Femoral head fractures: Which ones I fix and how

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Operative treatment decision factors
- Size and Location
- Displacement
- Intra-articular debris
- Nonconcentric reduction
- Unstable reduction

Fragment usually anteromedial
Approach must allow appropriate screw trajectory

Infrafoveal fractures
- Most can be treated nonoperatively
- Indications for surgical treatment
    - Displaced fractures that would block motion
- ORIF vs. Excision

Suprafoveal fractures
- All require ORIF
- Excision will create instability

Surgical approach
Anterior approach
- Distal limb of Smith-Petersen approach
- Surgical interval:
- Tensor fascia lata
- Sartorius
- Release of rectus femoris

Lateral approach
- Trochanteric osteotomy
- Surgical hip dislocation
- Allows fixation of posterior wall

Posterior approach
- Some Pipkin IV when fixing acetabular fracture posteriorly

Summary
- Fracture is usually anteromedial in location
- Impaction and debris common
- Commonly approach anteriorly
- Fix with countersunk headless compression screws or mini-fragment screws
- HO common, AVN uncommon
- Fragments heal despite avascularity
- Cartilage damage leads to post-traumatic arthritis