

Analysis of the six-year operative treatment of proximal femoral fracture at the Dubrovnik County Hospital, Croatia

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ABSTRACT

Within a period from January 2010 to January 2016, there were a total of 920 surgically treated patients at the Orthopedics and Traumatology Department, Dubrovnik County Hospital, Croatia, which is a single acute hospital in Dubrovacko-Neretvanska County where all patients with proximal femoral fracture are treated. The aim of this retrospective study is to compare used implants according to the type of proximal femoral region fracture (femoral neck, pertrochanteric, subtrochanteric) and used osteosynthetic implant depending on the type of fracture. Modern new surgical techniques were used more commonly. Osteoporotic proximal femoral fractures stayed the major and growing problem in both geriatric traumatology and the general traumatology.

KEY WORDS: proximal femoral fracture; osteosynthesis; osteoporosis; surgery

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Data received: March 11th 2017

Date accepted: April 14th 2017

INTRODUCTION

Today, osteoporosis and its consequences is a major health problem because of its association with low-energy trauma and its complications, which include chronic pain, disability, diminished quality of life, and premature death. Proximal femoral fracture is an established health problem in the West. Epidemiological studies have suggested that the incidence of fractures of proximal femur is increasing, since the general life expectancy of the population has increased significantly during past few decades. The incidence of proximal femoral fractures rises dramatically with increasing age and is higher in women than in men. In countries in which incidence rates are high, female to male ratio of age-adjusted incidence rates is generally around 2:1 or greater (1-4).

Proximal femoral fracture contributes to both morbidity and mortality in the elderly; approximately 15 to 20% of patients die within one year of fracture. The analysis of data from different

studies shows a wide geographic variation across the world, with higher proximal femoral fracture incidence reported from industrialized countries as compared to developing countries. The highest hip fracture rates are seen in North Europe and the US and lowest in Latin America and Africa. There is a north-south gradient seen in European studies. Also, more fractures are seen in the north of the US than in the south (5). Scandinavia has the highest reported incidence of hip fracture worldwide. This variation in the distribution of hip fractures over different regions of the world demonstrate that genetic and environmental factors play a role in the etiology of proximal femoral fracture. The reasons for the variation in incidence rates according to geography and ethnicity include difference in levels of physical activity, diet, neuromuscular functioning, medication use, frequency of falls and orientation of falls (5).

Trends over time in diet, cigarette smoking and alcohol use have been proposed to explain the observed secular trends (2-4).

DOI: 10.5281/zenodo.844872

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With rising life expectancy through the globe, the number of elderly individuals is increasing in every geographical region, and it is estimated that the incidence of hip fracture will rise from 1.66 million in 1990 to 6.26 million by 2050 (6). The high rate of proximal femoral fracture in older people has two main causes: increased skeletal fragility and increased risk of fall-related trauma (7). About 90 percent of hip fractures are associated with falls, with the vast majority of such falls being from a standing height or less (3).

Trochanteric fractures are more common in women than in men by a margin of 3 to 1. Subtrochanteric fractures, which account for 10% of proximal femoral fractures, have a bimodal distribution pattern, appearing commonly in patients 20 to 40 years of age and in those over 60 years of age. A trivial fall or sudden twist can cause a trochanteric fracture in elderly while in younger patients it usually results from high energy trauma.

Operative treatment which allows early rehabilitation and offers the patient the best chance for functional recovery, is the treatment of choice for virtually all femoral fractures.

In the management of peritrochanteric fractures a couple of methods are available: dynamic hip screw (DHS) and proximal femoral nailing (short standard and long gamma nail).

Dynamic hip screw (DHS) has been the most frequently used implant for fixation of trochanteric fractures in the last few decades, but intramedullary devices (Gamma nail, PFN) have taken over as the treatment of choice of these fracture.

For the treatment of the femoral neck region, prosthetic implants are methods of choice. In the patients less than 55 years old, the fracture stabilization with minimal invasive osteosynthesis is the method of choice (cannulated screws). The aim of this technique is to save femoral head and acetabular part of the femur (if there is no arthrosis of the hip). For patients older than 60 years who suffer a neck fracture, a non-cement total endoprosthesis is performed. For patients older than 75 years, total cement or non-cement hip prosthesis is the primary method of choice assuming patients are psychically and biologically stabile persons. Patients who are 80 and more years old with no degenerative changes according to their biological status, usually get total cement or non-cement endoprosthesis. However, for patients who are severely biologically impaired, a partial endoprosthesis is the method of choice (expected life 5-7 years).

