children than adults

- 3) Usually incomplete so, green stick fracture is common.

➤ Fracture caused by child abuse :

- Multiple areas of large ecchymosis in different stages of resolution (from black & blue to brown & green) also are pathognomic of child abuse.
- Mostly occurs between birth and 2 years of age.
- Most commonly occurs in long bones (humerus , tibia , femur)
- bone scan or a skeletal survey generally is indicated
- It may be diagnose d by excludition :

1-Heamophelia 2- metabolic bone disease

☒ N.B. multiple fractures in different stage of healing are almost indicative of abuse.

☒ N.B. growth plate b/w metaphyseal& epiphyseal.



Note:

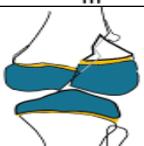
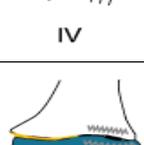
- The growth plate is the weakest point more than bone & soft tissue also it's the most common place in injury.
- Injury in the growth plate (in the side or middle of growth plate) can cause deformity (e.g. angular deformity, leg length discrepancy...).
- We have to compare to the other limb in case of fracture.
- We have to apply a cast if we suspect fracture with no x-ray sign of fracture.

A. Physeal injuries :

- Represent 30% of fractures.♯
- Occurred twice as often in the upper extremities as in the lower extremities .
- Commonly used classification is that of salter and harris , which is based on the roentgenographic appearance of the fracture .

N.B. before applying the Salter & Harris classification you should note the open growth plate.

Salter & Harris classification for physeal injury

Type	Features	Treatment	Prognosis
 I	Epiphysis is completely separated. No fractured through bone.	By closed reduction	Excellent No growth – disturbance
 II	Commonest type (70%) ‡ Small fracture through metaphysis.	By closed reduction	Excellent No growth – disturbance
 III	It is intra –articular fracture .(only in epiphysis)	Accurate reduction is essential. Open reduction may be necessary.	Good
 IV	It is intra –articular fracture (in epiphysis +metaphysis)	Open reduction is almost always necessary.	Can be favorable if anatomically reduced.
 V	Due to severe crushing force. >axial compression No epiphyseal displacement. Can be missed!	No reduction Just immobilization by plaster of paris cast.	Poor. Cessation of growth Angular deformities often occur.‡



- Need 2 views
- Rt ankle
- Growth plate > child
- Fracture in medial side involved epiphysis to metaphysis
- Type 4
- Complication: Angular deformity!

B. Birth fracture:

Generally it is iatrogenic.

These fractures occur most commonly in the clavicle "most common ☺", humerus ,hip ,and femur .(long bones)

They rarely require surgery.

It is frequently diagnosed as pseudopalsy, infection, or dislocation.

الجدة تستكشفها لأنه المفروض أول ماتفك المهاد كل الاطراف تتحرك أو يصير زي ورم في clavicle

It may be present as a mass or deformities (length deformity is a common)

Treatment: conservative.

◆ Pathological fracture:

- ◆ It is a break of the continuity of bone within an abnormal bone structure.☺
- ◆ Abnormal bone structure could be due to :
 - 1) Congenital disease (osteogenesis imperfect).(defect in type II collagen)
 - 2) Infection (osteomyelitis).
 - 3) Fracture through a cyst.
 - 4) Metabolic disease (osteoporosis, osteomalacia, Paget's disease).
 - 5) Primary bone tumors.(rare)
 - 6) Metastatic bone tumors. (more common) especially from:
(Kidney –thyroid- lung – prostate – breast...cancer's)

❖ Diagnosis :

✓ History :

- ◆ Insignificant amount of trauma☺.
- ◆ Constitutional symptoms.
- ◆ History of malignancy.
- ◆ Family History.

✓ Examination :

☒ General :

- a) Sign of malignancy ,e.g.: weight loss
- b) Sign of infection.

☒ Local:

- a) Tenderness, pain and swelling. (b/c it's minor trauma the tenderness & swelling will be less)
- b) Muscle spasm and deformity is minimal

✓ Investigation :

➤ Radiology :

- 1) X-rays (AP, lateral) , MRI, CT scan of the lesion site (are essential).
- 2) CRX and CT-chest to detect pulmonary metastasis .b/c the sarcomas of the bone metastasis to the lung.
- 3) Bone scan, PET scan.(to make sure there is no other lesion)

➤ Laboratory :

- 1) Specific tests e.g. raised acid phosphatase in prostatic cancer, and positive bence jones protein (BJP) IN multiple myeloma.
- 2) Non-specific tests e.g. CBC, ESR, CRP, and LDH.

