



## **A Case Report on: Supracondylar Femur Fracture Open Wound on Lateral Aspect of Left Thigh with Nerve Injury with Thrombolysis of Left Lower Limb**

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### **ABSTRACT:**

A 29 years male is admitted to a rural hospital having complaints of an open wound on the lateral aspect of his left thigh, swelling over his left lower limb. the results of a medical examination, inquiry by a doctor, this case Intra-arterial thrombosis of the left limb. Amputation of a limb is a potential outcome of peripheral artery disease and which might be asymptomatic, restrict exercise ability owing to claudication, or both. Thrombosis is a frequent finding in cases of her the early start of symptoms, particularly in individuals with acute limb ischemia and even if atherosclerosis is the main underlying mechanism. Additionally, cardiac emboli, aneurysmal thrombus embolization, peripheral bypass graft thrombosis can all result in ALL. Iatrogenic factors may potentially contribute to the creation of new thrombi during arterial. Acute emboli typically present with a sudden start of severe symptoms because there isn't enough time for distal collateral formation. Patients who require urgent revascularization are not eligible for therapy using thrombolytics in small doses drug as recommended by current intra-arterial thrombolysis protocols. Through the use of increased rt-PA (recombinant tissue plasminogen activator) dosages, we assessed the outcomes of faster thrombolysis. Accelerated CDT was used to treat 41 individuals with thrombotic limb ischemia that is acute (ALI). A continuous intra-arterial infusion of 10 mg of rt-PA per hour was administered for three hours following a 30-minute first dosage of 10 mg of rt-PA. Concurrently, Heparin administered intravenously at a rate of 500 IU/hour was given. Patients' lysis was successful in 90.2% of cases.

**KEYWORDS:** malignancy, carcinoma, thrombolysis, ischemia, Thrombosis, plasminogen.

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### **Introduction:-**

A major global source of disease and mortality is thrombosis of the arteries. Cardiology and neurology, respectively, are in charge of treating the most prevalent types of arterial thrombosis, ischemic cardiomyopathy and ischemic stroke, including acute myocardial infarction. 1 Revascularization as soon as possible is the main objective of treatment for acute limb ischemia. Surgery should not be used as a treatment option for individuals with limb ischemia.2,3 Instead, catheter-directed thrombolysis is advised. Although, fibrinolytics may not have enough time to dissolve blood clots. As a result, surgical thrombectomy continues to be the main course of care for Rutherford IIb patients.4The European Society for Vascular Surgery's updated Clinical Practice Guidelines for the Management of Acute Limb Ischemia for patients with Rutherford grade IIb acute limb ischemia suggest that, if started quickly, catheter-directed thrombolysis in combination with percutaneous aspiration or thrombectomy may be considered. 2020. However, haematologists may be consulted to help with examination and care When arterial episodes in these areas or in odd anatomical places happen without a clearly visible cause, especially in the younger patient.5 Here, we outline a methodical approach to diagnosing, treating, and caring for patients with unexplained arterial thrombosis. We also identify key areas where the body of knowledge about the diagnosis and management of particular arterial thrombosis sites has changed over the previous five years.6

**CASE PRESENTATION:**

Patient came to a rural hospital with complaints of an open wound on the lateral aspect of his left thigh, swelling over his left lower limb. All routine investigations were done and were reported to be within normal limits Colour Doppler of the left lower limb which suggested good triphasic flow was noted in all arteries of the left lower limb. On ncv was done i/v/o checking the nerve injury level which concluded motor neuropathy in the left lower limb. the patient had swelling in the left leg with localized tenderness so, use of the local site of the left leg was done which suggested minimal subcutaneous edema in the left leg from below the knee region up to the ankle joint. Daily physiotherapy was done for left lower limb movements. the call was noted i/v/o stopping capital 75 mg od and further management and was advised to stop t. Clopitab and t. ecosprin and start in lymph 0.6 mg sc. On the ortho, the call was noted i/v/o intervention in an o/c/o supracondylar femur fracture for nerve exploration and suggested no intervention and daily dressing sos. On the physician, the call was noted i/v/o fitness for nerve exploration surgery and was given fitness for surgery. the cardiac call was noted i/v/o fitness for surgery and was given surgery under mild to moderate cardiac risk. On patient was taken for EMG but could not be done because of the wound. The patient was advised to visit the higher center for a nerve exploration operation. The patient was again started on t. Ecosprin and t. Clopitab. The daily dressing was done under all aseptic precautions with betadine-soaked gauze, fusidic cream, and collagen granules on the open wound. Medications were received by him during his duration in the hospital. Inj amikacin. Inj ceftriaxone 1 gm iv bd, Inj lomoh 0.6 mg SC, T. Pan 40 mg OD, T. Zifi 200 mg BD, T. Urgendol p BD, T. zerodol sp BD, T. Chymoral forte TDS, T. Neurobion forte BD, T lime OD, T supradyn OD, Condition of the patient at the time of discharge. HR-84/min, BP-120/70 mmHg, L/e- healthy granulation tissue, Active bleeding not present, tenderness present.

