



# 4° CONGRESSO NAZIONALE FRAGILITY FRACTURE NETWORK - ITALIA

*Appropriatezza, Qualità e Sostenibilità delle Cure  
nel Percorso Ortogeriatrico*



IV Sessione: L'approccio chirurgico integrato nel paziente ortogeriatrico

## **Fratture Extrafemorali degli Arti nel Paziente Osteoporotico: quale Osteosintesi? Dr. Carlo Trevisan**

Sistema Socio Sanitario



Regione  
Lombardia

ASST Bergamo Est

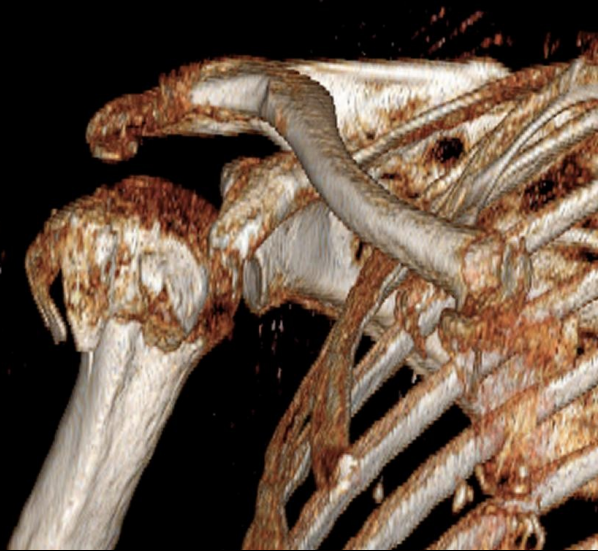
**UOC di Ortopedia e  
Traumatologia  
Ospedale Bolognini  
Seriate (BG)**

