

12

TRAUMATIC SUBTROCHANTERIC FRACTURES. CLASSIFICATION, INTERVENTION, COMPLICATIONS AND PATIENT OUTCOMES

doi:10.1136/injuryprev-2012-040580b.12

¹C Gosling*, ²M Richardson, ³G Brown, ⁴R Hau, ⁵M Pirpiris, ⁶E Edwards. ¹Monash University, Melbourne, Australia; ²The Epworth Hospital, Melbourne, Australia; ³The Geelong Hospital, Geelong, Australia; ⁴The Northern Hospital, Melbourne, Australia; ⁵The Royal Melbourne Hospital, Melbourne, Australia; ⁶The Alfred Hospital, Melbourne, Australia

Background and Aim Femoral fracture outcomes studies have focused on fractures of the femoral neck, shaft and distal femur. The aim of this study was to describe subtrochanteric fractures collected consecutively in a trauma registry, and to report the treatment methods and patient outcomes at 12-months.

Methods Data for all patients with an ICD-10 injury code for femur below the level of neck of femur admitted between May 2005 and June 2009 were obtained from the Victorian Orthopaedic Trauma Outcomes Registry database. Data were collected at baseline (patient, injury, x-ray and hospital details) and at 12-months (bony union, complications, health related quality of life—short form-12 summary scores for physical and mental component summary (PCS-12, MCS-12)).

Results Subtrochanteric femoral fractures were identified in 124 patients from 884 fracture codes (54% female; average (SD) age=58.6(25.9) years). Low falls were the most common cause of injury (44%), with most (65%) of the cases recording isolated femoral fractures. Most patients underwent fixation using an intramedullary sliding hip screw (55%). Fracture union was confirmed in 69 patients (average union time: 223.7 days). Non-union was identified in 45% and 16% of the cases followed-up at 6 and 12-months respectively. Complications were identified in 38% of the reviewed cases. Physical function scores (PCS-12: 38.4(10.6)) were lower than population scores, while mental function scores were similar (MCS-12: 49.3(12.4)).

Significance The long time to union outcomes and high complication rates in this registry based consecutive cohort study is not consistent with the reported literature.



TRAUMATIC SUBTROCHANTERIC FRACTURES. CLASSIFICATION, INTERVENTION, COMPLICATIONS AND PATIENT OUTCOMES

C Gosling, M Richardson, G Brown, R Hau, M Pirpiris and E Edwards

Inj Prev 2012 18: A18

doi: 10.1136/injuryprev-2012-040580b.12

Updated information and services can be found at:

http://injuryprevention.bmj.com/content/18/Suppl_1/A18.2

These include:

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections

Articles on similar topics can be found in the following collections

[Fractures](#) (51)

[Epidemiologic studies](#) (842)

Notes

To request permissions go to:

<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:

<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:

<http://group.bmj.com/subscribe/>