FRACTURE NECK FEMUR IN CHILDREN

ESSAY

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List of Abbreviations

AC angle	Acetabular roof angle
AIIS	Anterior Inferior Iliac Spine
ASIS	Anterior Superior Iliac Spine
AVN	Avascular Necrosis
BMP	Bone Morphogenetic Proteins
CCD	Center-Column-Diaphysis
CE	Center Edge
cm	Centimeter
C T	Computariezed Tomography
ed	Edition
FGF	Fibroblast Growth Factor
Fig	Figure
GT	Greater Trochanter
IGF-I and II	Insulin like Growth Factor I and II
Kgms	Kilograms
LCA	Lateral Circumflex Artery
LLD	Leg Length Discrepancies
MCA	Medial Circumflex Artery
MRI	Magnetic Resonance Imaging
mm	Millimeter
PDGF	Platelet Derived Growth Factor
PSIS	Posterior Superior Iliac Spine
ORIF	Open Reduction Internal Fixation
SCO	Secandary Center of Ossification
SD	Standard Deviation
TGF-β	Transforming Growth Factor β
3D	Three Dimensional
%	Percentage
°	Degree

Introduction

Femoral neck fracture in children is relatively infrequent injuries as compared with femoral neck fracture in elderly people with osteoporotic bone **(Upadhyay et al, 2004).**

In children the dense bone of femoral neck is surrounded by a strong periosteum and high energy force must be applied before breaking it. This explains the rarity of femoral neck fracture in children less than 1% of all fracture **(Holton et al, 2006).**

Classification system of femoral neck fracture in children described by Delbet (1928) and popularized by Colonna(1929) is:

Type I: Transepiphyseal fracture

Type II: Transcervical fracture

Type III: Cervicotrochenteric fracture

Type IV: Intertrochentric fracture