Failing To Capture the Fracture: Opss... We Did It Again... Luqman Hakim MK; Mohd Iqbal HS; Han CS;

Orthopaedic Department, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia.

INTRODUCTION:

Studies shows fragility fracture among elderly older than 65 years old have 5.8% subsequent fragility fracture within 1 year after initial fracture, 8.8% within 2 years, and 11.3% within 3 years.¹

Studies in Malaysia shows patients admitted with fragility fracture, 15% patients, BMD performed within 1-year post-fracture. 17.1% patients initiated on anti-osteoporosis medications. 42.4% patients remained on treatment 1-year post-fracture.²

REPORT:

We present a case of a 65 years old female patient who sustained a fragility fracture of the right distal femur – she previously sustained an intertrochanteric hip fracture in 2015 which was fixed with a dynamic hip screw & medial epicondyle right distal femur fracture in 2019.

Before this current fall, patient was started on anti-osteoporotic agent in 2015. However, no BMD & physiotherapy initiated.

Current fracture was fixed with distal femur plating & started on calcium & vitamin D. Subsequent appointment, patient was planned for BMD. Started on physiotherapy & Biphosphonates as a mean to prevent other osteoporotic fractures in the future.

DISCUSSIONS:

In our patient, she has sustained multiple fragility fractures due to lack of evaluations for osteoporosis, leading to inadequate treatment.

We therefore suggest that postmenopausal women should be considered for treatment, if they had a previous low trauma hip, vertebral or wrist fracture, or a t-score ≤ -2.5 on dxa.³

CONCLUSION:

Important to prevent secondary fractures in fragility fractures – as this will contribute to further morbidity for patient.



Figure 1: Distal femur fracture



Figure 2: Post fixation

Fracture Liaison Service play a role in making sure secondary fractures do not occur by identifying them at the time they are treated at the hospital for fracture and providing them access to osteoporosis care.

REFERENCES:

- 1. Recurrent Fragility Fractures: A Crosssectional Analysis. Journal of the American Academy of Orthopaedic Surgeons.
- 2. Fragility fracture care gap at a tertiary teaching hospital in Malaysia.
- 3. A summary of the Malaysian Clinical Guidance on the management of postmenopausal and male osteoporosis.