

Fracture Neck Of Femur - A Local Experience

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INTRODUCTION:

Hip fractures is one of the commonest in elderly patients with various co-morbidities. The incidence of hip fracture in Malaysia is about 90/100 000 population and commoner in women.¹ Mortality rate within six months after femoral neck fracture is reported at about 11-23% and 22-29% at one-year worldwide². Therefore, we evaluate all the neck of femur fracture patients who were admitted for surgery to create a greater understanding of peri-operative risk and possible correlation to post-operative prognosis

METHODS:

All patients were admitted to Sarawak General Hospital over a year and underwent surgical procedure for fracture neck of femur. Decision for total or hemiarthroplasty was made following Rogmark et al. criteria.³ Demographics and peri-operative investigations were recorded from hospital medical records. Statistical data was analyzed using IBM SPSS Statistics Software.

RESULTS:

A total of 45 patients with neck of femur fracture were evaluated. Majority of patients are elderly with mean age of 72.91. More patients are female (66.67%) with slightly more left sided fracture (53.3%). More than 15% and 30% of patients has more than 3 co-morbid and 2 co-morbid respectively. Mean time of surgery is 18.86 days post trauma. Total of 46.7% of patients underwent total hip replacement. Peri-operative investigations noted that mean haemoglobin level was 11.6 g/dL with 20% below 10 g/dL. Mean sodium, potassium, urea and creatinine level was 134.9, 3.83, 6.5 mmol/L and 110.1 µmol/L.

Post-operative noted that 75.6% of patients was ambulatory and mortality at three months was 4.4% and 11.1% at six months. Results showed that there was no correlation between gender and survival (p-0.50) and no increase in mortality if peri-operative Hb is less than 10g/dL (p-1.0) or higher number of co-morbid (p-0.703). There was also no significant increase in mobility (p-0.13) or mortality (p-0.75) for patients who underwent total hip replacement.

DISCUSSIONS:

Even though numerous studies had demonstrated links between co-morbidity and male gender with mortality, our data shown no significant relation.⁴ However, the mean age and female gender preference of patients were similar to trends over the past decades.² Peri-operative Hb in our patients was not directly related to mortality as opposed to study by Maxwell et. Al⁴ Our patient's mortality of 11% (six months) stands at the lower range of norm (11-23%)² It was also noted that 33% of patients admitted had Na of less than 135mmol/L and 25% had Hb level below 10g/dL with 37.8% of patients had deranged creatinine level

CONCLUSION:

Evaluation of our local patients with femoral neck fracture had noted that significant patients have multiple co-morbidity, deranged electrolytes and renal profile with low Hb. Approximately, more than 10% of mortality at six months with no correlation to gender, Hb level and number of co-morbidity. In conclusion, multidisciplinary approach is required for medical assessment and optimization with correction of deranged parameters to ensure optimal patient's condition and timing for surgical intervention