Transtrochanteric fracture update

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1. What is the effectiveness of skin or skeletal traction in the preoperative period of transtrochanteric fractures?
   a. It is higher than that of common or special pillows
   b. It is higher than nursing care without traction
   c. It is contraindicated
   d. Reduces the use of painkillers when compared to not using traction

2. What is the best anesthetic procedure for the patient with a transtrochanteric fracture of the femur?
   a. Regarding the type of anesthesia, there is no difference in mortality
   b. Anesthetic block is better than general anesthesia regarding functional recovery
   c. There is no evidence of adverse effects of general anesthesia in the intraoperative period
   d. The epidural infusion is contraindicated in the preoperative period

3. Are there any advantages regarding the use of the Medoff plate compared to DHS and cephalomedullary nails?
   a. Fixation failure rates are similar
   b. The Gamma nail is always the best option
   c. Medoff plate has the lowest therapeutic failure rate in subtrochanteric fractures
   d. Biaxial dynamization results in the lowest rate of femoral shortening in unstable fractures

4. Does the side of the transtrochanteric fracture influence the outcome when using the DHS?
   a. The clockwise rotational torque tends to result in deviation of transtrochanteric fractures of the left femur
   b. The clockwise rotational torque tends to reduce transtrochanteric fractures of the left femur
   c. The clockwise rotational torque tends to result in deviation of transtrochanteric fractures of the right femur
   d. The counterclockwise rotational torque tends to result in deviation of transtrochanteric fractures of the left femur

5. Currently, is there a place for routine use of DHS plates in the treatment of transtrochanteric fractures?
   a. Femoral diaphysis fracture is a complication
   b. It is indicated for fractures type A3
   c. It is indicated for fractures type A1 and A2
   d. It is superior to cephalomedullary nails regarding the time of surgery

Responses to clinical scenario: Crohn’s Disease update

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1. Toxic megacolon is frequent and self-limited (Alternative C).
2. Detection of anal fistulas (Alternative A).
3. It is considered in remission when the index is < 150 (Alternative A).
4. The ileocecal disease can be treated with mesalazine (oral route) at a dose of 3 to 4 g/day (Alternative A).
5. In patients submitted to corticoid therapy (Alternative C).