

Pediatric Femur Fractures

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Pediatric Femur Fractures:

Fractures of the femur in the pediatric population has drastically evolved over the past 15 years. Previously, a child with a femur fracture spent 3 to 4 weeks in the hospital first in traction and then placed in a body cast for 2 to 3 months. Current treatment is varied according to the size and age of the child.

Age 1-5

In general children in this age group are immediately placed into a body cast and are able to be discharged from the hospital in 1 to 2 days. Such casts are maintained for 6 to 8 weeks. Waterproof liners make skin care much more comfortable.



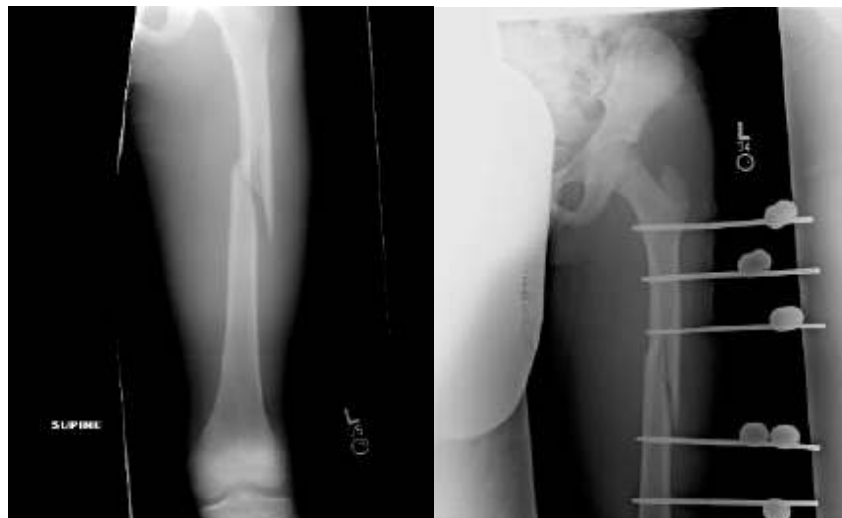
Age 5 – 10

Surgical options are generally chosen for this age group, as the fractures are not stable enough for an immediate spica cast.

Flexible Nails: These are a pair of stainless steel or titanium rods that are bent and placed within the canal of the femur. As the rods try to straighten out, they maintain the alignment of the broken femur. The child can go home within 1 to 2 days but requires a wheelchair to get around until the fracture heals sufficiently. These rods are generally removed 6 to 8 months after full healing.



External Fixation: An external frame or rod is attached to the broken femur with pins inserted through the skin. This is useful for fractures that are very long or in multiple pieces. The child can go home within 1 to 2 days but requires a wheelchair to get around until the fracture heals sufficiently. The frame is removed once the fracture heals.



Internal fixation: Certain fractures are best treated with internally placed plates and screws. This allows for more rigid stability and generally the child can be allowed to walk with a walker or crutches. However, this requires more extensive surgical exposure and more apparent scars. The hardware may or may not be removed.

