**The Differences between DHS with Trochanteric Stabilizing Plate and Proximal Femoral Nailing in Unstable Trochanteric Fractures**

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**Abstract:**

**Background:** Trochanteric fractures are considered as a challenging entity facing orthopedic surgeons. The rationale of intramedullary as opposed to extramedullary fixation, the causes of failure concerning reduction and placement of implant, the goal of treatment and the role of the lesser trochanter must be clear. Intracapsular types determined by **Biology** (osteonecrosis, nonunion and arthritis). Extracapsular determined by **Mechanics** (varus deformation, malunion and medialization). Low energy injury usually in elderly patients, high energy injury usually in younger patients. AO Classification was used in this study and the types are: (31A.1) **Stable fractures,** but types (31A.2, 31 A.3) are **unstable** **fractures**.

**Patients and Methods:** This prospective study was treated in Seuz Canal University ‎Hospitals from January 2013 to January 2016 on fifty patients with **unstable** Trochanteric fractures aged 55 to 80 years old, the implants used for operative treatment **: 25** patients treated by DHS with Trochanrteric Stabilizing Plate (DHS alone in unstable types will lead to varus deformation, rotation and medialization of the shaft) and **25** patients by Proximal Femoral Nail. In a “**stable**” fracture (31-A1) any (dynamic) device, extramedullary or intramedullary will serve well.

**Results:**  Complete union in all cases with no infections or other complications. Extramedullary fixation lead to nearly anatomical reconstruction but less strong implant , Semi-open procedure and partial weight bearing post operatively. Intramedullary lead to nonanatomical reconstruction but more strong implant , semi-closed procedure (biological) and direct full weight bearing .

**Conclusion:** Proximal femoral nailing versus DHS with Trochanrteric Stabilizing Plate in tratment of **unstable** Trochanteric fractures **has no difference in the reasult** .Type 31-A1 (**stable**) fracture use any sliding device. Types 31-A2 and 31-A3 (**unstable**) fractures use Intramedullary device or sliding hip screw with a lateral support device.

**Keyword:** Trochanteric fractures ‎, DHS , Proximal femoral nail