

# TITLE:A CASE REPORT OF 65 Y/FEMALE WITH PERIPROSTHETIC FRACTURE OF RIGHT KNEE

PRESNTER-Dr Srikolanu Krishna Teja ,Guide:Dr C Kamaraju,co-guide:Dr Dinesh Reddy

## INTRODUCTION

- 1.The number of patients with joint arthroplasty is growing steadily.
  - 2.This is related to the fact that the population is continuously increasing and getting older and the demand for high physical performance even at an advanced age is increasing.
- A major complication with socioeconomic consequences is a periprosthetic fracture.

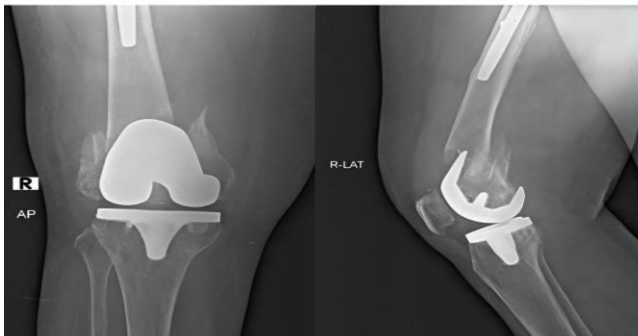
## CASE REPORT

A 65 year old female presented with pain and swelling over right knee with history of self fall at residence.

•O/E:Tenderness & painful ROM in right knee with no external injuries& neurovascular deficit.X ray showed periprosthetic fracture of right distal femur (type III Lewis and Rorabeck ).

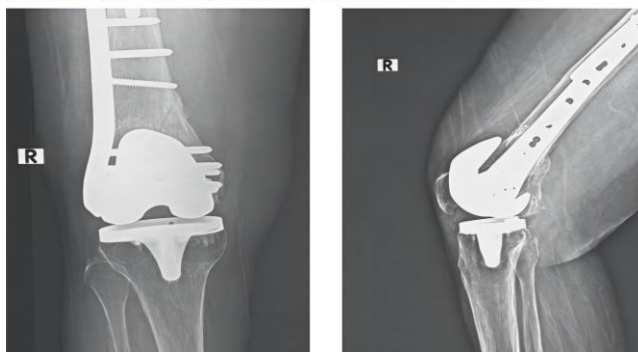
## OPERATIVE FINDINGS

### PRE-OPERATIVE RADIOGRAPHS



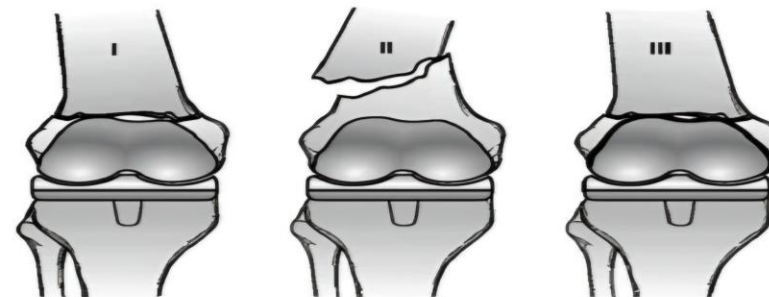
**Treatment** :Anterolateral approach was used.Periprosthetic fracture was identified and open reduction was done. Reduction stabilised with K wires under fluoroscopy guidance.Anatomical reduction was achieved with locking compression plate.

### POSTOPERATIVE RADIOGRAPHS



## DISCUSSION

- The basic principles of classical fracture management,can rarely be applied directly to periprosthetic fracture management,as the biomechanics and bone healing are altered with an inserted artificial joint.



Lewis and Rorabeck classification of supracondylar periprosthetic femoral fracture.

Type I: Undisplaced fracture, prosthesis stable.

Type II: Displaced fracture, prosthesis stable.

Type III: Unstable prosthesis with or without fracture displacement.

## CONCLUSION

Radiological union was achieved after 4 months.

- ORIF with plating for distal femur achieved good results and can be considered as a good option for surgical correction in periprosthetic fracture of distal femur.