The Outcome of Coxofemoral Bypass Using Cemented Bipolar Hemiarthroplasty in the Treatment of Unstable Intertrochanteric Fracture of Femur in a Rural Setup

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ABSTRACT

Introduction: Unstable intertrochanteric fractures or comminuted intertrochanteric fractures not only pose a greater dilemma in the modality of treatment but also the prognosis. Increased incidence of osteoporosis in this age group, only further complicates fracture management and to that end the outcome. Overemphasis cannot be made on the need for immediate mobilization to avoid serious complications. There are multiple treatment options but only a few have the ability of immediate mobilization of the patient.

Aims: To study the benefits of coxofemoral bypass using cemented bipolar hemiarthroplasty in the treatment of unstable intertrochanteric fracture of the femur for early mobilization and reduction in morbidity in the elderly population.

Materials and Methods: The present cross-sectional study was carried out in the department of orthopaedics at Rural Medical College. 56 cases of unstable intertrochanteric fractures treated by coxofemoral bypass using a cemented bipolar hemiarthroplasty were selected for the study. The patient undergoing this procedure from 1/05/2015 to 31/04/2020 were selected for the present study.

Results: Final results were calculated using Harris-Hip Score. Out of 56 cases, 46.4% of cases had excellent 35.7% and 8.9% of patients had good and fair results respectively.

Conclusion: Coxofemoral bypass using cemented bipolar hemiarthroplasty is a good treatment option for elderly patients with unstable intertrochanteric fractures showing significant reduction in morbidity and improvement in the early mobilization of patients. Coxofemoral bypass using cemented bipolar hemiarthroplasty in unstable intertrochanteric fractures of the femur has an added advantage of stable adequate fixation with early return of activities of daily living thereby reducing patient morbidity and long-standing complications of immobility.

Key Words: Coxofemoral bypass, Femur, Harris-Hip score, Hemiarthroplasty, Intertrochanteric fractures, Unstable

INTRODUCTION

Intertrochanteric fractures comprise one of the most common fractures encountered in the practice of an orthopaedic surgeon, mainly due to the rise of the geriatric population.¹ These fractures have a high rate of morbidity, accounting for almost 5% to 20% mortality in one year.² The mortality associated with hip fractures was observed to be connected to the age and gender of the patient and the associated nature and number of diseases.²

It is always important before reduction about distinguishing between stable and unstable intertrochanteric fractures. Unstable intertrochanteric fractures or comminuted intertrochanteric fractures not only pose a greater dilemma in the modality of treatment but also in the prognosis and had a failure rate of more than 50%.³ With cortical instability on one side of the fractures happening due to cortical overlap or destruction; the fracture tends to collapse in the direction of the instability. In some cases, an unstable fracture may be missed due to an inadequate lateral radiograph, and might...
interfere with size, posteromedial comminution, and presence of the coronal split in the greater trochanteric 4 part fractures; the dreaded complication of unstable intertrochanteric fracture being the migration of femoral head into varus and retroversion. Increased incidence of osteoporosis in this age group, only further complicates fracture management and to that end, the final outcome. Further patients in a rural setup choose to keep the patient immobilized without treatment and opt for conservative management as they are unsure about the results of intramedullary nailing in the unstable intertrochanteric fractures of femur thereby adding to increased morbidity and mortality of the patient as a consequence of being bedridden. Patients with unstable intertrochanteric fractures need mobilization at the earliest to avoid complications related to immobility. Using cemented bipolar hemiarthroplasty in unstable intertrochanteric fractures of the femur has the additional advantage of adequate tight-fitting fixation with early return of activities of daily living thereby reducing patient morbidity and long-standing complications of immobility.