**Diagnostic Assessment:-**

The complete blood count (CBC) shows that the hemoglobin is 11.4%, total red blood cells are 4.9, total white blood cells are 14400, total platelets are 2.62, and calcium is 9.5. The amounts of SODIUM 139mm/dl, Creatinine 1.0mg/dl, and Urea

**Table1:Significant Clinical Findings**

Blood investigations	Patient value	Normal value	Inference
S. Sodium	139mmd/L	135-145mmd/L	Normal
Urea	16mg/dL	12-20mg/dL	Normal
Potassium	4.3mmol/dL	3.5-5.5mmol/dL	Normal
RBS	4.9mg%	70-150mg%	Normal
HB%	11.4gm%	13-15g%	Normal
MCV	79cub.micron	80-90cub.micron	Decreased
MCH	24.8picogm	26.5-33.5picogm	Decreased
HCT	35.3%	40-50%	Decreased
calcium	9.5	8.5 to 10.5 mg/dl	Normal
platelets	2.62	150000 to 350000	Normal
Creatinine	1.0mg/dl	0.74 to 1.35 mg/dl	Normal

**Diagnostic Evaluation:-**After a physical examination and conducting more research, a diagnosis of a supracondylar femur fracture.

**Therapeutic intervention:-** The present case had, and some medications are advised Medications received by him during his duration in the hospital. Inj. amikacin. Inj. ceftriaxone 1 gm iv bd, Inj. lomoh 0.6 mg SC, T. Pan 40 mg OD, T. Zifi 200 mg BD, T. Urgendol p BD, T. zerodol sp BD, T. Chymoral forte TDS, T. Neurobion forte BD, T limece OD, T supradyn OD.

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## Discussion:-

Three large prospective randomized studies and numerous reports from various centers are currently being used to examine the safety and efficacy of thrombolysis therapy for lower limb thrombosis. It stands to reason that these various studies will contribute to our understanding of the role that thrombosis ischemia plays in the lower extremities. On the other hand, each of the many trials has its limitations and produces inconsistent results.<sup>7,8</sup>

Amputation-free survival was the main outcome in several of these trials because, in certain cases, it was frequently unknown whether patients experienced relief from discomfort during rest, necrosis, or healing of their ulcerations.<sup>9,10</sup> Merely six-month endpoints, like thrombolysis or peripheral artery surgery (TOPAS), may benefit from less invasive and possibly risk-free medical procedures. Furthermore, a more thorough analysis of the cost-effectiveness of thrombolysis as a surgical substitute is required.<sup>11,12</sup>

The first line of treatment for lower limb ischemia in recent years has frequently been catheter-directed thrombolysis. We report on our experience using thrombolysis to treat patients with native arterial occlusions in 100 consecutive cases in this single-center study.<sup>13–14</sup> Survival rates, limb preservation, symptom relief, and cost were evaluated in order to more accurately assess the efficacy of thrombolysis as the first line of treatment for patients with lower extremity ischemia.<sup>15</sup>

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## Conclusion:-

When a patient is brought into the medical facility. The patient's health was quite poor, however as a result of considerable investigation and research, He diagnoses with intra-arterial thrombosis of the left limb then medical attention was given right away. a result of appropriate care and a nerve exploration operation. Next, patients' prompt treatment will lower risk. The patient's health situation is safer and better than it was before.

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