

Paediatric Femoral Shaft Fracture Management in Low- and Middle-Income Countries

Curran et al. (2019)

Introduction

- Low- and middle-income countries experience 91% of femoral shaft fractures globally
- Children in these countries have 2x the risk of experiencing a femoral shaft fracture
- Study surveyed 413 surgeons from 83 low- and middle-income countries
- Surgeons in low income countries (LICs) had significantly fewer years operating as surgeons
- There were fewer specialist paediatric surgeons in LICs



Figure 2. Left shows a Pavlik harness, right shows a spica cast.

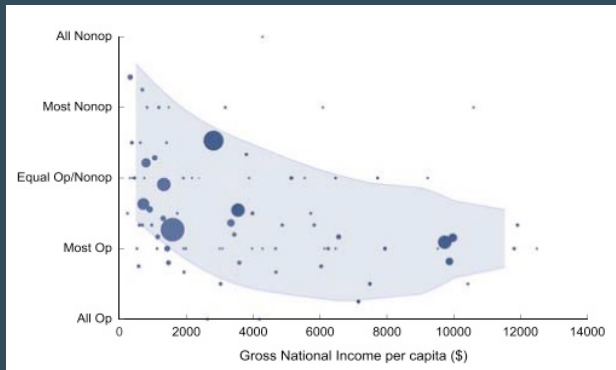


Figure 1. This image shows the correlation between the gross national income per capita for a country and preferred management method. The size of the dot shows how many surgeons responded in that country.



Infants

- 99.5% reported non-operative management in infants (recommended in high income countries)
- The spica cast was most commonly utilised, followed by the Pavlik harness
- LICs use spica cast more frequently, middle income countries tend toward the Pavlik harness
- UK surgeons recommended use of Pavlik harness in this age group



Toddlers

- American Academy of Orthopedic Surgeons (AAOS) recommend using a spica cast or traction with a spica cast.
- Increased use of traction without cast in LICs

Children

- AAOS recommend using flexible intramedullary nailing
- LICs tended to perform more non-operative management; with traction preferred over spica casting
- If operating LICs were more likely to use open reduction internal fixation over intramedullary nailing
- If using intramedullary nailing LICs were more likely to use rigid intramedullary nails instead of flexible ones



Barriers

- Surgeon familiarity with procedure
- Cost
- Ease of non-operative management
- Availability of resources

Conclusion

- Increasing operations with age; as seen in high income countries
- Higher rates of non-operative management in LICs

Adolescents

- Majority were managed operatively
- Significant trend towards decreased operative fixation with decreasing income; but no significant difference in type of operative treatment



References

1. Khoriaty A, Jones C, Geller Y, Trompeter A. The management of paediatric diaphyseal femoral fractures: a modern approach. *Strategies Trauma Limb Reconstr.* 2016 Aug;11(2):87-97.
2. Kocher MS, Sink EL, Blasier RD, Luhmann SJ, Mehman CT, Scher DM, et al. Treatment of pediatric diaphyseal femur fractures. *J Am Acad Orthop Surg.* 2009 Nov;17(11):718-25.
3. Curran PF, Albright P, Ibrahim JM, Ali SH, Shearer DW, Sabatini CS. Practice Patterns for Management of Pediatric Femur Fractures in Low- and Middle-Income Countries. *J Pediatr Orthop.* 2020 Jun;40(5):251-8.
4. AAOS. Treatment of Pediatric Diaphyseal Femur Fractures Evidence-Based Clinical Practice Guidelines. [internet]. 2015 [cited 2020 October 29]. Available from: https://www.aaos.org/uploadedFiles/PreProduction/Quality/Clinical_Quality_and_Value/Pediatric_Orthopaedics/pediatric-diaphyseal-femur-fractures-clinical-practice-guideline.pdf.
5. Boston's Children Hospital. Developmental Dysplasia of the Hip. [internet]. [cited 2020 October 29]. Available from: <https://www.childrenshospital.org/conditions-and-treatments/conditions/d/developmental-dysplasia-of-the-hip/treatments>.
6. OrthoInfo. Femur Shaft Fractures (Broken Thighbone). [internet]. 2018 [cited 2020 October 29]. Available from: <https://orthoinfo.aaos.org/en/diseases-conditions/femur-shaft-fractures-broken-thighbone/>.
7. Fairview. When Your Child Needs a Spica Cast. [internet]. [cited 2020 October 29]. Available from: <https://www.fairview.org/patient-education/89351>.