Patients with femoral head fracture were not included in this analysis (Pipkin's fracture and patients affected in younger age). In the case of a fracture with large fragment there is a plastic screw technique, while for multifragmented fractures, a head replacement with total endoprosthesis is indicated. There were no such patients in this study and our experience in the therapy of Pipkin fractures is very limited.

PATIENTS AND METHODS

The present study comprised of 920 patients with proximal femoral fractures admitted and operated in Department of Orthopedics and Traumatology, at County Hospital Dubrovnik during the January 2010 and January 2016. All patients were analyzed to detailed hospital medical history documentation to ascertain age, sex, type of fracture, body side, mechanism of injury, related injuries, pre-injury ambulatory status and pre-existing local and systemic conditions that may affect the trauma. All 920 patients underwent some type of surgical procedure depending on hip fracture type.

In this research we excluded the patients that were not operated at our department such as cases that were transported to the place of residence or which were in such bad general health condition that it was contraindicated for them to be operated.

RESULTS

There were 691 female (75.1%) and 229 male patients (24.9%) who suffered fractures of the proximal femur. Femoral neck fractures were observed in 599 patients (65.1%), 167 male (27.9%) and 432 female (72.1%). Total of 285 (31.0%) patients suffered peritrochanteric region fracture; 55 (19.3%) male and 230 (80.1%) female patients. The subtrochanteric fractures were observed in 36 patients (3.9%). Among these patients with subtrochanteric fractures there were 7 male patients (19.4%) and 29 (80.6%) female patients.

In total, 794 patients (86.3%) who suffered femoral proximal femoral fractures were older than 65 years; 625 female (67.9%) and 169 male (18.4%) patients.

Total of 245 patients (86.0%) who were treated because of the peritrochanteric femoral fractures were older than 65 years; 207 (72.7%) were female, and 38 (13.3%) were male patients.

In the group of 36 treated patients who suffered subtrochanteric region fracture there were 32

(88.9%) patient older than 65 years; 27 (75.0%) female and 5 (13.9%) male patients.

Total of 504 patients suffered right side proximal femoral fracture (54.8%) and 416 left side proximal femoral fractures (45.2%).

Different methods of treatment were individually chosen depending on the fracture type, patients age, surgeons' preferences and abilities and availability of equipment (figure 1).

Of all patients, 337 (36.6%) patients with femoral neck fracture underwent partial endoprosthesis implantation (PEP) procedure. The oldest patient treated with PEP was 102 years old and the youngest 61 years old. Sixty-one patient (6.6%) had indication for total endoprosthesis implantation procedure (TEP).

Standard short gamma nail was used in 235 (25.5%) cases and long gamma nail was used in 59

(6.4%) cases. The age of patients treated with short gamma nail varied between 20 to 89 years of age and with long gamma nail from 21 to 93 years.

Total of 199 (21.6%) patients were treated with DHS plate procedure. The youngest patient treated with DHS method was 29 years old and the oldest was 103 years old.

Cannulated screw was ordered for 29 patients (3.2%). The youngest patient treated with this method was only 28 and the oldest was 80 years old.

Among seven patients younger than 19 years who suffered proximal femoral fractures, four were male and 3 female patients. All were injured in car accidents.

In the period from 2010 to 2015, total number of surgically treated patients with hip fractures increased from 139 in 2010 to 178 in 2015 (figure 2).

