

SUMMARY

Distal femoral fractures belong to the category of complex fractures. they are relatively uncommon, representing only about 6% of all femoral fractures. The management of distal femoral fractures challenges the orthopedic surgeon .They are often associated with other injuries in young persons, and their management in the elderly can be difficult in view of achieving rigid fixation due to osteoporotic bone.

It is fraught with a wide range of potential complications including; delayed union, nonunion, malunion, infection, joint stiffness, and post traumatic arthritis

The traditional treatment of displaced fractures had included skeletal traction for a variable period followed by some form of external immobilization. This has significant problems with slow recovery of knee motion as well as residual varus and internal rotation deformities

open reduction and internal fixation by plate and screw osteosynthesis has emerged as the gold standard of operative treatment since the late 1970s. Bone grafting is recommended in comminuted fractures.

The concept of indirect reduction and biological internal fixation reduces the dissection of soft tissue around the fracture site and enhances fracture healing.

The treatment of fractures with severe comminution, an open wound, poor skin, or osteoporotic bone is still a major problem. Both unilateral and Ilizarov-type external fixators can be used for these difficult fractures. External fixation may provide temporizing or definitive fixation.