♀ 66aa

DX

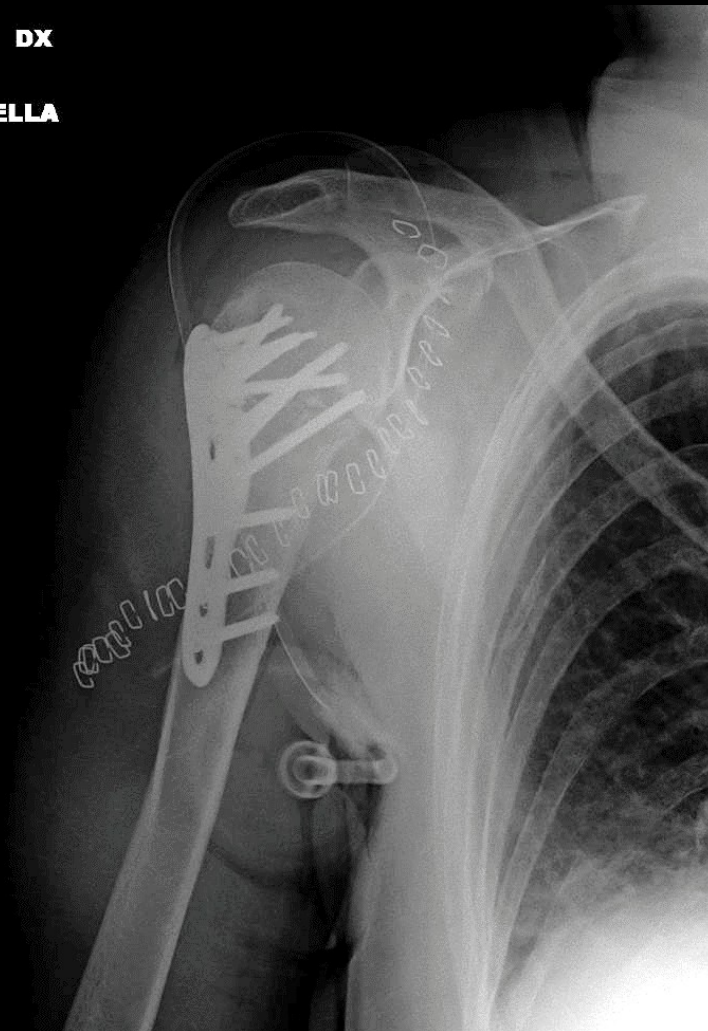


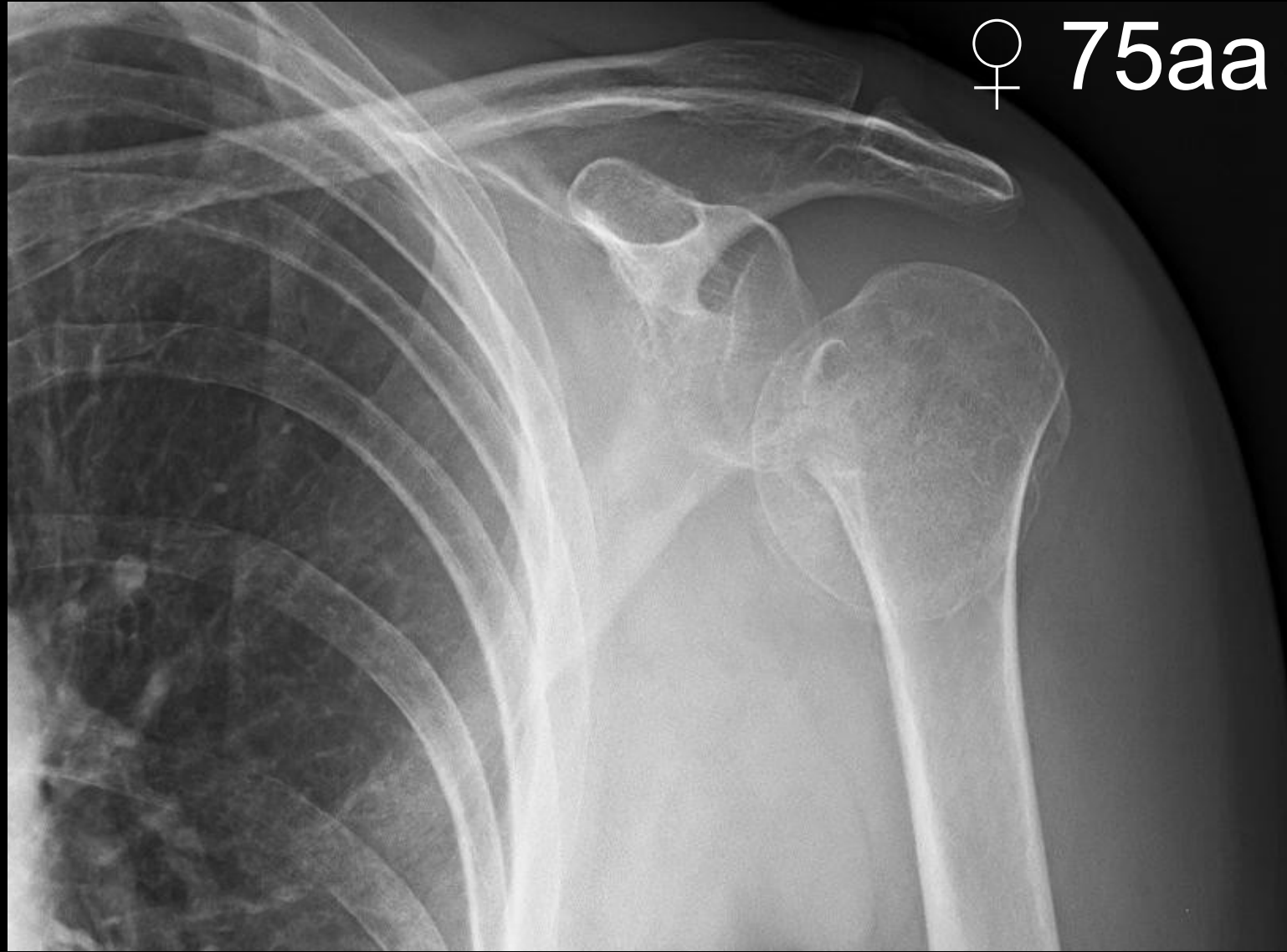
Neer 4      AO 11 C3.1



**DX**

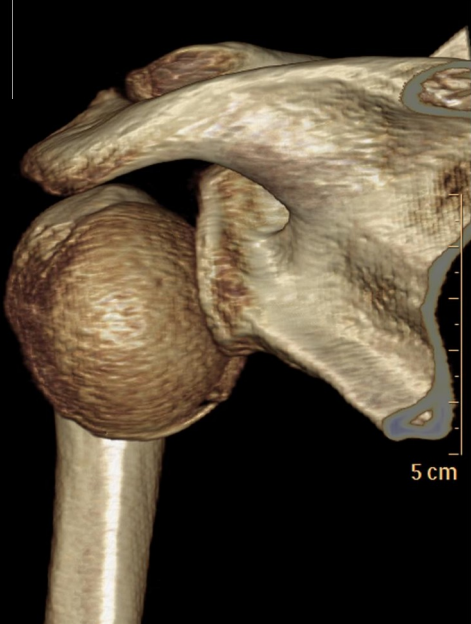
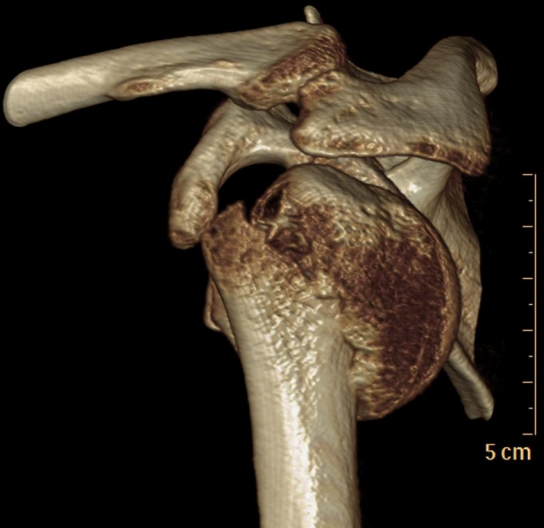
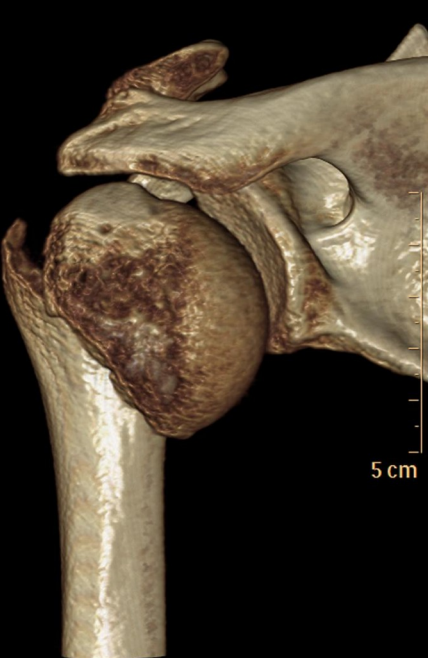
**IN BARELLA**

