



FRAGILITY FRACTURE DUE TO METABOLIC DISORDER AFTER BARIATRIC SURGERY PROCEDURE :Total hip replacement with constrained liner as definite management

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Abstract

Elderly people come up against a hip fracture after misstepping and eventually falling . Two main types of hip fracture exist : 1) intracapsular(supcapital or pipkin) and 2) extracapsular of intertrochanteric region. A 70-year old woman- previously undergoing a bariatric surgery and its malabsorption consequences ,such as serious neuromuscular deficiency- presented in our clinic with a 40-days left intertrochanteric fracture misdiagnosed as chronic backache .A quick review , revealed a fall and afterwards constant pain and inability of weight bearing . Patient was then -efficiently and effectively- treated with total hip arthroplasty (THA) with constrained liner . THA consists of femoral stem prosthesis , acetabular component and bearing surfaces .Constrained liner is a metal ring that holds femoral head captive in the socket so the patient has less range of motion. This technique is preferable to avoid easier component's dislocation when neuromuscular comorbidities, dementia or deficient abductor mechanism exist. Normally, intramedullary nailing or ORIF with sliding hip screw are first option managements. Final evaluation reveals better outcome. Harris hip score : before the fall (84%) , directly after the fall (35,65%) , one month post operatively (58,30 %) , 6 months post op (66,5%). Barthel score : entry (20%) , exit (65%). FIM score : entry (73%) , exit (97%). These, estimate patient's pain and daily functional independence. Proximal femur fractures are up to 10 % occult on radiograph . Specialists must have a high index of suspicion , take a good patient history ,make a careful examination and question upon the way of managing it. It is not mandatory for a fracture to be treated as it is usually be done. It depends on the patient and her/his special needs.

