

Post operatively, all patients with lower limb fracture were ambulated with non-weight bearing for 4 weeks. Partial weight bearing for another 4 weeks. Once satisfactory callus seen radiologically, patients were allowed to bear weight i.e. after 8 weeks. Patients with humeral fractures were advised full range of movements after 2 weeks and to avoid manual work for 3 months except in 1 case where we applied POP 'U' slab for 10 weeks.

RESULTS

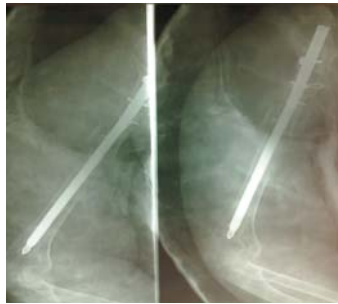
The mean surgery time for expandable nail was 22 min humerus fracture, 32 minutes for tibial fracture and 48 minutes for femoral fractures as compared to 46 min, 57 min and 71 minutes each for humeral, tibial & femoral fractures treated with interlocking nail. The radiation was very high in interlocking cases (maximum 21 min) when compared to expandable nail (1.5 min.).

All cases showed satisfactory callus formation with this technique. There was not significant change in blood requirement when pseudoarthrosis cases are excluded.

Only one case had superficial skin infection which was managed by oral antibiotics.



12 yr old fracture non-union humeral shaft with implant in-situ with severe osteoporosis, operated thrice earlier.



After 12 weeks

DISCUSSION

For last few decades, interlocking nail has become the treatment of choice in this country for most long bone fractures. The fixation technique is quite demanding. There are always difficulties in distal locking of the interlocking nails which can result in expanding the

operative time as well as radiation time.

In this work, we present our limited experience in use of expandable Vs interlocking nails.

All the cases irrespective of location, united in our study the 3 pseudoarthrosis cases required open reduction, freshening of the fracture ends and osteoinduction using cancellous bone graft from ipsilateral iliac crest.

The operative time was significantly lower in expandable nail as it doesn't require mandatory reaming and time consuming exercise of locking screws. However in old cases of displacement of long bones introduction of the guide wire required some degree of skill and perseverance. Occasionally the expandable nails got stuck in the cortex and then had to be renegotiated over the guide wire introduced again.

Fluoroscopy with image intensifier was a special requirement during fractures reduction, introduction of the nail and inflation period.

Although our experience is still limited due to small size of the study. We conclude that expandable nail can be used in all diaphyseal fractures of long bones irrespective of etiology. It scores over the interlocking nails in case of osteoporotic, pathological fractures as it doesn't require reaming which can weaken the already diseased bone.

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P. D. Gulati, Editor, JIMSA

ERRATA

Names of the authors of the article entitled: "Effectiveness of Reproductive Health Education in Adolescent, Rural School Girls of Udupi Taluk, Karnataka" published in JIMSA October-December 2010 Vol. 23 No. 4 Page No 249-250 ; may be read as follows: R. S. Rao, A. Lena, N. S. Nair, V. Kamath, A. Kamath, A. Barua".

The error is highly regretted.

P. D. Gulati, Editor, JIMSA