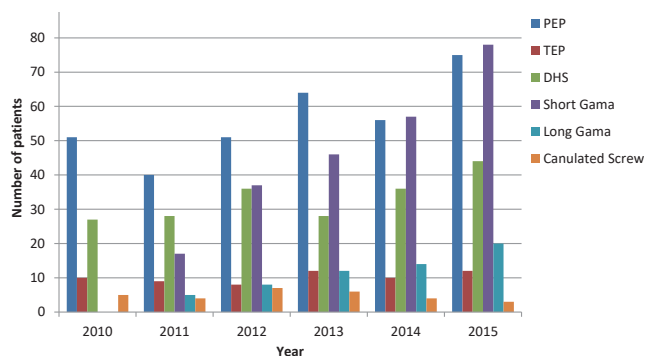


Figure 1. Type and number of implants used for the treatment of proximal femoral fractures

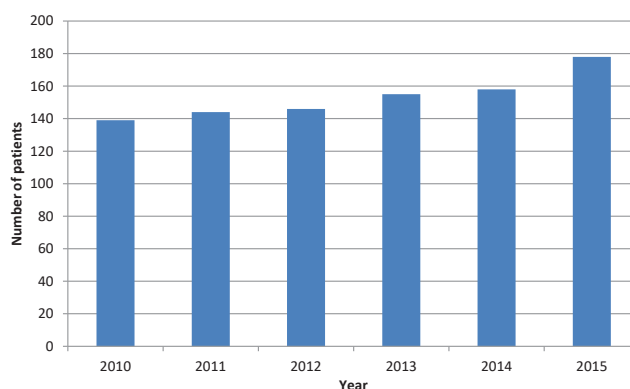


Figure 2. Increased number of proximal femur fractures in Dubrovnik County Hospital

Table 1. Established risk factors for proximal femoral fracture

Risk factors	N	%
Age>65 years	575	86.60
Neuromuscular impairment	115	12.57
Stroke history	53	5.71
Vision impairment (amaurosis)	18	1.96
History of previous lower extremity fracture	30	3.26
History of previous opposite side hip fracture	71	7.71
Neoplastic disease	33	3.58
Acute alcohol intake	18	1.96
Psycho-organic syndrome	108	11.74
Parkinson's disease	20	2.17
Alzheimer's disease	11	1.2

DISCUSSION

Proximal femoral fractures account for less than 20% of all osteoporotic fractures but they account for the majority of fracture-related health care expenditure and mortality in both men and women over the age of 50 (8-10).

The incidence of proximal femoral fractures varies among different countries and populations. Rates are higher in Scandinavia than in Western Europe and Oceania. A north-south gradient in age-standardized risk is found in Europe and US, with higher rates in the north.

There is age adjusted increase in incidence that has been observed in several countries over the last 50 years. The incidence increases with poor economic status, reduced winter sunlight and water fluoridation. Fractures occur more commonly in the winter season due to altered neuromuscular coordination and vitamin D deficiency (1, 5-11).

The country-specific risk of hip fracture and 1-year probability of a major osteoporotic fracture were determined on a worldwide basis from the systematic review of literature by Kanis (8). There was a greater than 10-fold variation in hip fracture risk and fracture probability between countries. A total of 45 country and/or ethnic models were available for inclusion into the distribution of fracture probability. Hip fracture low risk country was Croatia (9-11).

A study on secular trends from Uppsala, Sweden, (1965-1980) showed an annual increase of 2.2% for age and sex adjusted hip fracture rates, which increased from 430/100 000 in 1965 to 650/100 000 in 1980. The age specific incidence increased especially in the group aged ≥ 85 years, in whom fractures of the femoral neck were three times more common and trochanteric fractures four times common in 1980 than in 1965 (12).

There are many databases that cover age and sex adjusted incidence of hip fracture in North and Central European countries. A lesser number of studies are available from southern Europe. An Italian study looking at the incidence of hip fracture in the county of Sienna from 1980-1991 shows that trend has risen linearly in men from 57.5/100 000 person a year to a 7.4% annual increase. In women, no significant trend was observed. The overall incidence rate during this period was 157/100 000, much lower than that in northern or central European countries (13). The study from Spain looked at hip fracture trends in northern Spain between 1988 and 2002 and showed increased hip fracture incidence; there were no significant

changes following adjustment of age (14). Proximal femoral fractures are more common in women than in men by a margin of 3 to 1. Our research is comprising a 5 year period (2010-2015) with exactly 920 patients that were hospitalized due to proximal femoral fractures. In our study 74.6% patients who suffered proximal femoral fracture were female; there was even higher ratio - 4:1.

