PRELIMINARY STUDY OF THE OSTEOPOROTIC CONTEXT OF DISTAL RADIUS FRACTURES IN PATIENTS OLDER THAN 65 YEARS. PROSPECTIVE ANALYSIS OF 15 CASES

AUTHORS: J. CANOSA MD, Ch. GORDO MD, J. DOMINGO MD, C. ESTEVE Chairman
ORTHOPAEDIC SERVICE
HOSPITAL DEL VENDRELL, TARRAGONA
SPAIN
INTRODUCTION

DISTAL RADIUS FRACTURES (DRF) IN PEOPLE OLDER THAN 65 YEARS SHOULD BE CONSIDERED AS A FIRST WARNING OF AN UNDERLYING OSTEOPOROSIS

DRF THAT OCCURS BETWEEN 65 AND 75 YEARS ARE AT THE OPTIMAL MARGE FOR A DETAILED AND RIGOROUS STUDY OF OCCULT OSTEOPOROSIS BECAUSE THIS PATIENTS ARE IN A HEALTH'S STATE THAT ALLOWS A MULTIPE POSSIBILITIES FOR IMPLEMENTATION OF A GLOBAL PLAN FOR INTERVENTION AND PREVENTION OF A SECOND FRACTURE

WE CONDUCTED A PROSPECTIVE STUDY OF 15 PATIENTS DIAGNOSED TO DRF AND TREATED IN OUR SERVICE

WE ANALYZED PARAMETERS THAT SHOWS THAT THEY HAVE MULTIPLE OSTEOPOROTIC FACTORS THAT HAD NOT BEEN PREVIOUSLY SHOWN
MATERIAL AND METHOD

SERIE OF 15 PATIENTS DIAGNOSED TO DRF. AGES BETWEEN 65 AND 75 YEARS

WE REVIEW COMORBIDITIES ALREADY DIAGNOSED
WE REVIEW THE CONSUMPTION OF DRUGS THAT INTERACT WITH PHOSPHORUS AND CALCIUM METABOLISM AND THOSE RELATED TO A POSSIBLE INCREASED RISK OF FRACTURES (CORTICOSTEROIDS, HYPNOTICS AND INHIBITORS OF THE PROTON PUMP

WE PERFORM A SIMPLE X-RAYS STUDY OF THE DORSAL AND LUMBAR SPINE

WE INDICATED A BMD AS A PART OF THE INITIAL STUDY
**RESULTS**

**SEX**
- Females: 14
- Males: 2

**COMORBIDITIES (CM)**
- 1 CM: 10
- 2 CM: 8
- 3 CM: 4
- 4 CM: 2

**DRUGS CONSUMPTION**
- IBP: 12
- Hypnotics: 10
- Cortic: 8

**VERTEBRAL FRACTURES**
- No Injuries: 9
- Fracture: 6

**BMD**
- Femur: 9
- Lumbar: 8
CONCLUSIONS

IT IS NECESSARY TO CONSIDER PATIENTS OVER 65 YEARS DIAGNOSED WITH DRF AS A “OSTEOPOROTIC PATIENTS”

THE ENVIRONMENT OF OSTEOPOROSIS REQUIRED A DETAILED STUDY IN ORDER TO DETERMINE THE EXISTENCE OF COMORBIDITIES RELATED TO BONE FRAGILITY, THE PRESENCE OF VERTEBRAL FRACTURES AND THE CONSUMPTION OF “OSTEOPENIC DRUGS”

THE POSSIBLE CATEGORIZATION OF THESE PATIENTS IN THE GROUP OF “COMPLEX CHRONIC PATIENTS” SHOULD BE CONSIDERED

THE COMPLETE STUDY OF ALL THE EXPOSED PARAMETERS WE CAN MAKE A “MAP” THAT WILL ALLOW US TO ELABORATE A MULTIDISCIPLINARY ACTION PLAN IN ORDER TO REDUCE THE FUTURE RISK OF NEW FRACTURES