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The role of platelet rich plasma in management of fracture neck femur: New insights

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Aim: The aim of this study is evaluation of the efficacy, of the use of platelet rich plasma (PRP) in management of femoral neck fractures.

Materials & Methods: This is a prospective study that was conducted between February 2010 and March 2013. A total of 60 patients were included in this study, categorized randomly into 2 groups. Group A included fracture neck femur treated by closed reduction and internal fixation with 3 cannulated screws and group B by addition of PRP to internal fixation. We planned to compare time of healing, need for revision and incidence of complications between 2 groups.

Results: Union occurred in 53 patients (88.33%) in both groups, 25 cases (83.3%) in group A and 28 cases (93.3%) in group B, 3 cases (5%) with avascular necrosis (A.V.N.); 2 in group A (6.7%) and one case in group B (3.3%). Revision surgery was done for 6 cases (20%) in group A and for 2 cases (6.7%) in group B. In both groups, all united cases had good to excellent clinical outcome with regards to Harris Hip Score (H.H.S.) at the end of the follow up.

Conclusion: Despite advances in surgical techniques and medical care, the risk of nonunion and avascular necrosis (AVN) after treatment of femoral neck fractures have not been changed appreciably in the last 50 years. Results of this study generally showed, that both the median clinical and radiographic healing time were lower in the group B compared to group A.

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Incidence of DIC associated with politrauma in ICU

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Background: Disseminated intravascular coagulation is an entity characterized by activation of the coagulation cascade and endogenous fibrinolysis, which can cause death.

Objective: Our objectives were to identify the incidence of disseminated intravascular coagulation, its etiologic agents and the correlation between the Apache II score and the one proposed by the International Society on Thrombosis and Haemostasis for the diagnosis of this entity. Assess whether there is a relationship with patients with trauma or polytrauma.

Methods: Retrospective, descriptive, observational study of patients treated in an intensive care unit over a 17-month period. Etiology, age, sex, platelet count, coagulation tests, serum fibrinogen levels and D-dimer quantification were analyzed. The score on the scale proposed by the International Society on Thrombosis and Haemostasis and the Apache II score were calculated.

Results: 11 patients (7.18 % of the total number treated subjects at the intensive care unit) had a diagnosis of disseminated intravascular coagulation; 6 were females. Sepsis was the main etiologic agent (four cases), followed by trauma/polytrauma and cardiovascular causes. The most affected age group was the 51-60 years group (4 cases). The prognosis was bad in 7 subjects. Patients with 5 points or more in the DIC system, but with a low Apache II score had a good prognosis.

Conclusions: The combination of the DIC and the Apache II scores serves for predicting the outcome of patients with severe organ injuries. The incidence of DIC is elevated in patients with trauma, so it should take into account all traumatized patient who develops thrombocytopenia and/or coagulopathy and discard DIC to improve prognosis.

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