There are several factors that influence affect of the hip fracture: fall-related trauma from a standing height or less (3); genetics and family history – women who reported that their mothers had had hip fracture are twice as prone to the risk of hip fracture compared to women without this family history (15). Most evidence suggests that estrogen acts primarily to reduce bone resorption. Patients mainly sustained injury due to the fall at home. In our research, only 31 patient (25 male and 6 female) suffered hip fracture caused by road traffic accident, and 15 had pathological fractures. Randomized trials have clearly established that replacement estrogen therapy prevents or greatly decreases loss of bone mass in both oophorectomized women and in women with intact ovaries. Many observational epidemiologic studies indicate that estrogen replacement therapy also protects against hip fractures, and that the longer estrogen is used, the greater the protection (16-18).

Buchner and Larson found that the risk of fractures among people with Alzheimer's disease was generally three times higher than expected (19). In our study, there were 20 (2.2%) patients who had established history of Alzheimer's disease.

Other studies have demonstrated that impairments of gait, muscle weakness, lower limb dysfunction and the use of walking aides have been associated with increased risk of falls independent from bone mass, confirming the importance of fall-related factors in the etiology of fractures in older people (15, 20, 21).

Poor visual acuity in one or both eyes increased the risk of proximal femoral fractures. Cataracta and diabetic retinopathy were also associated with the risk of hip fracture. In EPIDOS cohort study (Dargent-Molina) women with the worst visual acuity had twice the hip fracture rate compared to women with non-impaired vision (20). It is important to notice that most people in older age that suffered hip fractures have had impaired visual function. In our study history of previous vision impairment (amaurosis) was noticed in 1.96% of patients; neuromuscular impairment in 12.57% patients; history of stroke in 5.71%; history of neoplastic disease in 3.58 % of patients. Eighteen

patients (1.96%) suffered injury of proximal femur after alcohol abuse. As much as 11.74% of patients had medical documented psycho-organic syndrome before the fall (table 1).

People who have had one hip fracture have a 60 percent higher risk of a subsequent hip fracture than people with no history of hip fracture. The association between fracture history and later hip fracture appears to be stronger in men than in women (22, 23). In our research, 71 (7.7%) patients with proximal femoral fracture had previous history of opposite side proximal femoral fracture and 30 (3.3 %) suffered previous other lower limb extremity fracture (table 1).

Parkinson's disease and stroke have been associated with increased risk of hip fracture in several studies (24, 25). These conditions are associated with increased risk of falling and reduced bone strength due to poor mobility. People with Parkinson's disease appear to be at particularly high risk of proximal femoral fracture, with reported relative risks of 10 or more (24, 26). In our study there were only 20 (2.2%) patients with documented history of Parkinson's disease.

Epilepsy, hyperthyroidism, pernicious anemia and diabetes might be associated with the risk of hip fracture (15, 22, 27-29). Acute alcohol intake may cause movement discoordination, resulting in fall and hip fracture. In our research, there were 18 patients (1.96%) that suffered proximal femoral injury after acute alcohol intake.

Fractures involving peritrochanteric region of the femur occur most frequently and are perhaps the most commonly stabilized fractures in orthopedic surgery.

Various modalities of treatment exist. Operative management consisting of fracture reduction and stabilization and early patient mobilization minimizes many of the complications related to low activity and bed rest, thus consequently becoming the treatment of choice for peritrochanteric fractures. Numerous implants are available, both intramedullary and extramedullary, and good results have been reported with all of them (30-33). Closed intramedullary nailing has become accepted as the treatment of choice for the management of most femoral fractures.

Incidence of proximal femoral fractures increases in populations older than 60 years. It becomes evident by observing the growing number of surgically treated patients over the six year period. The reason of this growing number is the increase of life duration and, on the other hand,

the increase of older in a total population. Surely, Croatian population is getting older resulting in higher incidence of proximal femoral fractures. This is clearly visible from our study; in a short time period of six years, there is a constant increase in the number of proximal femoral fractures. Majority of these patients sustained low-energy trauma during falls from sitting or standing positions. Proximal femoral fractures remain the major problem in the geriatric traumatology.

Conflict of Interest:

All authors declare no conflict of interest and confirm that no funding was used to carry out this study.

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