



A 2 MONTHS OLD INFANT WITH FEMUR FRACTURE: A CASE REPORT

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ABSTRACT

We report a 2-month-old girl who presented with left thigh swelling since 2 days. She had painful movement of left leg and swelling. After giving oral analgesics her symptoms did not reduced. Her physical examination findings were reduced movement of left leg and localized swelling. Investigation such as, X-ray showed femur shaft fracture. Consequently, a diagnosis of femur shaft fracture was made. After proper fracture management, her symptoms diminished straight away. This case highlights an unusual manifestation of FSF in an uncommonly young age group. Keywords: abscess, antibiotics, analgesics.

BACKGROUND

In old studies, 0.02% of the long bone fracture and 1.1% of the fetal injury found in Caesarean section were reported by Alexander.^[1] Breech presentation, which accounts for approximately 3-4% of deliveries, is a risk factor for perinatal mortality and morbidity.^[2] Femoral fractures occur after vaginal breech delivery or difficult delivery of the pelvis by the infant to the breech position and vigorous Caesarean extraction is required.^[3]

Most femur fractures in children are caused by falls or other unintentional injuries, abuse is considered more likely in the child aged younger than 1 year or not yet able to walk.

In this case, child had swelling, pain and reduced movement of leg. We gave her analgesics, but her symptoms did not improve. Therefore, advised further investigations like X ray and local ultrasound. Femur shaft fracture and muscle sprain also be considered as a differential diagnosis in cases of thigh swelling especially in children less than 1 year. A detailed history and physical examination are required to reveal the cause of persistent swelling.

Case presentation: A 2-month-old infant from western Maharashtra presented with left thigh swelling and reduced movement of left leg since 2 days. She was a healthy term infant. Her birth history was weight 2.7kg cried immediately after birth, vertex presentation and no

NICU stay required. She received BCG vaccination at birth. Her vaccination was completed according to National Immunization Schedule of India. Mother had given a history of trivial fall. She had taken to our hospital. Due to severe complaints of pain, left thigh swelling (Fig no: 1) and reduced movement of left leg. We did Investigations such as, x-ray and local ultrasound. Her x ray (Fig no: 2, 3) reported as displaced fracture at mid shaft of left femur. Then we have started oral analgesics and consulted to pediatric orthopedics.



Fig No. 1: showing swelling of left thigh.

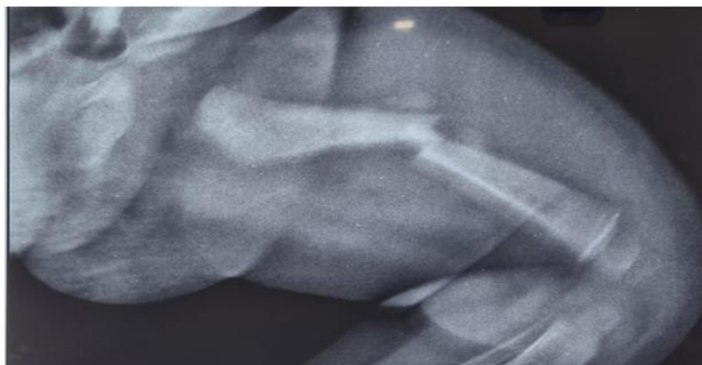


Fig No. 2: X- ray lat view showing oblique communicated femur fracture.



Fig No. 3: X- ray AP view showing oblique communicated femur fracture.

Differential diagnosis: As per history we had two working diagnosis first was muscular sprain and fracture. By using radio- diagnosis we diagnosed as femur shaft – communicated fracture.

Treatment: The patient received femoral immobilized Palvic Harness brace (Fig no: 4) and oral calcium supplements. Oral paracetamol was given for a week as analgesics.

Outcome and follow ups: After using sling, the swelling dramatically defervesce in the following 48 hours. The infant was playful. On 21st day follow up swelling was reduced and baby started moving her leg On 21st day X ray was repeated we found that, callous was formed. (Fig no: 5). After 45 days we stopped using sling and X ray was done on 60th day we found that fracture site was completely healed. (Fig no: 6, 7).



Fig No. 4: application of sling to thigh.

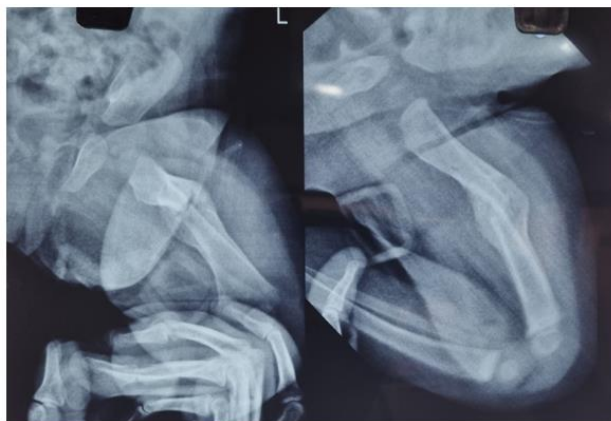


Fig No. 5: X ray lat view suggestive of callous formation at fracture site.



Fig No. 6: X ray Lat and AP view suggestive of complete bony formation at fracture site.



Fig No. 7: normal appearance of left leg.

DISCUSSION

In this age group femur fractures are very common after Trivial fall. However, pathological fractures in form of Osteogenesis Imperfecta must be ruled out. Palvic Harness brace remains standard of care for neonatal and infantile femur fractures. Angulations at the fracture site are acceptable in Neonates and infantile age however; rotational mall alignment is not acceptable.

CONCLUSION

Fracture in infant was treated by Palvic Harness brace remains standard of care for neonatal and infantile femur fracture. Fracture was united without any complications by a conservative procedure. Orthopedic consultation of the infant requires in as such cases which helps infant.

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