

## **FRACTURES OF THE PROXIMAL THIRD OF THE FEMORAL SHAFT IN CHILDREN.**

Awil Abdul Rehman Ali, FRCS\* Mohammad Arshad Ikram, FRCS\*\*\*  
Firoz Ahmed Khan, FRCS\*\* Saleh Al Harbi, FRCS\*\*\*\*  
Mamoun Kremli, FRCS\*\*\*\* Salem Al-Zahrani, FRCS\*\*

The records of 68 children with fractures of proximal third of the femoral shaft treated by three different methods were studied. Twenty patients were treated by longitudinal skin traction (Group A), eighteen had 90-90 skeletal traction (Group B), and in thirty the fracture was fixed by AO dynamic compression plate (Group C). The results of these methods were assessed clinically and radiologically. The mean length of follow up was 2.6 years (range 1 to 9 years). The hospital stay and the time required for independent ambulation was significantly shorter in the surgically treated patients. All patients showed satisfactory healing of the fracture within 3 months. But the incidence of malunion was high in group A (50%), and group B (36%). All patients in group C showed healing of the fractures without angulation or rotation. Based on the advantages gained by open reduction and internal fixation we conclude that plate osteosynthesis is a reliable and effective method and may be considered as a definite treatment. Bahrain Med Bull 1995;17(4):

Fracture of the femoral shaft is a common injury in children<sup>1</sup>. These fractures are generally managed by conservative treatment in the form of traction and casting with good results<sup>2</sup>. But in the proximal third malunion is common as the traction often fails to align the fracture. Therefore, the place of internal fixation in the management of displaced fractures is gaining strong support<sup>3</sup>. This study compares the results of three different methods used in the management of these fractures in children. The aim is to draw attention to the drawbacks of conservative treatment and emphasize the advantages of early internal fixation.