

MANAGEMENT OF FLOATING LEFT KNEE AND INTERNAL DERANGEMENT OF RIGHT KNEE-A CASE REPORT

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ABSTRACT

The incidence of fractures resulting from motor vehicle accidents is on the rise, as a byproduct of horse power race, high velocity accidents are now more common. Such accidents produce violent and complex injuries, frequently multiple fractures are produced in same extremity adding new dimensions to the problems of their management. Floating Knee is a term applied to the flail knee joint segment from a fractures of the shaft or adjacent metaphysis of ipsilateral femur and tibia.^{1,2} Internal derangement of knee joint is the term used to cover group of disorders involving disruption of the normal functioning of the ligaments and cartilages (menisci) of the knee joint.

KEYWORDS: Floating Knee, Internal Derangement of Knee.

A CASE REPORT

A patient 28 years old male with history of Road traffic accident came with complaints of deformity of Left lower limb along with wound and swelling over right knee & ankle, Deformity of left wrist.

On examination: Patient was in Hypovolemic shock , Left closed fracture femur and Tibia with open fracture of patella and Right avulsion of patellar ligament with Anterior cruciate ligament injury, Fracture medial malleolus and Left intraarticular fracture of lower end of radius.

X – ray shows : Left segmental fracture femur, fracture patella, fracture tibia, Right avulsion of patellar tendon, Right fracture medial malleolus, Left intraarticular fracture lower end of radius.



PRE OPERATIVE X – RAYS: Left Lower Limb



POST OPERATIVE X – RAYS: Left Lower Limb

TREATMENT GIVEN

Initially patient was resuscitated by iv fluids and blood , left lower limb immobilized with Thomas splint and POP slab application for other fractures .

Closed Interlocking nailing for left femur, Partial Patellectomy with Closed Interlocking Nail Left Tibia, Right Reconstruction of Anterior Cruciate and Patellar ligament, Screw fixation for medial malleolus, closed Percutaneous K wire with Umex External fixator for intraarticular fracture lower end of radius.

RESULTS

Thromboprophylaxis was initiated in post operative period, physiotherapy and mobilization was started as soon as possible after surgery. Patient was followed up regularly till bony union. Functional assessment and final outcome was measured using the Karlstrom's Criteria of bony union.³



Clinical Photograph shows- Bilateral Complete Flexion and Extension of Knee Joints:

DISCUSSIONS

The associated injuries and type of fracture (Open, Intraarticular comminution) are prognostic indicators in Floating knee. Appropriate management of associated injuries, intramedullary nailing of both the fractures and post operative rehabilitation are necessary for good final outcome.

The precise clinical picture of Internal Derangement of knee joint depends on the nature and severity of derangement. Acute pain and swelling of the knee joint are usual presenting symptoms. Lack of extension is the most important sign^{4,5} and appearance of locking of the knee joint as a result of reflex ‘pseudoparalysis’ of the hamstring and quadriceps muscle at the time of locking causing the knee to buckle during weight bearing.^{6,7,8} We present good final outcome of above complex knee and associated injuries after surgical management as a case report. The incidence of floating knee associated with internal derangement of knee is rare in literature.

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