

total hip arthroplasty using long stem by Direct Anterior Approach in Proximal femur fracture with failed cephalomedullary nail in situ

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The direct anterior approach has been used for bipolar arthroplasty in proximal femur fractures in the supine position. It uses the intermuscular plane and minimises muscle resection, leading to enhanced recovery. Proximal femur fracture has increased morbidity and mortality risk associated with impaired mobilisation, and failed fixation of fractures results in impaired mobilisation and prolonged recovery. Old age patients are not fit for repeated surgery and hence, in failed cases, arthroplasty is a preferred treatment option over osteosynthesis. The direct anterior approach offers an advantage over the conventional posterior approach for arthroplasty. Earlier mobilisation will help these patients return to pre-injury status and improve overall prognosis. The direct anterior approach has been associated with a lower rate of hip dislocation and limited blood loss. The femur nail can be extracted from the same incision. Use of intraoperative fluoroscopy helps in avoiding limb length discrepancy and future gait imbalance, resulting in improved functional outcome.