CONCLUSIONS
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Twenty cases of femoral neck fractures both fresh as well as neglected or ununited, were treated by open reduction, internal fixation with multiple Austin Moore's pins with muscle pedicle bone grafting. Following conclusions were drawn:

1. Open reduction provides an opportunity of direct visualization of the fracture site.

2. Soft tissue interposition in the form of capsule can be removed which is otherwise not possible by closed reduction.

3. Open reduction also provides an opportunity to freshen the fracture surfaces and decompression of necrotic bone which encourages the growth of vascular granulation tissue, so useful for union.

4. Posterior capsulotomy does not hamper the blood supply of femoral head.

5. Accuracy of reduction of fracture can be viewed directly.

6. Multiple pins provide secured fixation and cause minimum damage to cancellous bone.
7. Inlay muscle pedicle bone graft increases the vascularity, acts as strut across the posterior cortical defect, prevents posterior tilt of femoral head, thus encourages osteosynthesis and revascularization of femoral head.

8. The rate of union is higher, in the cases treated by open reduction, internal fixation with muscle pedicle bone grafting as compared with other methods of treatment.

9. The rate of avascular necrosis and segmental collapse is reduced.

10. The natural femoral head is retained, which provides better quality of life.

11. The complications are few and insignificant.

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