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

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

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