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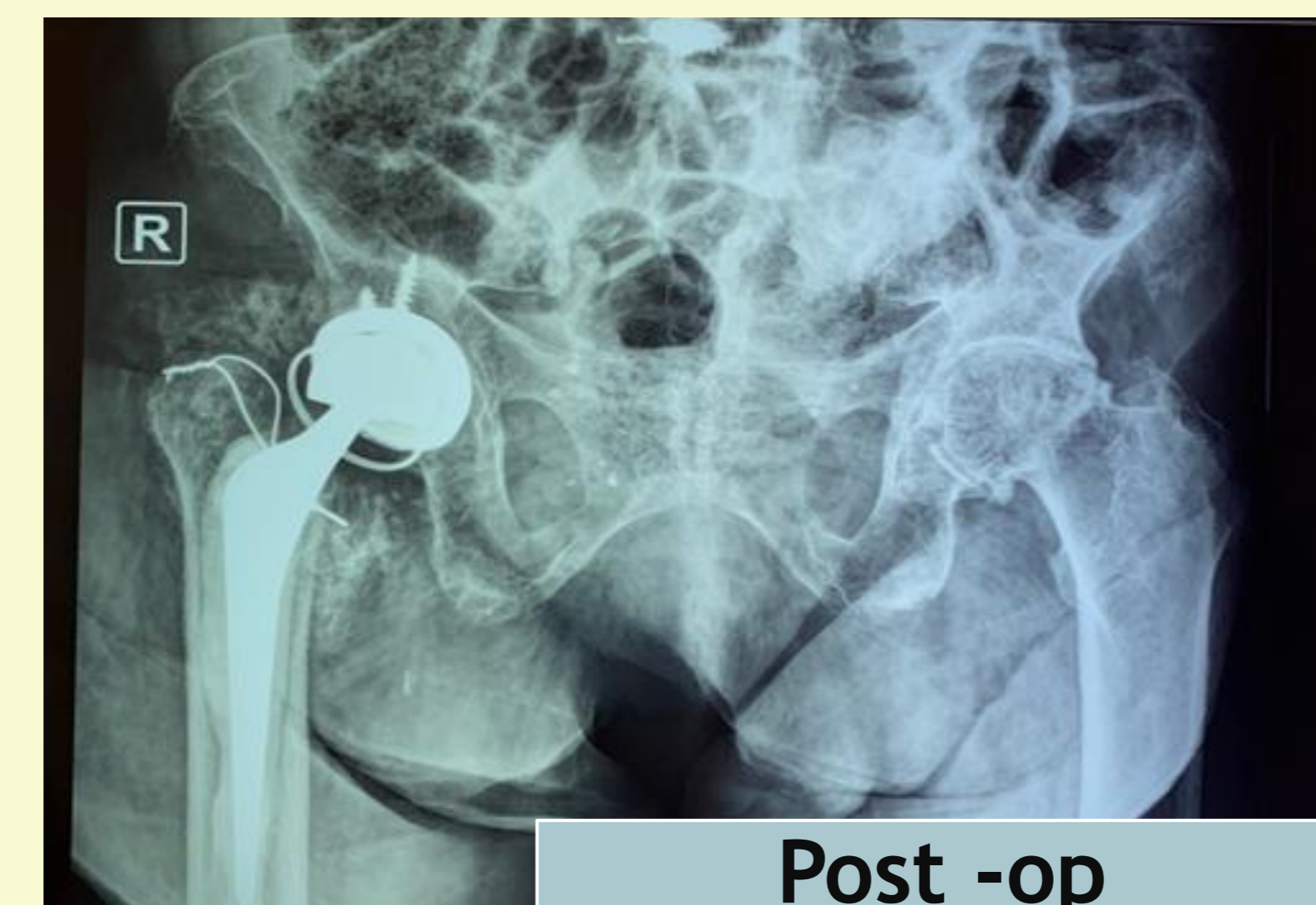
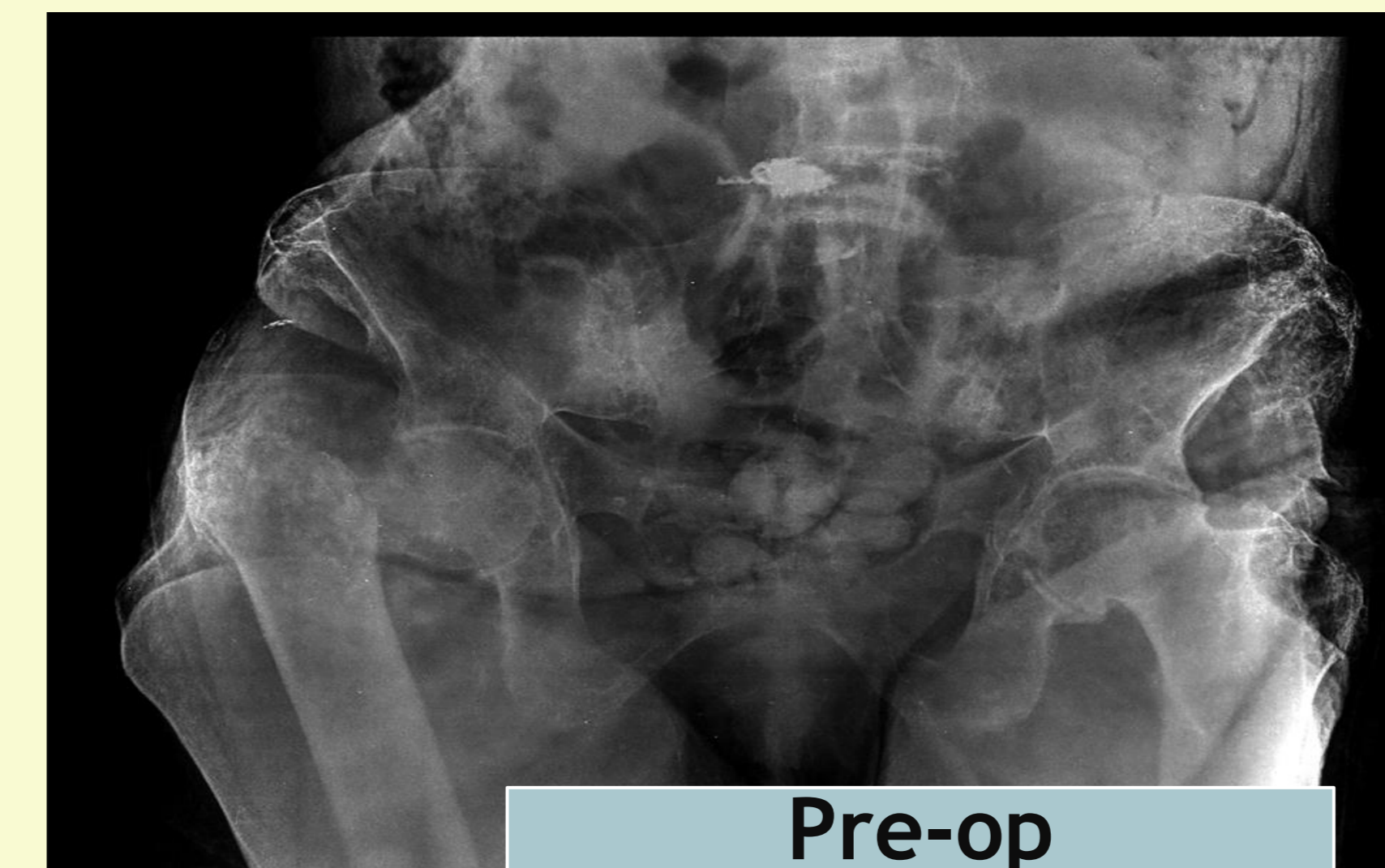
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Introduction

- Fragility fractures result from low energy trauma
- The majority of them occur in individuals who have less marked reductions in bone mass or normal BMD
- A patient with a fragility fracture is at high risk of experiencing secondary fractures in the first **two** years following the initial fracture
- Frequent fracture localization : hip , spine, wrist

Methodology

- 70-year old woman with 40 –days neglected intertrochanteric hip fracture
- Bariatric surgery and consequences : exclusion criteria for IM-nailing and ORIF
- Option for treatment : **THA** with constrained liner and fixation of great trochanter with wire
- Duration of follow-up : 6 months



Objectives

Low BMD causes

Type of management

Post-management evaluation of life quality

Results

Before the fall 84%	Directly after the fall 35,65%
1 month post op 58,30%	6 months post op 66,5 %

Harris Hip score

Entry 20%

•Barthel score

Exit 65%

FIM

•Entry 73%

SCORE

•Exit 97%

Conclusion

- Major consequences on patient's quality of life
- Often clinically silent
- Question upon the way of management