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SURGICAL TREATMENT OF POSTTRAUMATIC DEFORMATIONS OF THE PROXIMAL FEMUR

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Background: Post-traumatic deformations can lead to pronounced violations of limb functions. It significantly impairs the quality of lifestyle, the professional activities and the socialization of patients. Corrective osteotomy is one of the methods of treatment choice.

Purpose of the research: Analyze the results of surgical treatment of post-traumatic deformations of the proximal femur using percutaneous intertrochanteric osteotomy with PFNA fixation.

Methods: The results of the surgical treatment of patients with post-traumatic deformations of the proximal femur were analyzed. Patients were divided into two groups. In the first group, an open angle corrective osteotomy was performed, followed by fixing a 120-degree blade plate (n=4). In the second group – percutaneous intertrochanteric osteotomy with fixation of PFNA was performed. (n=3). The evaluation of results using the LEFS and SF-36 scales was held in 1, 6 and 12 months after surgery.

Results: The average score by the LEFS scale in the first and second groups was $19,31 \pm 2,30$ and $29,1 \pm 1,56$ in the first month, $32,13 \pm 1,23$ and $40,33 \pm 1,66$ at 6 months, $57,60 \pm 1,30$ and $62,33 \pm 1,96$ in 12 months, respectively. The average amount of points according to the SF-36 quality of life assessment system in patients of the first group at 1, 6 and 12 months was: PHS - 35,41; 47,39; 53,91 and MHS - 41,60; 47,63; 49,59 respectively. The average amount of points for patients of the second group in 1, 6 and 12 months was: PHS - 46,81; 53,13; 54,05 and MHS 44,97; 50,15; 50,35, respectively. The average duration of hospitalization was 12 days for the first group and 5,33 days for the second group.

Conclusions: An analysis of the results of surgical treatment of post-traumatic deformations of the proximal femur using percutaneous intertrochanteric osteotomy with PFNA fixation demonstrated significant advantages in comparison with open corrective osteotomy. This method allows reduce the invasiveness of the operation, the risk of delayed consolidation, infectious complications, reduce the duration of treatment and achieve better functional results.

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