As it is always important to emphasize the need for immediate mobilization to avoid serious complications; there are multiple treatment options but only a few have the ability of immediate mobilization of the patient coxofemoral bypass using cemented hemiarthroplasty being one of them.
Performing replacement surgery primarily helps in early recovery to a pre-fractured state with the advantages being secured fixation and preventing serious complications. Few studies have demonstrated the application of primary replacement in a rural Indian setup.8,9

Early return to pre-fractured state and ambulation were stated as a definitive advantage by Stern and Goldstein in their series of 22 patients with intertrochanteric fractures treated using Leinbach prosthesis.10

Liang et al.11 in their study, concluded that hemic prosthesis was an effective modality that decreased the morbidity, mortality and the cumulative financial burden of the patient’s family.

Grimsrud et al.12 treated many patients with unstable intertrochanteric fracture of the femur with cemented bipolar hemiarthroplasty. He observed that standard femoral stem can be combined with cerclage wires. They concluded that this technique permitted early weight-bearing with a relatively lower rate of complications.

Rodopet al.13 in a study of 54 patients had 17 (45%) excellent and 14 (37%) good results respectively at the end of 12 months, using the Harris hip scoring system. Thus, this treatment modality had more promising results, especially when compared with the variable outcomes of osteosynthesis.

K. H. Sancheti et al.14in a retrospective analysis of 37 cases had excellent to fair results in 31 of 35 patients and poor results in 2 patients concerning the Harris Hip Score. 2 patients died due to unrelated causes and were excluded from the study.

In a study Brooset, al.15 stated that the patients with hemiarthroplasty (73%) had less pain post-operatively than those with internal fixation (63%).

Jalaluddin, MahinVaidyar, Sandeep Shibli, U. HashirSafwan, ShabirKassim observed better results in the hemiarthroplasty group in terms of early mobilization and limping and limitation to movements as compared to preoperative state.16

The benefits of primary replacement outweigh the disadvantages and risks associated.

**CONCLUSION**

Coxofemoral bypass using cemented bipolar hemiarthroplasty is a good treatment option for elderly patients with unstable intertrochanteric fractures showing significant reduction in morbidity and improvement in the early mobilization of patients. Coxofemoral bypass using cemented bipolar hemiarthroplasty in unstable intertrochanteric fractures of the femur has an added advantage of stable adequate fixation with early return of activities of daily living thereby reducing patient morbidity and long-standing complications of immobility.

**ETHICAL APPROVAL**

The study was carried out after the approval from Institutional Ethics Committee with Registration No. DR/RMC/UG PG/2019/157

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**Authors’ Contribution:**

Dr. AmolSanap: substantial contributions and conceptions of design

Dr. Swapnil Shendge: acquisition, analysis of data

Dr. Siddharth Shah: interpretation of data, drafting of the manuscript

Dr. Nitin Ghule: revising of the manuscript for intellectual content

**REFERENCES**


Sanap et al: The outcome of coxofemoral bypass using cemented bipolar hemiarthroplasty in the treatment of unstable intertrochanteric


Table 1: Interpretation of Harris- Hip score in terms of outcome for the patients.

<table>
<thead>
<tr>
<th>Score</th>
<th>No. of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>91-100 (excellent)</td>
<td>26</td>
<td>46.4%</td>
</tr>
<tr>
<td>81-90 (good)</td>
<td>20</td>
<td>35.7%</td>
</tr>
<tr>
<td>71-80 (fair)</td>
<td>05</td>
<td>8.9%</td>
</tr>
<tr>
<td>&lt;70 (poor)</td>
<td>05</td>
<td>8.9%</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Comparison between the sides operated in the patients.

<table>
<thead>
<tr>
<th>Side operated</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>34</td>
</tr>
<tr>
<td>Left</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
</tr>
</tbody>
</table>

Table 3: Comparison between the genders having unstable intertrochanteric fractures of femur.

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>26</td>
</tr>
<tr>
<td>Female</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
</tr>
</tbody>
</table>

Figure 1: Harris- Hip score.

Figure 2: Intraoperative exposure.

Figure 3: Immediate postoperative radiograph.