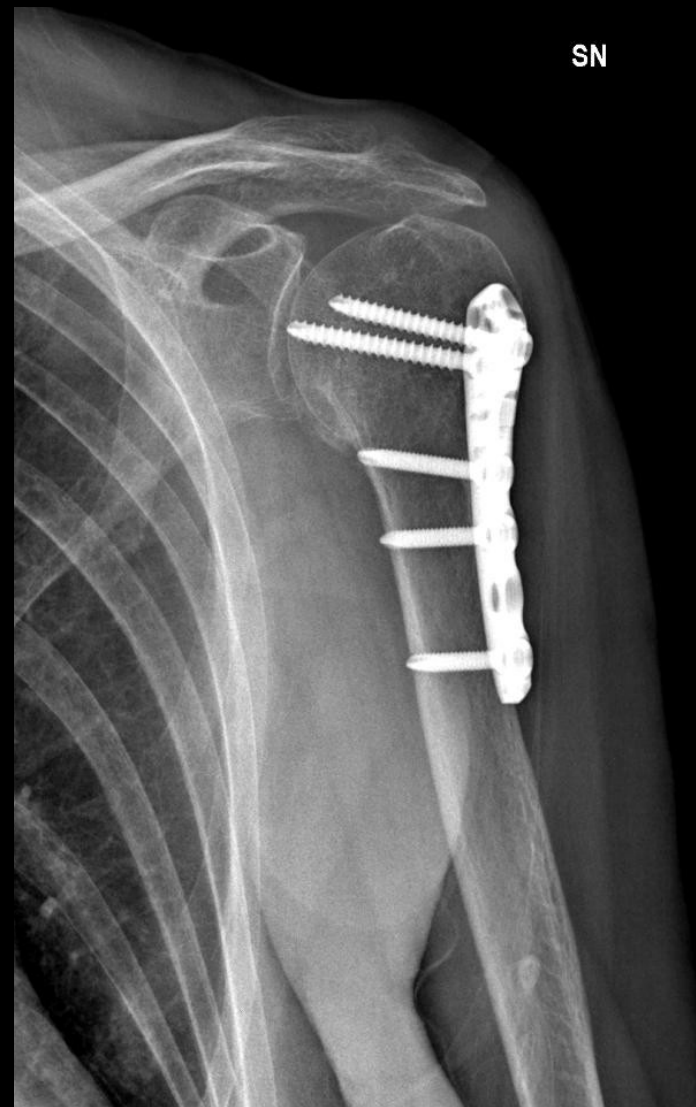




♀ 75aa

# Neer 2 AO 11 A3





Neer 3 AO 11 B1.1 ♀ 60aa





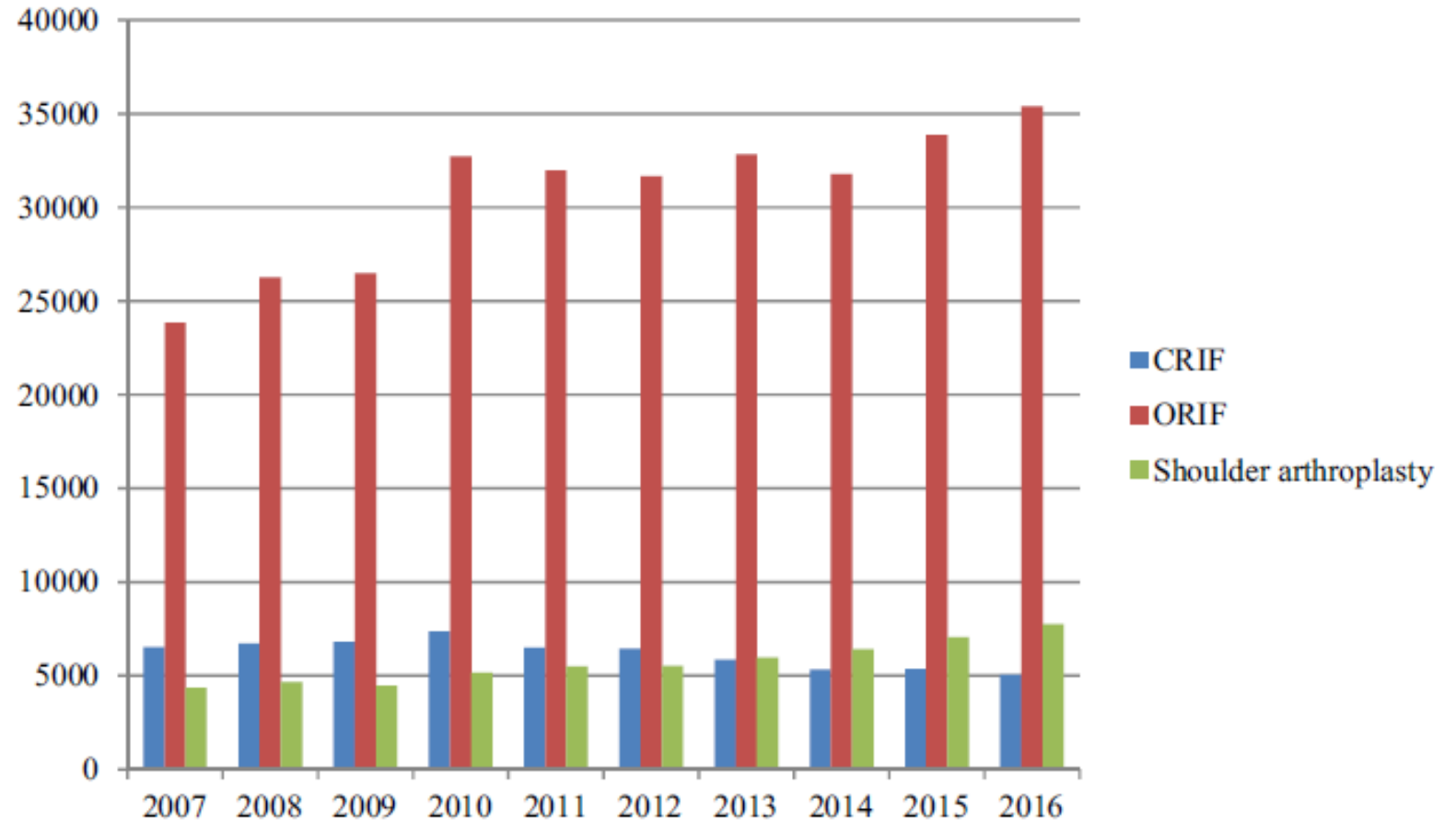
# Trends in surgical management of proximal humeral fractures in adults: a nationwide study of records in Germany from 2007 to 2016

