INTRODUCTION
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Movement is important part of our life. Inferior extremity is principally involved with locomotion and to support body weight. Articulation and weight bearing at distal femur has led to its broadening to provide stability along with wide range of movement. Because of its cancellous nature the management of distal femoral fractures have presented a challenge to orthopaedic surgeons for centuries.

With the advancement of industry and high velocity trauma fractures of lower extremities are very common. Among these fractures, distal femur fractures are common in young or multiple injured patients and the old aged due to their osteoporotic bones. As these fractures usually occur in young and adult persons, thereby necessitating the requirement of treatment modalities, that provide anatomical or near anatomical restoration along with functional restoration with in a short period of time, so as to minimize the duration of stay in bed.

Before 1970, the majority of supracondylar femur fractures were treated nonoperatively. Apart from usual problem of confining elderly patient to bed, conservative management at any age may be complicated by knee stiffness i.e. limitation of knee movements, malunion and nonunion, shortening of limb, post traumatic arthritis, knee instability, joint contracture.

During past two decades as technology and implants have improved, more traumatologists have advocated use of some form of internal fixation in the management of distal femur fractures.

Dynamic compression screw (DCS) – is a compression screw or lag screw. It provides better interfragmentary compression. The barrel plate used with dynamic condylar screw is 95° angled. Barrel plate rotates with the screw, reducing the anteroposterior angulation problem. The availability of DCS in wide range of sizes, with different number of holes provide greater feasibility of DCS in different fractures of distal femur.

The aim of present study is to evaluate the etiology of distal femur fractures, assessment of functional, anatomic & radiological results & their correction & assessment of complications of operative methods in treatment of distal femur fractures.