

# Hoffa Fracture

Ney Coutinho Pecegueiro do Amaral

CHIEF OF ORTHOPEDIC AND TRAUMA SERVICE

H.M. MIGUEL COUTO

H.U. UFRJ

RIO DE JANEIRO

## 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 buttressing
- 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