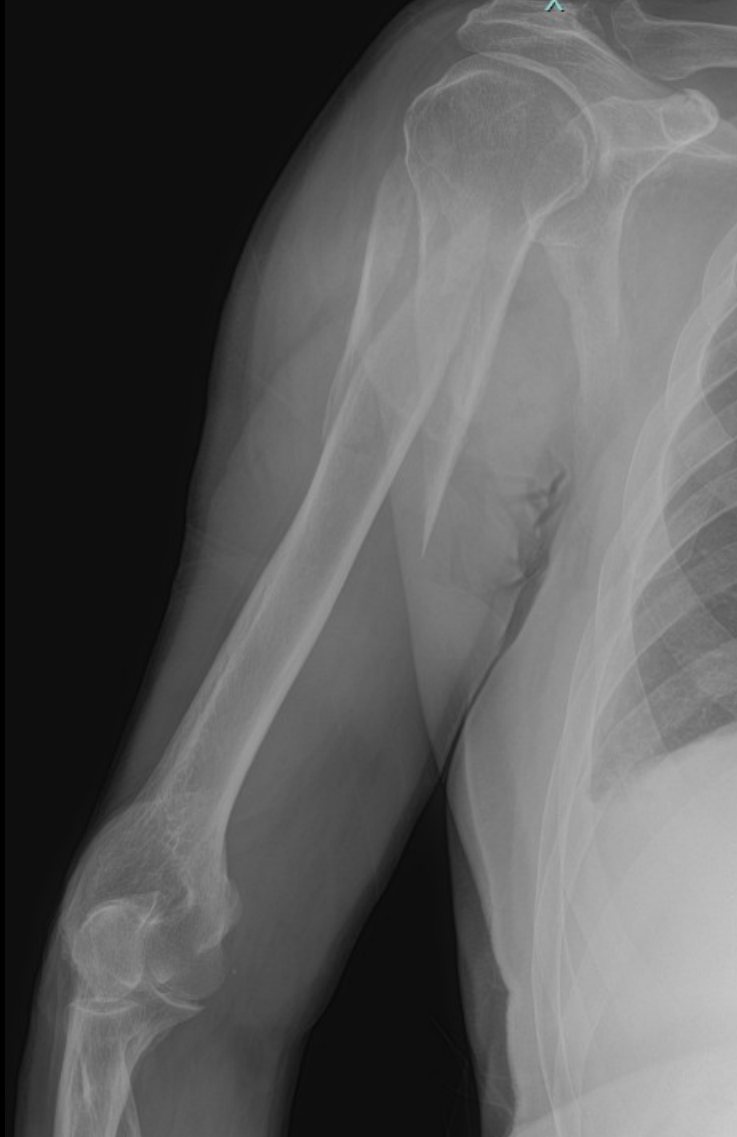
Alexander Klug<sup>1</sup> · Yves Gramlich<sup>1</sup> · Dennis Wincheringer<sup>1</sup> · Kay Schmidt-Horlohé<sup>2</sup> · Reinhard Hoffmann<sup>1</sup>

**Table 1** Annual incidence of proximal humerus fractures in elderly patients (per 100,000 person-years)

Year	<i>m</i>	<i>w</i>
2007	83	323
2008	89	334
2009	96	340
2010	108	360
2011	119	354
2012	102	353
2013	104	355
2014	100	347
2015	122	384
2016	124	392

