INTRODUCTION
Fracture of the shaft of femur are among the most common fractures encountered in orthopedic practice.¹

The majority of these injuries occurs in young, active working community and is result of high energy mechanisms, such as motor vehicle accidents, fall from height, or industrial accidents.²,³

This poses a great challenge for the person, family, society, and the country in terms of economy, health care delivery system and development. All over the world trauma is the leading cause of mortality and morbidity. So many recourses have to be spent in the rehabilitation of these individuals.

Several treatment options are available for treatment of formal shaft fracture.¹³⁻²⁰

The decision regarding treatment option depends on many factors such as, age of the patient type of fracture, commination and site of fractures, availability to expertise and many others to mention a few. Management of fracture with Intra medullary nail inserted into the femur is the standard of care for surgical fixation for most femoral shaft fractures.¹²⁻⁴,¹⁰,¹¹

Intra medullary nailing has much theoretic and practical advantages over the other forms of external and internal fixation in terms of stable
and reliable fixation with early weight bearing.\textsuperscript{12,13}

The wide spread use of inter locking nailing of femoral fractures is the most important simple advance in the operation treatments of acute fracture in the present decade.

Various designs of inter locking intra medullary nailing system allowing closed nailing techniques have been used in the treatment of femoral shaft fractures since detensor” nail was described by kuntscher in 1968.\textsuperscript{14}

These systems control shortening, angulations and rotations in complex fractures via screw / bolts that may be inserted transversely and or obliquely through the nail both proximal & distal to the fracture site.\textsuperscript{15} The nail systems serve as load bearing device. Intra medullary nail may be classified by some of their physical properties (Biomechanics).

They are rigid nails which may be solid or cannulated (un slaughted or slaughted).

Those nails differ in their physical properties of stiffness, axial load, bending and torsion.

Fracture healing after intra medullary inter looking nailing is effective, with union rates between 95% to 99%.\textsuperscript{12} The bony healing can be demonstrated both clinically and radiologically. Complication of femoral shaft fractures as result of trauma may be due to open fracture associated neuro vascular damage, intra-abdominal or intra thoracic injuries and femoral shaft fractures associated with ipsilateral femoral neck fractures.

Complication occurring as result of fixation of the fractures of the shaft of the femur are that subject of concern and worry for the orthopedic surgeon. The complications are in the form of limb shortening, rotational deformities in valgus or varus, infection (superficial or deep), delayed union, nonunion, knee stiffness and implant failure.

Fractures were considered to be united clinically in the absence of movement and pain on stress at the fracture site. Radio graphic union was achieved in the form of uniform and continuous ossification of callus, with consolidation and development of trabeculae across the fracture site.\textsuperscript{10} Union time of more than 26 weeks in closed fractures and 39 weeks in open fracture was considered to be delayed union.\textsuperscript{17,18,19}

The diagnosis of non-union was made in presence of abnormal movement at the fracture site at last 9 months after the injury and with no progressive signs of healing for at last 3 months, despite continuing treatment.\textsuperscript{44,17}

The purpose of study was to compare the results of solid and cannulated interlocking nails in treatments of femoral shaft fractures, on the basis of union, failure union, implant failure and infection.

**Review of literature**

Femoral shaft fractures are usually the result of high energy forces 56, 54, 55 such as motor vehicle accidents, auto pedestrian accidents, motorcycle accidents, fall from heights and gunshots.

Orthopedic assessment of the entire limb should be systematic and complete. The pelvic ring and hip are inspected for tenderness. Hip cannot be moved voluntarily by the, patient palpation of the groin and buttock is important.

Although neurovascular injuries are rarely associated with closed fractures, a complete preoperative examination of distal nerves and vessels is mandatory.

Few patients with isolated fracture of the femoral shaft are in hypovolaemic shock, major blood loss into the thigh is present in most cases (west ETT AI 1989).

In a retrospective study of patients with isolated shaft fractures (lievrence at al 1992) reported that 21 of 53 required transfusion and estimated the average blood loss in all 53 patients to be more than 1200 ml.
Therefore, careful preoperative assessment of the hemodynamic stability of the patients is necessary.

Non displaced fractures of the femoral neck are frequently missed because of the overlying shadow of the splint or poor quality pre-operative radiographs.

Intramedullary devices have been used in various forms to stabilize long bone fractures for many years. It is recorded that the Aztecs used wooden intramedullary nails 500 years ago (Haeger 1988).

The intramedullary techniques that are common in use today derive mainly from the work of Gerhard Kuntcher in Germany or Rush family in United States of America.

“Kuntcher’s intramedullary nailing is the method of the fracture”. These remarks are especially significant because Bohler was known internationally as the representative of conservative fracture treatment.

Rascher et al. (1972) used Kuntcher’s method of closed intramedullary nailing in femur in forty two patients and described its advantages, disadvantages, indications contra indications and special emphasis on apparatus & technique. Hansen and Waiquest (1979) reported results of 300 femoral shaft fracture treated by closed nailing.22

Roth Well reported in 1982, of 32 more severely comminuted fracture shaft by closed kuntecher nail, 12 patients had shortening up to 2 CM & 2 delayed union.

OBJECTIVES

The aim of the study was to compare the outcome of solid versus inter locking nails as a method of internal fixation in closed fracture of the shaft of femur in adults

METHODS & MATERIAL

Study Design
Quasi Experimental design

Setting
Orthopedic Department Allied Hospital (PMC) Faisalabad.

Duration of Study
One Year

60 cases were included in this study. In group A (30 patients) internal fixation of femoral shaft fractures was done with solid interlocking nail while in group B (30 patients) internal fixation of femoral shaft fracture was done with cannulated interlocking nail.

