



A Rare Bed Sore Floor – Femur Head

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ABSTRACT

Bedsore with exposed bone are rare. Bedsore are the most common complication of bedridden patients. We are reporting a case of bedsore with exposed bone because of its rarity. Bedsore development in a bedridden patient without proper care is common. But femur bone prolapsed through this wound is rare.

KEY WORDS : Bedsore, Femur head, Non healing ulcer

Introduction

Bed sores are a very common entity in practice. But most of the time we see as a bone deep grade IV. Rarely we come across a such a case of clinical interest [1-2).

Case Report

A 30yr old male presented to the outpatient department with complaints of exposed bone through the wound in the right thigh for 6 days with foul smelling discharge.

He is having bedsore from 6 months, paralysed for 15 years due to road traffic accident. No dislocation at the time of the injury.

Sensations are absent below the level of umbilicus and in both the lower limbs. Bowel and bladder habits are incontinent since the accident. X-ray of both hips (AP view) and (lateral view) of right hip shows no fracture.

Closed reduction is not possible in this case since the bone is infected. So infected part of femur should be excised. The head of femur is replaced by prostheses, and wound is closed by skin graft. By using air fluidized beds and changing the position of the patient at least every two hour the chance of getting bed sores can be reduced.

(Fig.No.1: Femur head in the bed sore)



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Discussion

Pressure sores are tissue necrosis with ulceration due to prolonged pressure. They are usually preventable but occurs in approx. 5% of all hospitalized patients. Higher incidence in paraplegic, in elderly, and in severely ill patients. Commonest sites are: ischium, greater trochanter, sacrum, heel, malleolus, and occiput[3-6].

If external pressure exceeds capillary occlusive pressure (over 30mmHg), blood flow to the skin ceases leading to tissue anoxia, necrosis, ulcerations [7-9].

Conclusion

Prevention is obviously the best treatment for pressure sores. Best treatment with good skin care, pressure dispersion cautions or foams, use of low air fluidised beds and urinary or faecal diversion in selected patients. Bed bound patients should be turned atleast every 2 hours.

To avoid this type of complications a proper care should be given to a bed ridden patient.

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