❖ Management :

- Aim: to make patient more functional and pain free for the remaining life span. (Saving life, limb, and its function).
- Early operative stability (e.g. by internal fixation) should be carried out.
- Other methods in advanced cancer such as chemotherapy, radiation, hormonal.
- Indication for prophylactic internal fixation (metastasis)♠:
 - 1) Involvement of the cortex
 - 2) Increased pain
 - 3) Pure lysis
 - 4) Weight bearing area.

Fracture in pathological bone if u try to put splint > no benefit and no healing, usually the pt has co-morbid dz or in cancer the will have hypercoagulability so risk for DVT, cardiac dz.. So how to manage: FIX it, let him move !

- life expectancy تعتمد على
يعني اذا واحد متوقع أنه يموت خلال اسبوعين ماله
داعي ادخله العملية

❖ **Aim of management:**

General aim: To Save the Life of Patient

Local aim: *Rapid Recovery* of Injured Part and Its Function.

⊙ General aim (save the life) by :

- Full general examination.
- Treat life threatening injury :
 - 1- Head, chest or abdominal injury.
 - 2- Shock

⊙ Local aim :

- Save the limb:
- By early detection and treatment of:
 - Ischemia
 - Infection
- Save the function:
 - 1) Reduction
 - 2) Immobilization **اثبتة عشان ماينفك ال reduction**
 - 3) Soft tissue treatment
 - 4) functional activity & rehabilitation

1) Reduction :

- Should be Under Anesthesia
- Closed or Open **2 or 3 times try closed if Failed change to open,**(skillful open reduction better than forceful closed reduction)
- Study X-Ray and direction of force
- The basic Maneuvers :
 - Traction
 - Reverse mechanism of Injury
 - Direct pressure

❖ Standards of reduction :

- Anatomical Reduction is Ideal for all type of fracture.
- Anatomical Reduction is a **MUST** be achieved in♠♠ :

absolute reduction { Dislocation
Intra-articular fractures (displaced fracture involves the joints especially in young patient.
Fractures both bones Forearm, to avoid loss of pronation and supination.

- **X-Ray** Image Intensifier help control reduction
- Remember to Assess Reduction **after 10 Days**♠♠ ! **ثابت بمكانه reduction عشان اعرف هل لازال**

أولا..

If there is wrong in reduction and I leave it for long period > healing in abnormal position (malunion)

- Reduction can be “Acceptable” if :-
- Alignment will NOT affect Function, so some loss of opposition and slight degree of angulation (less than 10 degree) are acceptable.
- Remolding CAN correct deformity
- Remolding can correct :-
 - Angular deformities NOT Rotational deformities ☞
 - Children MORE than Adults

❖ Time of reduction:

- **Immediate Reduction** is a MUST in:
 - * Vascular Injury (risk of ischemia)
 - * Spinal Cord or Nerve Injury (risk of Para or quadric plegia)
- **Urgent R. in:** (**Note:** Within 6 - 24 hours but we are afraid from infection so we have to reduce it)
 - OPEN fractures ; “Save Limb”
 - Dislocations Need Urgent reduction for Pain and pressure on surrounding pressure.
- CLOSED fractures **CAN wait** if Facilities do not permit Urgent management.

❖ Immobilization

“Life is Movement, and Movement is Life”

- Do NOT Immobilize Any Joint Unnecessarily☞
- Applied after fracture reduction until union.
- Can be achieved by:
 - Plaster of Paris
 - Traction
 - Internal Fixation
 - External Fixator

Always Emergency: Time is Valuable

- Degree depend on:-
- a- Size of wound, Skin Loss
- b- Amount of Soft Tissue damage especially “Muscles”,
- c- Vascular status ! Arterial injury

◆ **Open fractures (compound fracture):**

- ◆ Fracture site communicate with the external environment☞
- ◆ Emergency management
- ◆ Infection will occur with delayed or inadequate treatment☞

N.B. periosteum is rich in blood supply, thick in children →faster healing.

⊙ Management :

A. general care:

- Aim: (save life, save limb, then save function). **Start with ATLS**
- Antibiotics directed against staphylococci (most common), and as needed☞.
- Tetanus prophylaxis.
- In ER:
 - 1) Splint to prevent further damage.
 - 2) Check for tetanus.
 - 3) Start with antibiotic.
 - 4) If there is gross contaminated remove.
 - 5) Put wet sponge & send to OR.
- **N.B. do not irrigate, deprived or clean in ER.**

B. local care:

- Aim: save the limb and function.