## +38% surgical treatment





AO 12 C3i

Uomo di 80 anni

IRC

Cardiopatia Ischemica

Doppia antiaggregazione

Diabete poco controllato



♀ 62aa Neer 2 AO 11 A3



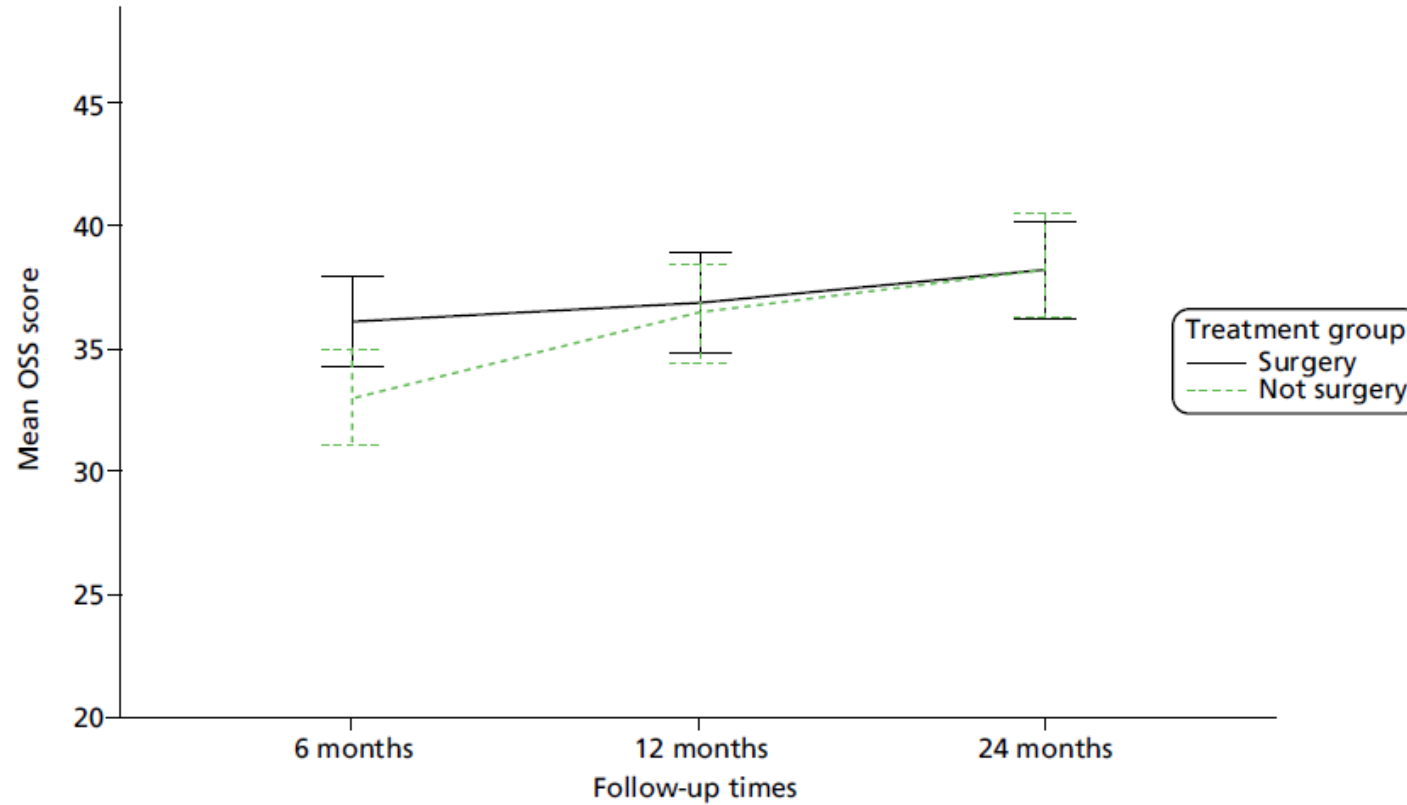


FIGURE 8 Mean OSS scores (with 95% confidence intervals) over time by treatment group.

### Conclusion

The base-case analysis (multiple imputation data set) for the ITT approach suggests that **surgery is expected to be significantly more costly and to provide fewer health benefits than non-surgery for the treatment of these patients.** Similarly, the analysis of uncertainty confirmed that it is unlikely that surgery represents an

## Interventions for treating proximal humeral fractures in adults (Review)

Handoll HHG, Elliott J, Thillemann TM, Aluko P, Brorson S

### Authors' conclusions

There is high- or moderate-certainty evidence that, compared with non-surgical treatment, surgery does not result in a better outcome at one and two years after injury for people with displaced proximal humeral fractures. It may increase the need for subsequent surgery. The evidence is absent or insufficient for people aged under 60 years, high-energy trauma, two-part tuberosity fractures or less common fractures, such as fracture dislocations and articular surface fractures.

There is insufficient evidence from randomised trials to inform the choices between different non-surgical, surgical or rehabilitation interventions for these fractures.

♀ 72aa

2R3 C1.3





**DX**

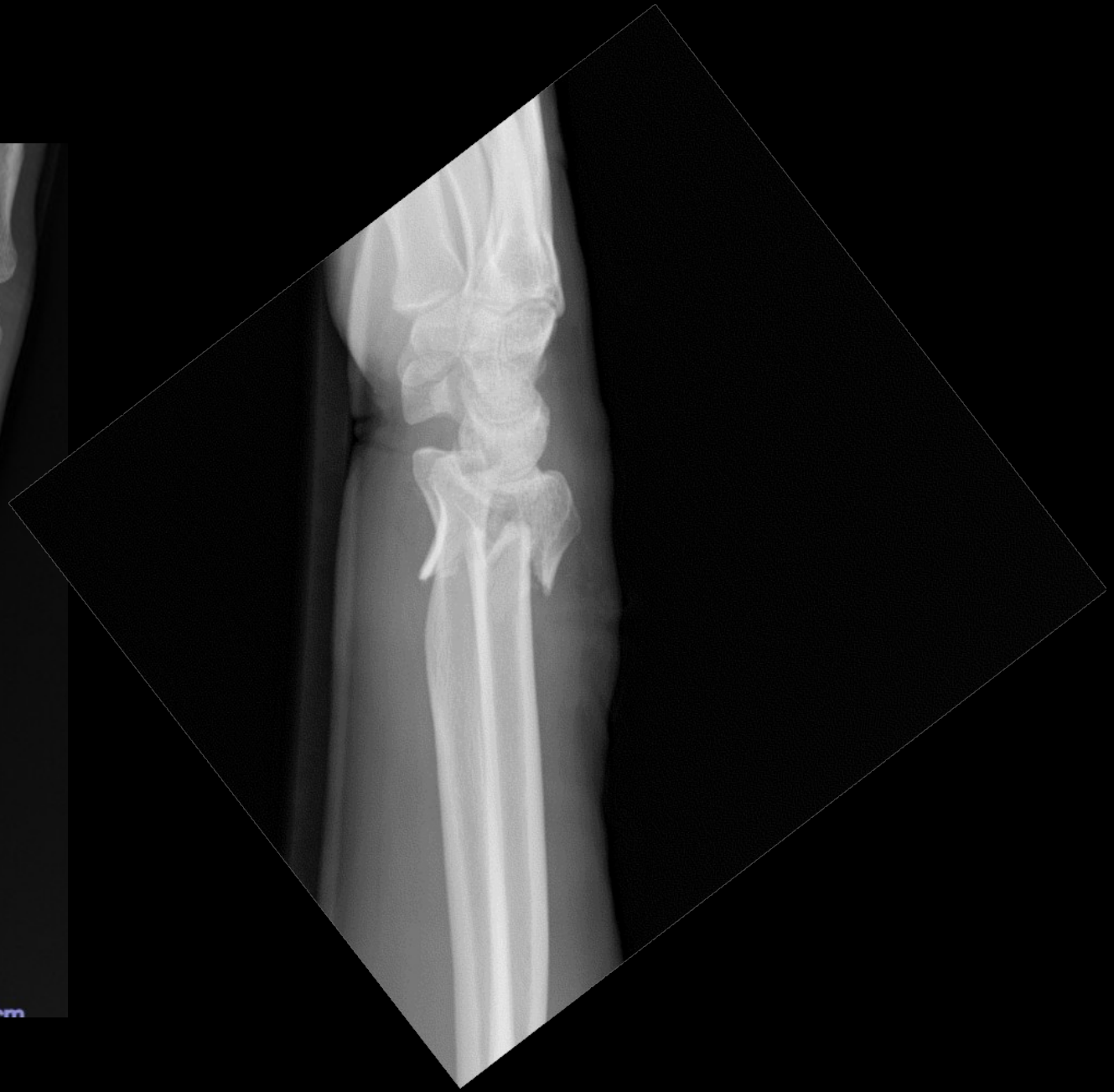


**DX**



♀ 72aa

2R3 C1.3





♀ 77aa AO 2R3 A3.3







♀ 83aa AO 2R3 A2.2











**The Cochrane Collaboration**

Working together to provide the best evidence for health care

Cochrane Database Syst Rev. 2009 Jul 8;(3):CD003209.

