Lightning Learning: Neck of Femur Fractures

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STOP!

Neck of femur fracture is considered **one of the most common presentations** to the ED – approximately 70-75,000 patients every year in the UK. (1)

The most common mechanism is a fall from standing height.

In a patient with **hip pain** or who **cannot weight bear** following a fall a fractured neck of femur must be considered.

Consider other fractures that can occur with the same mechanism:

- Fractures of the pubic rami
- Fractures of the acetabulum

Approximately one third of those with a fractured neck of femur **will die within a year.** (1)

LOOK

Clinical Features:

1. Shortened and externally rotated leg (most commonly).
2. Patients are often unable to straight leg raise on the affected side.

Radiological Considerations:

Shenton's line disruption (see **FIG. 1**) loss of contour between normally continuous line from the medial edge of femoral neck and inferior edge of the superior pubic ramus.

If clinically the patient can't weight bear, and the initial x-ray is negative. A CT or MRI will need to be considered to exclude a fracture.

ED Management:

- Bloods (including G&S)
- Pain relief (Block)
- Check for other injuries
- Orthopaedic referral

LEARN

Recognise potential #NOF and request imaging early.

Distal pulses and sensation should be assessed and documented.

Patients need pain relief ideally with a fascia iliaca block and prompt referral to the orthopaedic team.

References & Further Learning:

1. **Management of hip fracture in adults** https://bit.ly/33o6ocd (NICE)
- **Fractured Neck of Femur** https://bit.ly/30mZ6Un (RCEM)
- **Femoral Neck Fracture** https://bit.ly/34huTal (Radiopaedia)
- **Fascia Iliaca Compartment Block** https://bit.ly/33kFamX (RCEM)

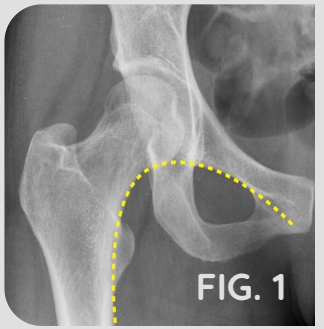
FIG. 1

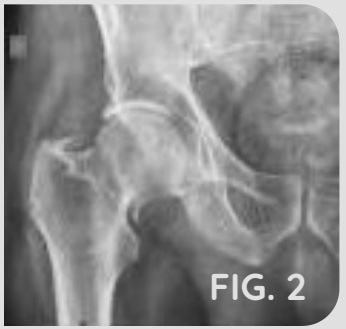
FIG. 2

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