Inclusive Criteria
All patients between the age of 18 to 60 year, presenting in accident and emergency department of Allied hospital, Faisalabad with closed non comminuted femoral shaft of fractures.

Exclusion Criteria
Poly trauma Pt
Open femoral shaft fractures
Unfit for Anesthesia
Pathological Fracture
Fracture more than weeks old
Non Union fractures

All Patients with closed fractures of shaft of femur were managed initially in the accident and emergency department. Patients were assessed thoroughly for any evidence of other injuries X-ray was done to confirm the fractures of shaft of femur and to exclude other injuries like pneumothorax and other fractures. Patients were investigated for complete blood count, random blood Sugar, blood urea, serum creatinine.

In group A patients open reduction and internal fixation of femoral shaft fractures was done with solid interlocking nail.

On the other hand, in group B patients open reduction and internal fixation was done with cannulated internal locking nails. Patients were discharged on third postoperative day and broad Spectrum antibiotics were given for seven days post operatively Farther follow up was done at 10th day, later at 6, 10, 16, 20 weeks up to 9
months to see the union, presence of infection & implant failure.

**RESULTS**

We had total 60 cases, 30 in group A of solid I/M nailing and 30 in group B of cannulated I/M nailing.

There were 27 (90%) males and 3 (10%) female in group A. In group B 26 (86.666%) were males and 4 (13.333%) were female. The youngest patient was 25 years old and oldest was 60 years. Mean age was 37.4 ± 1.61 years.

The most common cause of fractures of shaft of femur in our study was road traffic accidents. The most common site of femoral shaft fracture was middle third 32 cases (55%) followed by the upper third 16(25%) and distal third 12 (20%)

**Union**

Group A in 26 (86.666%) patients the fractures united within 3 months. One patients went into delayed union.

3 (10%) patients went into a phase of delayed union which ultimately united.

1 (3.333%) patient went into nonunion for which bone grafting has to be done after nine months.

Group B in 26 (86.666%) patient. The fracture united within 3 month.

Pt went into delayed union.

3 Patient in group B went into nonunion, due to deep infection, second due to nail breakage and in third no apparent cause was found. So total no of cases of nonunion in group B were 3.

**Infection**

In group A 1 Patient had superficial infection

In group B 2 Patient had superficial infection

**Implant Failure**

No patient in group A went to implant failure in group B one case with nail breakage 2 cases with distal inter locking screws breakage and 1 case with proximal interlocking screws breakage were noted.

**DISCUSSION**

Orthopedic surgeons often encounter disaphyseal femur fractures. Because these fractures most often result from high energy trauma, one must have a high index of suspicion for complications or others injuries. While main stay of treatment has been reamed interlocking intramedullary nailing, a variety of treatment options exist for solitary fractures or fractures with associated injury. Surgical options in adults include the intra medullary nailing, with antegrade or retrograde. Plate fixation and external fixation are used less frequently. However, one must consider the patients immature bones, open physes, parental care available, and growth potential when forming a treatment plan in children.

In one study we had 53 (88.33%) males and 7 (11.660%) females and the age range was 25 to 60 years.

Borel et al studied results of closed locking nailing of complex femoral fracture in adults. A total of 60 cases were studied. There were 52 men (76.47%) and 16(23.52) women and the age was between 16 to 83 years.

Umer M et al studied the results of femoral shaft fractures with reamed intra medullary interlocking nails. They studies 89 cases, most of these were young patients involved in high velocity road traffic accidents.

Fracture comminution was graded according to Win quest and Hansen. The type of comminution in addition to the location of the fracture has an important bearing on the type of locking used. We used static locking in type II and III comminution. As noted by Jonsen etal (1984) it is important that starting portal position of the periformis fossa should be correct small mal position of the early portal may create enough pressure during insertion of the nail to propagate fracture lines which may displace days or even weeks post operatively.
We treated all of our patients of superficial infection on OPD basis (4 Patient). But one readmitted for proper treatment. Similarly all the patients with nonunion had also to be admitted for proper management.

Lohowe has reported an infection rate of 5% Brum back et al at 8%. Buxeli et al had no infection rate. Umer et al had 4% infection rate while Ligh reported an infection rate 0.938%.

In our study no patient in group A developed implant failure, neither in the form of nail breakage nor inter locking screws breakage. But in group B we had 4 cases of implant failure (13.333%) 1 with nail breakage (3.333%) two with distal inter locking screws breakage (6.667%) and one (3.333%) with proximal interlocking screw breakage. This much difference in the rate of implant failure between the two groups might be due to multiple factors.

Firstly as studied by Schanded Maries P et al. The Relative stiffness on unslotted (solid) nail is more (6-1.8 Nm/Degree) as compared to slotted (cannulated) nail (0.2 nm/degree) secondly the quality of metal used may matter. We used solid nails donated by American NGO SIGN. But cannulated used were manufactured locally so quality of material may matter.

CONCLUSION
The most Common cause of femoral shaft fracture is road traffic accident and affects the adult male population. There is no difference in union and superficial infection in both groups but one patient with cannulated inter locking nail developed deep infection and went into nonunion due to deep infection. No patient with solid inter locking nail developed deep infection. There significant difference in implant failure both groups. No patient in group A went into implant failure but four patients in group B developed implant failure. So solid inter looking is stronger than cannulated inter locking nail.

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“Not all storms come to disrupt your life. Some come to clear your path.” – Unknown –

AUTHORSHIP AND CONTRIBUTION DECLARATION

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| 1     | Sajjad Rasool             | Data collection           |                    |
| 2     | Basharat Manzoor         | Data analysis             |                    |
| 3     | M. Omer Aslam            | Final Review              |                    |