## **WITHDRAWN: Surgical interventions for treating distal radial fractures in adults.**

Handoll HH, Madhok R

### AUTHORS' CONCLUSIONS

**The 48 randomised trials do not provide robust evidence for most of the decisions necessary in the management of these fractures.**

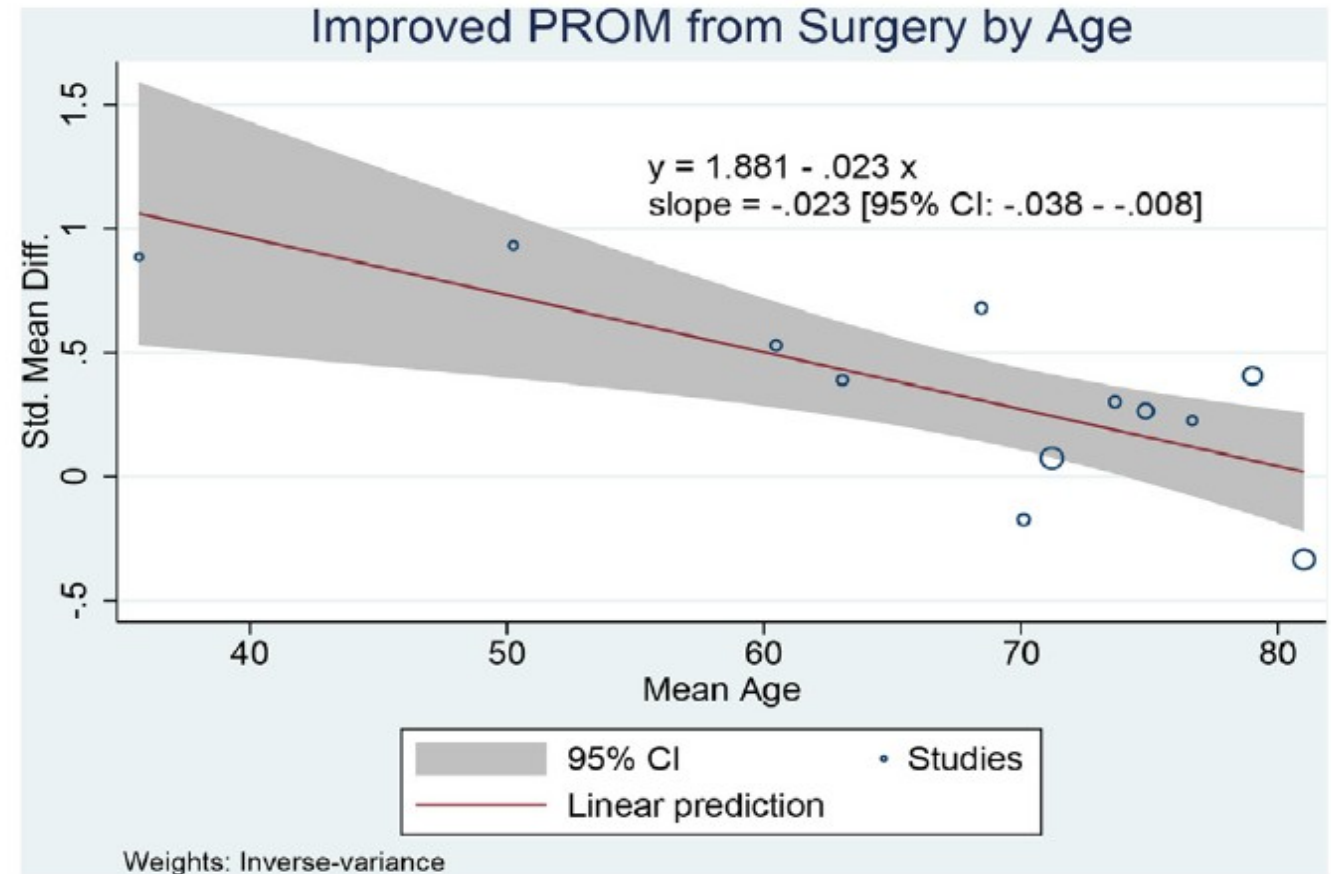
Although, in particular, there is some evidence to support the use of external fixation or percutaneous pinning, their precise role and methods are not established.

**It is also unclear whether surgical intervention of most fracture types will produce consistently better long-term outcomes.**

There is a need for good quality evidence for the surgical management of these fractures.

