

## Update on femoral neck fracture in children: treatment and complications

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**1. Most relevant risk factors for the development of avascular necrosis after femoral neck fractures do NOT include:**

- a. Type of fracture.
- b. Occurrence of deviation.
- c. Gender and race.
- d. Quality of reduction.

**2. Surgical or conservative treatment?**

- a. Closed reduction is recommended.
- b. Fracture surgical fixation is recommended.
- c. Immobilization is sufficient.
- d. Reduction, immobilization and late surgery.

**3. What kind of reduction (open or closed) is most appropriate in this type of fracture?**

- a. Closed treatment is the rule.
- b. Always closed reduction.
- c. Always open reduction.
- d. Anatomical reduction (closed or open).

**4. Does early hip decompression reduce the risk of avascular necrosis (AVN)?**

- a. Decompression of the early hematoma reduces the risk of AVN.
- b. This does not interfere with the rate of AVN.
- c. Decompression must be delayed to avoid infection.
- d. It depends on the success of the closed reduction.

**5. What is the maximum time between the accident and early therapeutic approach to minimize the most common complications?**

- a. The first 12 hours.
- b. The first 24 hours.
- c. The first 48 hours.
- d. The first 72 hours.

### ANSWERS TO CLINICAL SCENARIO: DEGENERATIVE SPONDYLOLISTHESIS: SURGICAL TREATMENT [PUBLISHED IN 2014; 60(6)]

**1. Is the use of bone substitutes such as BMP (bone morphogenetic protein) safe and effective in lumbar-sacral arthrodesis?**

Complications include osteolysis and heterotopic ossification. (Alternative B)

**2. Bone substitutes are equal or superior to autografts in this situation?**

The association of local bone graft (from the posterior vertebral elements) and beta-tricalcium phosphate is a therapeutic option. (Alternative C)

**3. What is the most appropriate diagnostic study in this clinical context?**

The most appropriate diagnostic test in this situation is plain radiography. (Alternative D)

**4. Is it necessary to refer the patient to arthrodesis with use of rigid pedicle screws (non-dynamic)?**

Instrumented fusion produces less progression and improved walking ability. (Alternative B)

**5. For how long should non-surgical treatment be conducted?**

After 12 weeks of failure in conservative treatment. (Alternative C)