 - Steps of operative procedure:
 1. Clean:
 - Fracture site is covered; Sterile Gauze
 - Skin shaved, Limb Cleaned “ Betadine”

 2. Irrigation: Plenty of Saline or Water Dilution is the Solution For pollution

 3. Debridement(Excise Wound):
 - Deride = Unleash tight structures
 - Skin: Excise edges, incise to explore!
 - Deep Fascia: open widely, Don't Suture!
 - Dead Muscles: Excise Liberally

 4. Decontamination of the bone:
 - Curette ends, remove dirt
 - Remove small detached fragments
 - Keep large pieces
 - Reduce Fracture, Avoid Internal Fixation

 5. Closure
 - Primary Closure Ideal! Skin Best Dressing
 - Avoid Wound Tension
 - Avoid primary suture of Nerves & tendons Except *Clean wounds * < 6 hours +*Expert
 - Be aware of exception of closure in↓:
 - 1) Wound over 6 hrs.
 - 2) High velocity missile injuries (e.g. gunshot wound)
 - 3) Highly contaminated wounds.
 - 4) If closure cause tension of skin edges.

 6. (Note: Reductions)

 7. Immobilize.
- 2nd: look a patient after 48 hrs.

◆ **Complication:**

☒ **Delayed Union:-**

- Healing Slow but still Active, Remove the cause!
- Fracture Site Tender
- X- Ray: little Callus, **Medulla Open**
- Smoking is one of the causes of delayed union

☒ **Non- Union:-**

- Reparative process Stopped, **Need Intervention**
- Painless, with Abnormal Movement, formation of Pseudoarthrosis (false joint)!
- X- Ray: Sclerosis, **Blocked Medulla.**

❖ Delayed Union & Nonunion Causes:-

- **Local :-** big bone loss
 1. Poor Blood Supply
 2. Soft Tissue Interposition
 3. Infection
 4. Inadequate Immobilization
 5. Over-Distracted
 6. Pathology, Tumors
- **General:-**
 - 1- Nutrition
 - 2- Bone Disease
 - 3- Old Age
 - 4- Smoking
 - 5- Hypothyroidism

Others: decrease immunity, DM, previous infection

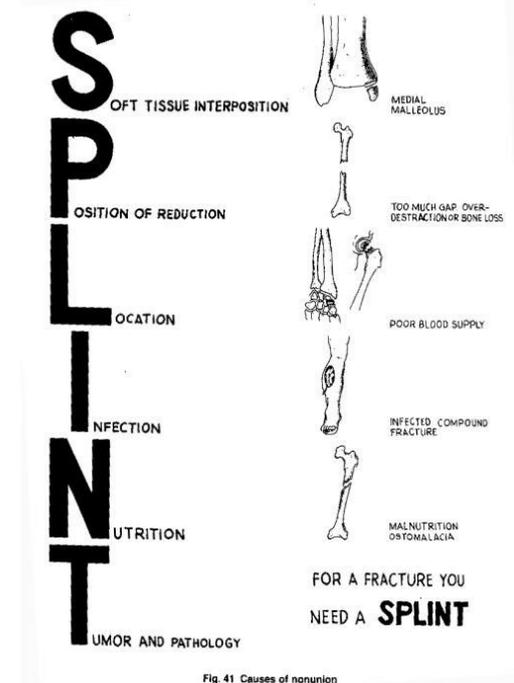


Fig. 41 Causes of nonunion

☒ Malunion:- healing in abnormal position

- 1- Primary, i.e: Neglected fracture.
- 2- **After Reduction!** Watch X-Ray after 10 Days!!.
- 3- Secondary, i.e. unavoidable deformity e.g. crushing

injury to Epiphyseal Growth plates causes deformities
...fracture with extensive bone loss.

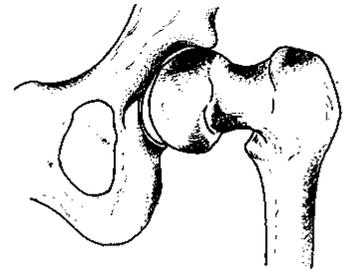
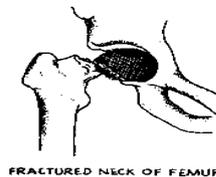


