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).