

01004 / #268

E-Poster Viewing

AS09. PRIMARY PREVENTION- EXCLUDING CLINICAL TRIAL RESULTS

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**POSTOPERATIVE STROKE AFTER HEMIARTHROPLASTY FOR FEMORAL NECK FRACTURE**

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**Group Name:**

**Background And Aims:** Femoral neck fractures in the elderly comprise a significant number of orthopedic surgical. Operative treatment carries its own inherent risks. Stroke is a relatively uncommon occurrence after hip fractures.

**Methods:** We present 3 cases with unusual postoperative medical complication after cemented hip hemiarthroplasty for femoral neck fracture under spinal anesthesia that will serve to illustrate an infrequent but very serious complication.

**Results:** Case 1 was a 76-year-old woman with a Garden IV femoral neck fracture who underwent a right hip unipolar cemented hemiarthroplasty. After uneventful surgery, she developed neurological deficits, and a postoperative noncontrast head computed tomography showed a right middle cerebral artery stroke. Case 2 was an 74-year-old man with a Garden IV femoral neck fracture who underwent a right hip unipolar cemented hemiarthroplasty. After uneventful surgery, the patient became hemodynamically unstable. A postoperative noncontrast head computed tomography showed a large evolving left middle cerebral artery stroke. Case 3 was an 71-year-old man with a Garden IV femoral neck fracture who underwent a left hip unipolar cemented hemiarthroplasty. After uneventful surgery, he developed neurological deficits. A postoperative head computed tomography showed a left posterior cerebral artery stroke.

**Conclusions:** Risk factors including advanced age, history of coronary artery disease, atherosclerotic disease, and atrial fibrillation increase the risk for perioperative stroke. It is known that during the cementing of implants, microemboli can be released. As a result, consideration of using a noncemented implant in this clinical scenario should be an important aspect of the preoperative plan in an at-risk patient.

**Trial Registration Number:** Not applicable

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