

Immediate Weight Bearing Following Dual Plating of Periprosthetic Femoral Fractures

Rachel Thomas, MD¹; Tommy Pan, BA²; Matthew Garner, MD¹

¹ Penn State Department of Orthopaedics and Rehabilitation, ² Penn State College of Medicine

Purpose

- To evaluate periprosthetic femoral fractures treated with dual plating and early ambulation.

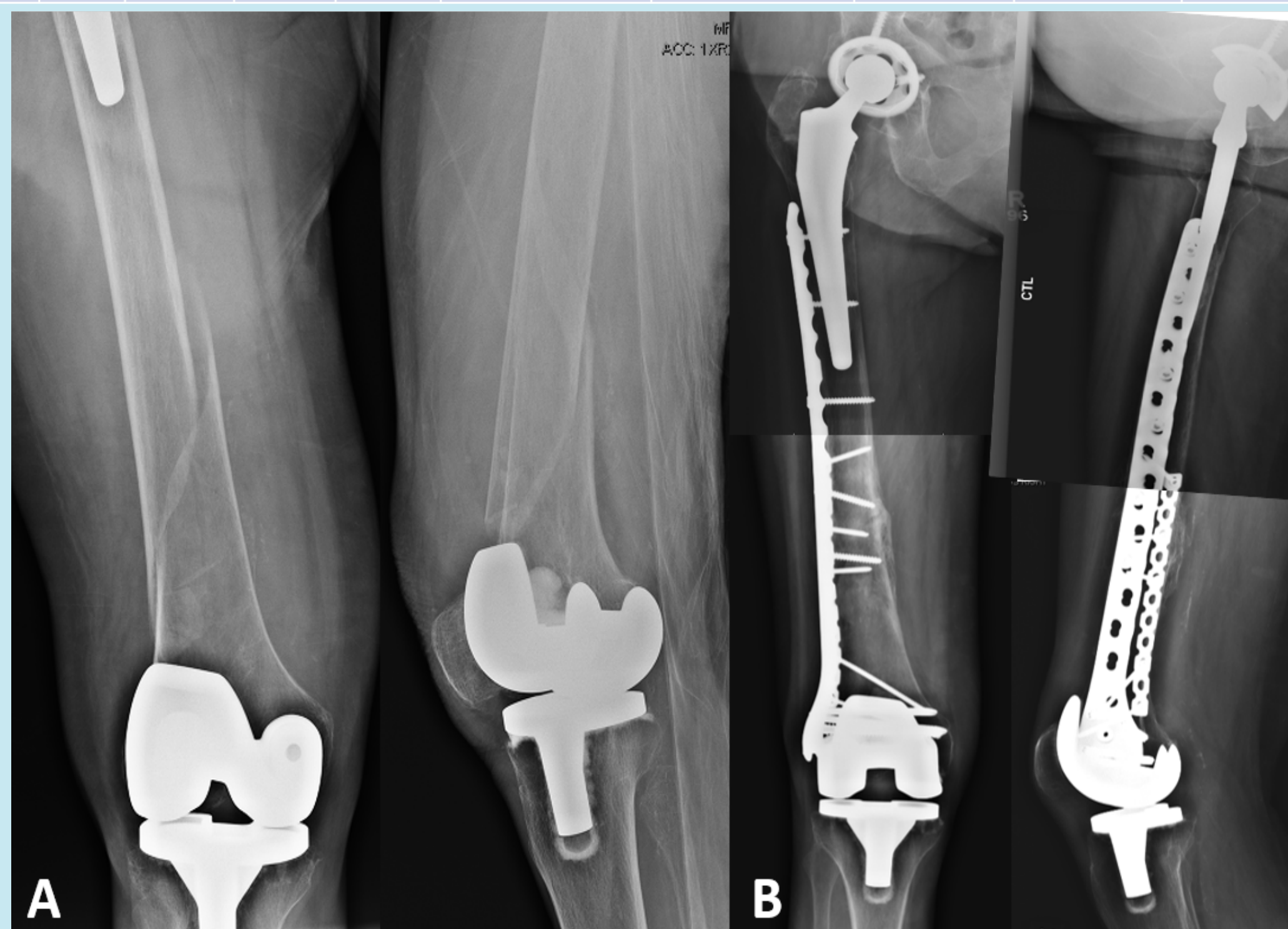
Methods

- Seven patients with periprosthetic distal femoral fractures were included
- All patients were treated with a lateral large fragment locking plate and anterior or posterolateral plate through single lateral incision
- All patients were permitted to be weight bearing as tolerated immediately post-operatively.
- Primary outcome was radiographic union on orthogonal radiographs.
- Secondary outcomes were pre and post injury level of functional independence and need for revision surgery.

Results

- Bony union occurred in all patients after index procedure with no revision surgeries documented.
- No mortalities were identified.

Age	Sex	Side	TKA	THA	Pre-op ambulatory status	Post-op ambulatory status	Pre-op living situation	Post-op living situation	Follow-up Duration (months)
63	M	L	Y	N	Cane	Rolling Walker	Home	Home	12
88	F	L	Y	N	Cane	Rolling Walker	Home	Home	9
87	F	R	Y	Y	Rolling Walker	Rolling Walker	Home	Home	13
81	F	R	Y	N	Wheelchair	Wheelchair	Home	Home	33
73	F	R	Y	Y	Rolling Walker	Rolling Walker	Home	Home	25
84	F	L	Y	Y	Rolling Walker	Rolling Walker	Home	Home	14
82	F	R	Y	Y	Rolling Walker	Rolling Walker	Skilled Nursing Facility	Skilled Nursing Facility	21



Injury (A) and 7-month follow-up images (B) for an 88-year-old female treated with dual plating for an interprosthetic femur fracture.

Conclusions

- Management of periprosthetic femoral fractures is dependent upon location of the fracture and implant stability.
- Dual plating of geriatric periprosthetic femur fractures with immediate weight bearing can achieve satisfactory results.
- Early mobilization in elderly periprosthetic femoral fractures may improve morbidity, mortality, and accelerate functional recovery.

Disclosures

- No financial support was received for this work.