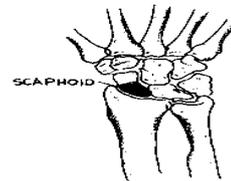
Fig. 43 Malunited fracture

☒ Avascular Necrosis:-

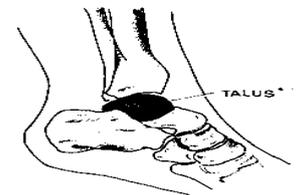
- Death of Bone from; Impairment or Loss of blood Supply.
- In X-ray , it appears as sclerosing area ((bad sign ,mean dead bone))
- The most common sites are:
 - ✓ Scaphoid bone
 - ✓ Neck of the femur
 - ✓ Talus
 - ✓ Anatomical snuff box.
- Delayed or Nonunion



FRACTURED NECK OF FEMUR



SCAPHOID



TALUS

Fig. 44 Common sites of avascular necrosis

☒ Myositis Ossificans:-

“Not myo! or itis! “ : Heterotopic Ossification

- May follow minor trauma
- Susceptibility : Elbow ; Knee; Hip.
- Pain & Limitation of movement
- X-Ray Calcification then Ossification
- After severe Head Injuries
- Prevention : Avoid Passive Massage
- Rest Susceptible site after injury
- May Need Excision When Mature
- There is Primary Congenital Form !
- “Myositis Ossificans Progressiva”

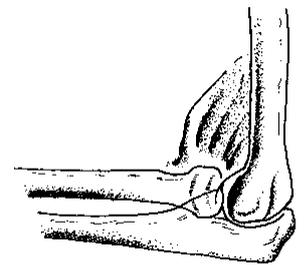
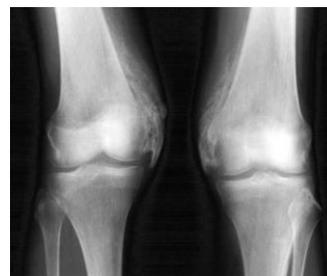


Fig. 45 Myositis ossificans of the elbow



☒ Reflex Sympathetic Dystrophy

(**Note:** when there is sympathetic nerve damage due to prolonged immobilization (e.g. cast).

Most common in elderly patient. It's look like patches of osteopenia in x-ray)

- “Sudeck’s Acute Bone Atrophy”
- Commonest Hand and foot # Arm or Leg☞☞!
- Cause iatrogenic.

✓ Diagnosis:

- History : Pain, Swelling, Restriction Movement
- Examination : Skin :Glossy, Smooth, Stretched with increase in local temperature (due to increase blood flow in the limb)
- X-rays: show osteoporosis.

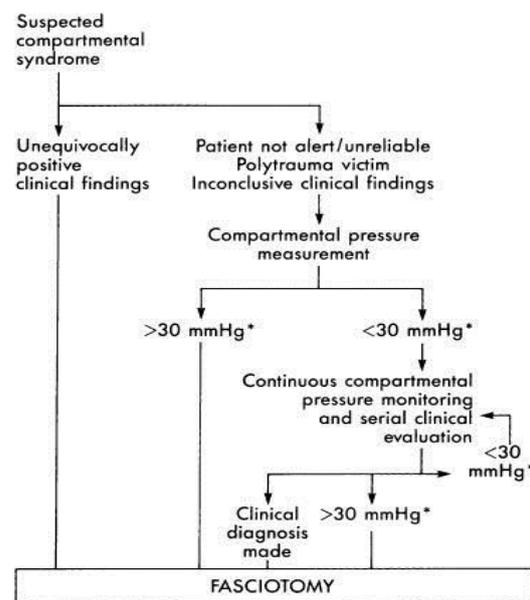


✓ Treatment :

- Physiotherapy
- Sympathetic Block
 - ✓ Medical : Drugs,
 - ✓ Surgical: Regional Block Sympathectomy

☒ Compartment Syndrome :

- Elevation of the interstitial pressure in a closed osseofascial compartment that results in microvascular compromise.
each compartment has nerve ,vessel.
Eg, in thigh 3 compartments, leg 4
- Normally the interstitial pressure = 0mm/Hg until 20-25 mm/Hg is acceptable.



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✓ The most common causes of acute compartment syndrome are:

1. fractures,(even open fracture)
2. soft tissue trauma,
3. arterial injury,
4. limb compression during altered consciousness,
5. Burns.
6. Other causes include intravenous fluid extravasation and anticoagulants

✓ Diagnosis:

- ◆ Symptom: **5 P's**→ pain, pulseless, parasthysia, paralysis, pallor.
- ◆ Level of leg as the level of heart for 20 minutes , if the pain goes that good ,if not →measure the pressure if high →do fasciotomy

✓ Treatment:

- All the tight bandage should be removed give 30 min if pain decrease measure compartment pressure if still high do:

- Fasciotomy. N.B. Do not give narcotic

