ABSTRACT

Introduction: This study aims to report the clinical and radiographic result of intertrochanteric fracture treated with TFNA as compare to that treated with PFNA in a matched cohort analysis.

Materials and Methods: Following features were compared between the two groups at 12 matched cohort analysis.

Materials and Methods: The TFNA was first used in our institution at January of 2019 and we reviewed our first 50 consecutive cases with minimum 1 year follow up. These patients were matched with TFNA in our institution. All cases were done in intertrochanteric fracture and were followed for minimum of 1 year.

- Propensity score matched with:
  - Age
  - Gender
  - BMI
  - ASA score
  - Native neck shaft angle
  - Walking ability – modified Koval index
  - Fracture type - AO classification, Evans classification

- Radiologic Assessment - Immediately postop:
  - Tip-apex distance
  - Lateral gap of fracture site
  - Cleveland index
  - During follow up (1, 6wk, 3mo, 6mo, 1yr): ununited
  - Bone union
  - Complications

- Complications:
  - Appearance of radiolucent line around lag screw
  - Blade lateral migration
  - Failure
  - Blade medial migration (cut through & cut out)
  - Varus collapse

- Clinical Assessment (at last follow up):
  - Harris hip score
  - Change of walking ability (modified Koval index)
  - Lateral thigh pain

CONCLUSION

- TFNA showed comparable clinical and radiographic result as compare to PFNA
- However, potential lag screw migration seems to be a problem in non-augmented TFNA