Hoffa Fracture

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1- INTRODUCTION

A- Present in 38% of all distal femur fractures (AO 33-B3)
B- 4x more frequent when there is an open fracture
C- Lateral fractures are three times more common than medial fractures
D- Often associated with inter- or supracondylar distal femoral fractures
E- Always ask for a CT scan when managing a (complex) distal femoral fracture

2- CLASSIFICATION

A- Leteneur 1978
B- Three types based on the distance of the fracture line from the posterior cortex

3- TREATMENT

A- Obtain anatomical reduction and rigid fixation
B- Absolute stability = direct reduction, interfrag compression, and butressing
C- Stratify the fracture patterns according to the classification of Leteneur
D- The classification of Leteneur greatly helps to indicate the adequate approach
E- Coronal fractures must be reduced & provisionally stabilized prior to sagittal fractures

4- APPROACHES

A- The approach depends on the pattern of the fracture
B- Type I – posterolateral approach
C- Type II – direct posterior approach
D- Type III – anterolateral approach