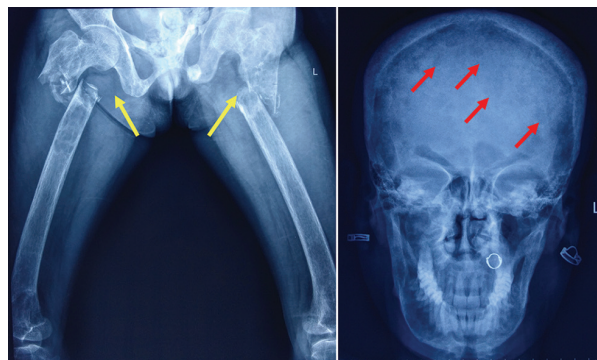
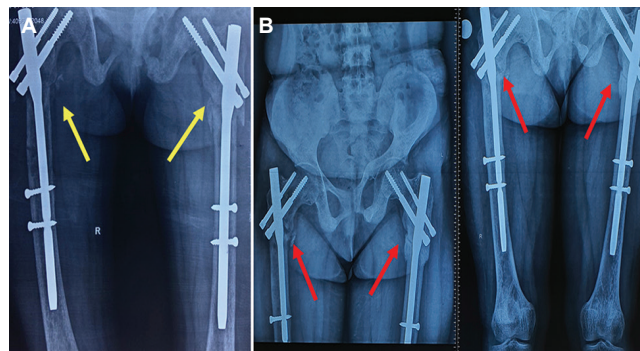




## Crippled woman with bilateral femur fracture



**Fig. 1.** Fracture of the left and right femurs (yellow arrows), and punctate lesion of the skull (red arrows).



**Fig. 2.** (A) Immediate post-operative radiograph with implant *in situ* (yellow arrow) and (B) fracture completely healed at one year (red arrows).

A 23 yr old female<sup>†</sup> presented to the department of Orthopedics, All India Institute of Medical Sciences (AIIMS), Bhubaneswar, India, on October 19, 2019 with a fracture of both femurs following a trivial fall 28 days back. The patient was completely bedridden and was put on skin traction till evaluated. Radiographs revealed pathological fracture of both femurs in the sub-trochanter region and punctate lesions in the skull (Fig. 1). Serum parathyroid hormone level was 1803 ng/dl (normal: 10-65 ng/dl); and serum alkaline phosphatase significantly elevated to 1031 U/l (normal: 100-290 U/l). Serum ionized calcium was 1.51 mmol/l (normal: 1-1.4 mmol/l) and serum phosphate was 2.0 mg/dl (normal: 2.5-5 mg/dl). Bone scan revealed increased uptake of the whole skeleton; polyostotic fibrous dysplasia. The diagnosis made was parathyroid adenoma with hyperparathyroidism leading to pathological fracture. Following confirmation of diagnosis, parathyroid

glands were removed partially and serum calcium level stabilized. The patient was operated for fracture of the sub-trochanter region. The fracture in the right femur was fixed on December 23, 2018 and that of left femur on January 4, 2019 with an intramedullary nail as per anaesthetic fitness (Fig. 2A). Both femurs united well in the due course of time (Fig. 2B). Patient was prescribed calcium supplementation and high protein diet along with open chain and isotonic exercises. In a follow up after one year, the patient was leading a normal life with no recurrence.

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<sup>†</sup>Patient's consent obtained to publish clinical information and images