An uncommon cause for hip fracture

Stijn de Ridder*, Carl Timmermans, and Hein J.J. Wellens

Department of Cardiology, Academic Hospital Maastricht, P. Debyelaan 25, 6202 AZ Maastricht, The Netherlands

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A 76-year-old woman with mild mitral regurgitation secondary to a mitral valve prolapse was referred for electrical cardioversion of her first episode of symptomatic atrial fibrillation. A single, 200 J, monophasic shock restored

Figure 1 Left subtrochanteric femur fracture.
sinus rhythm. During recovery, she complained of severe pain in her left hip, and a shortening with external rotation of her left leg was noticed. A pelvic X-ray showed a left subtrochanteric femur fracture (*Figure 1*) on the same location where 9 years earlier a consolidated stress fracture was diagnosed. A long intramedullary nail was inserted in the left femur on the same day. Histological analysis of bone fragments showed no signs of malignancy. An extensive workup, including laboratory analysis for metabolic disorders and bone densitometry, revealed no abnormality. The femur fracture was, most likely, related to the external cardioversion in a patient with coxa vara and a previous stress fracture. After 3 months, atrial fibrillation recurred and rate-control medication was prescribed.

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