

# COXA VARA CONGENITA OR INFANTUM WITH PSEUDARTHROSIS IN THE NECK OF THE FEMUR

BY

F. LANGENSKIÖLD, Helsingfors.

To judge from the fact that in the Orthopaedic Hospital of the Invalid Foundation we have seen in 3 years 18 cases of coxa vara congenita, which is said to be very rare, it seems as if this deformity is more common in Finland than in other countries. Only 2 of the cases were children. In no less than 10 cases, there was a true pseudarthrosis in the femoral neck—a complication which is scarcely mentioned in the orthopaedic literature. The patients with pseudarthrosis are much more disabled than those with a simple coxa vara, and they constitute a special therapeutic problem.

At operation on these 10 cases I have tried to produce bony union between the head and the diaphysis without impairing the mobility of the joint; this has proved to be very difficult. In the first 4 cases an intertrochanteric osteotomy by *McMurray's* method was done. Bony union was not obtained, but the gait became somewhat better, probably due to the fact that after the operation the greater trochanter was situated rather lower than before. In the following 5 cases the femur was divided at the base of the greater trochanter, the upper end of the diaphysis was telescoped into the head vertically to its distal surface, and the trochanter was fixed to the lateral surface of the diaphysis. One of the patients is still in plaster of Paris. In 3 cases bony union has not been obtained. In the fifth case the intended position has been obtained, but the joint has ankylosed. In the last, the tenth case, the head broke

into pieces during the chiselling of the sclerotic bone, which in all cases formed the boundary between the head and the pseudarthrosis. The head was removed and a *Withman* reconstruction performed. Possibly either this operation or a *Schanz* osteotomy will be the best solution of the problem.

#### DISCUSSION

*Nilsonne, Severin, Stören, Berntsen.*