

Left Femoral Fracture in Newborn during Normal Delivery

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Type of the Paper: Medical Case Study.

Type of Review: Peer Reviewed.

Indexed In: OpenAIRE.

DOI: <http://dx.doi.org/10.5281/zenodo.580150>.

Google Scholar Citation: [IJHSP](#)

How to Cite this Paper:

Dias, Edwin., & Dias, Akshay. (2017). Left Femoral Fracture in Newborn during Normal Delivery. *International Journal of Health Sciences and Pharmacy (IJHSP)*, 1(1), 29-31.
DOI: <http://dx.doi.org/10.5281/zenodo.580150>.

International Journal of Health Sciences and Pharmacy (IJHSP)

A Refereed International Journal of Srinivas University, India.

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ABSTRACT

This case was a newborn with femoral fracture during prolonged labour caused because of birth trauma. Detection and prompt management were done and the newborn had an uneventful hospital course without any additional morbidity.

Keywords: Femoral fracture, newborn, birth trauma.

1. INTRODUCTION :

Femoral fractures are also less commonly seen in the advent of good perinatal care. Alexander [1] had observed fetal injuries complicate 1.1% of caesarean deliveries. Olayink [2] has reported the orthopedic birth trauma representing 61.3% of neonatal orthopedic hospital admission 70.6% of all birth injuries. We would like to report one such birth injury.

2. CASE REPORT :

A full term newborn weighing 3.3 kg was born by protracted assisted vaginal delivery in a primigravida. There was no history of bone disease. There was a swelling of left thigh, which was tender on touch, along with abnormal mobility of the left thigh. The child was crying incessantly and was given symptomatic treatment. The other clinical examination was within normal limits. The child was treated symptomatically, no improvement with an orthopedic reference was given, a femoral fracture was detected and confirmed by X-ray (Fig 1 & 2). Orthopedic treatment was conservative for 2 weeks in the hospital. The pain and discomfort continued causing parental distress, and the hospital stay was longer. On follow up the child had no residual deformity or limp even after 5 years. The fracture healed satisfactorily clinically and radiographically, with no residual deformity, leg length discrepancy or functional impairment.



Fig 1. Left Femoral fracture with callus formation



Fig 2. Left Femoral fracture with callus formation

3. DISCUSSION:

Injuries occurring during birth are denoted to as birth trauma or obstetrical injuries and they are associated with different etiological causes. The important causes of birth trauma are macrosomia, breech presentation, shoulder dystocia, and forceps-assisted deliveries [3]. Traumatizing maneuvers during the deliveries will result in these fractures in the assisted deliveries [4]. The trauma may occur due to use of forces, excessive traction or pulling, unintended pressure on soft organs such as eyes. Trauma to the limb usually occurs when the limb is pulled in cases of obstructed labor or shoulder dystocia (Head out, shoulder stuck). An Indian study on birth trauma revealed that the fractured clavicle was commonest bone fractured during delivery (45.7%) followed by humerus (20%) femur (14.3%). He also observed mal-presentation & operative deliveries were found to be risk factors for bone injuries, in this case, there was prolonged labour which was observed in this case too. There was no evidence of any other type of trauma or history of bone disease. Neonates with bilateral fractures of the humerus in LSCS operative delivery are rare. Though femoral fractures are seen in assisted deliveries, they are also an uncommon presentation of birth trauma. Performing accurate delivery technique, immediate evaluation and timely orthopedic intervention during and after delivery will prevent the deformities.

Early identification of obstetric factors and improvement in obstetric care of both the mothers and babies during delivery and discontinuation of traumatizing maneuvers particularly in the hands of the inexperienced would reduce the incidence and severity of this disability. Educating the pregnant women about the importance of antenatal care will play the important part in the reduction of this pathology. It will be important to examine the neonates thoroughly after deliveries to detect birth injuries and manage promptly.

4. CONCLUSION :

Early identification of obstetric factors and improvement in obstetric care of both the mothers and babies during delivery and discontinuation of traumatizing maneuvers particularly in the hands of the inexperienced

would reduce the incidence and severity of this disability. Educating the pregnant women about the importance of antenatal care will play the important part in the reduction of this pathology. It will be important to examine the neonates thoroughly after deliveries to detect birth injuries and manage promptly.

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