

Clinical Image

Isolated Greater Trochanteric Fracture in Elderly

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Isolated greater trochanter fractures are unusual presentation following direct hiptrauma, most often low energy in elderly patient [1]. Traditional these injuries are managed non-operatively by bed rest, taping or hip spica casting. However, available new imaging such as CT scans or MRI imaging should be indicated to look for the extent of the lesion, leading to choose adequate and safe treatment. Schultz states that intertrochanteric fractures that do not cross the midline on MRI may be treated conservatively [2].



Figure 1: CT-scan showed fracture line extension from the greater trochanter.



Figure 2: Postoperative X rays.

We present a case of isolated greater trochanter fracture of left hip in a 70 years-old patient, CT scan have showed fracture line extending from the greater trochanter without crossing the midline (Figure 1). Thus, patient underwent operative treatment through open reduction and internal fixation by spongious screw and washer (Figure 2).

Conflict of Interest

The authors declare that they have no competing interests.

References

1. Prommik P, Tootsi K, Veske K, Strauss E, Saluse T, et al. Isolated greater trochanter fracture may impose a comparable risk on older patients' survival as a conventional hip fracture: a population-wide cohort study. *BMC Musculoskelet Disord.* 2022; 23: 394.
2. LaLonde B, Fenton P, Campbell A, Wilson P, Yen D. Immediate weight-bearing in suspected isolated greater trochanter fractures as delineated on MRI. *Iowa Orthop J.* 2010; 30: 201-4.