The Moderating Effect of Age on Patient-  
Reported Benefits From Operative  
Management of Intra-Articular Distal Radius  
Fractures: A Meta-Regression Analysis

Joshua W. Hustedt, MD, MHS,\* Nicholas Chartrand, BS,\* Dallin Merrell, MS, BS,\* Rachel Reichenbach, BA,\*  
Eric Pinkston, BA,\* Chad Stecher, PhD†



**Conclusions** Older ages are associated with decreased benefits from surgical management with volar locked plating as compared to cast immobilization. Patients aged  $>80$  years are unlikely to experience a clinically significant improvement with surgery. Surgeons and policymakers may use these data to counsel patients, health systems, and professional organizations on the risks and benefits of operative treatment in older adults. (*J Hand Surg Am.* 2023;48(12):1193–1199. Copyright © 2023 by the American Society for Surgery of the Hand. Published by Elsevier Inc. This is an open access article under the CC BY license

32 B3c [VC]

Rorabeck-Taylor 2a



♀ 86aa

Ipotiroidismo

- Ipertensione arteriosa
- Dislipidemia
- IRC
- FA
- DM tipo 2
- BPCO
- Sd ansioso-depressiva

2017 Impianto PTG dx

2017 ricovero per scompenso  
cardiaco su base ipertensiva

2018 impianto PTG sin

2018 Ricovero per scompenso  
cardiaco e BPCO riacutizzata

DX



PostOP



8 mesi



9 mesi



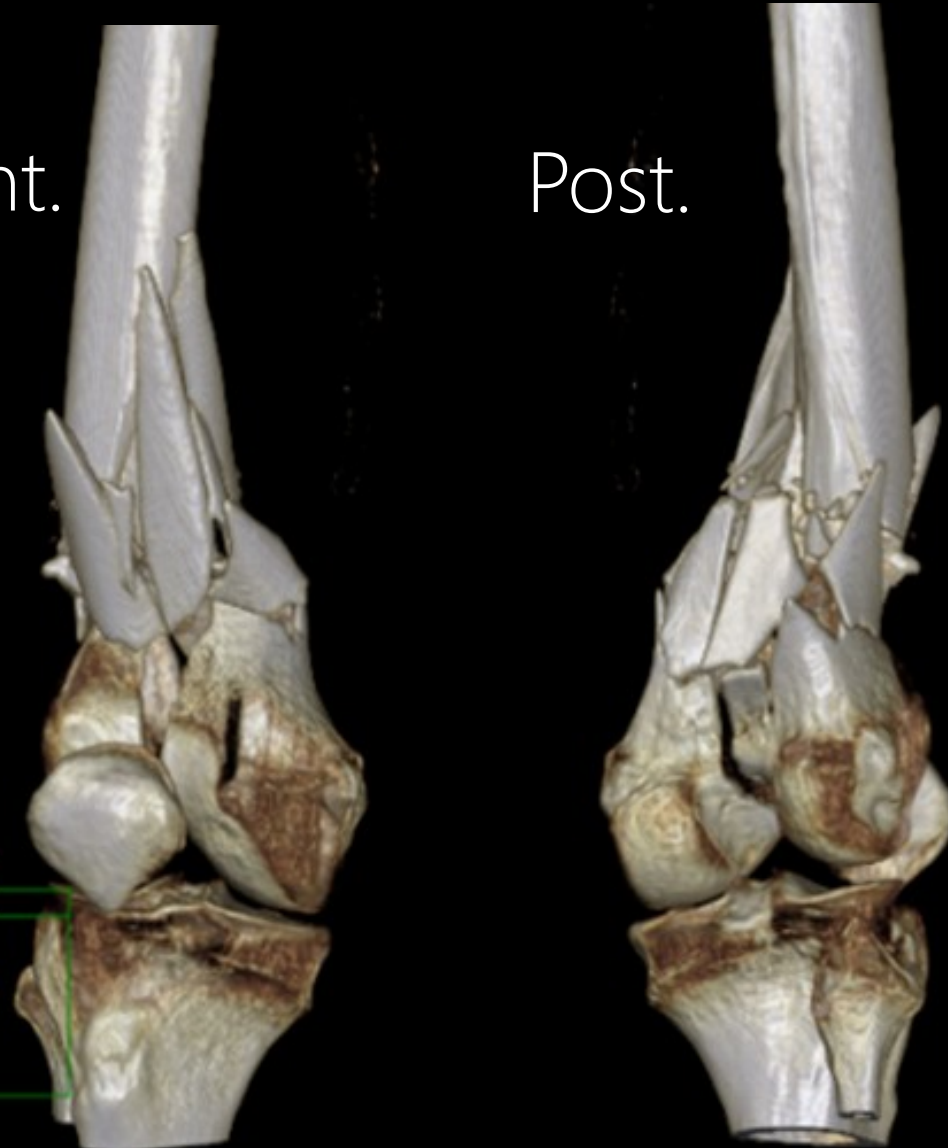
♂ 73aa

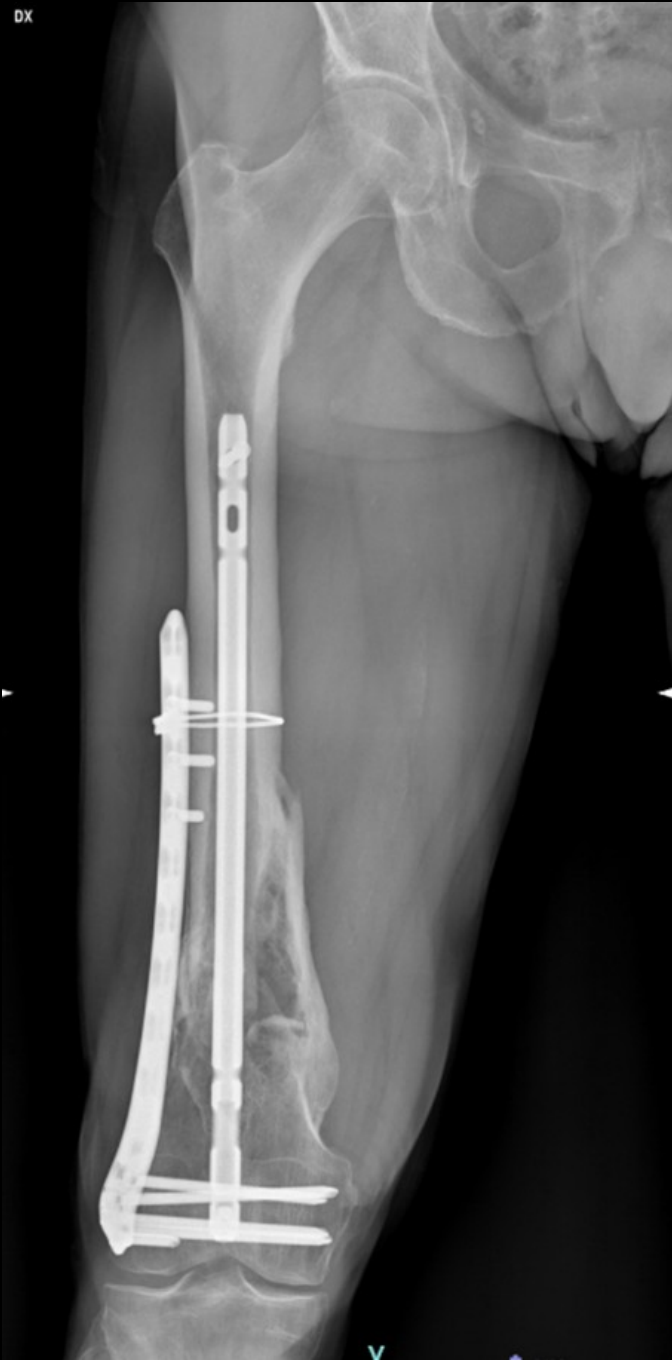
33 C2.3



Ant.

Post.



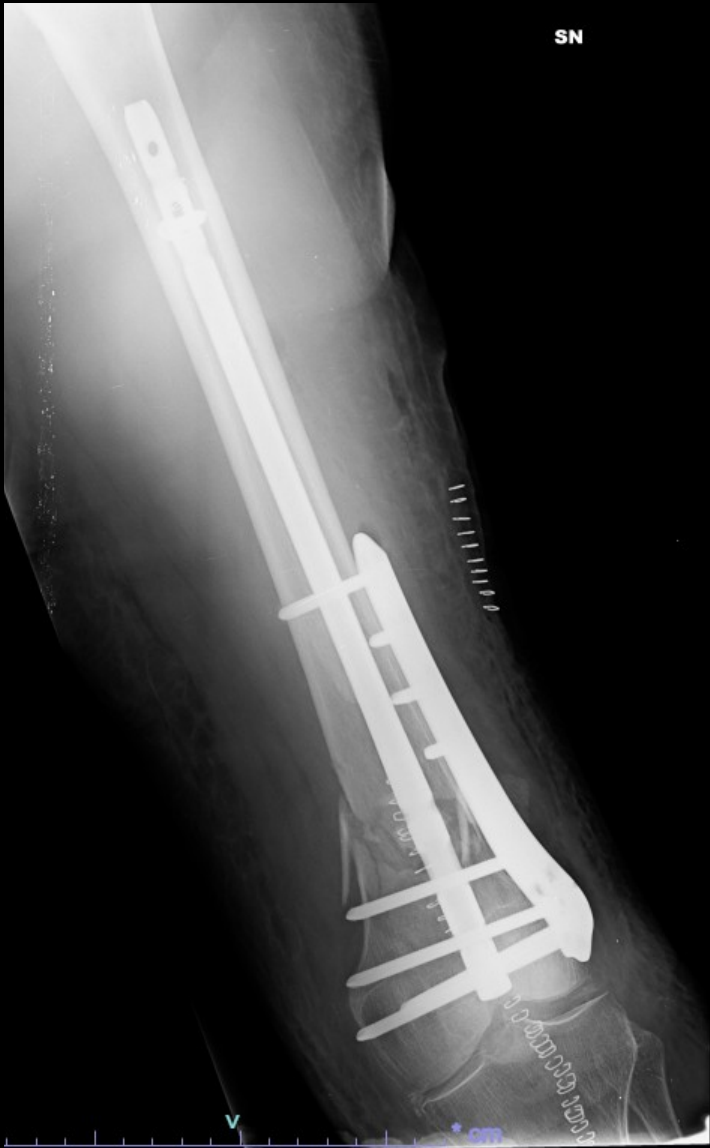


♀ 81aa

33 C2.2

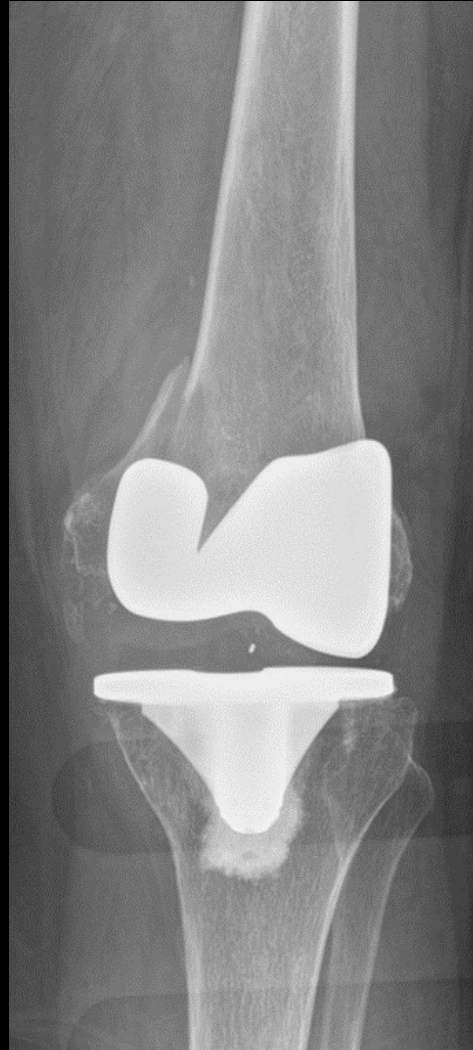






♀ 89aa

33 C3 [VB3] Rorabeck-Taylor 3





♂ 76aa AO 43 C1.1 Bartonicek 4





# Conclusioni-1

## Arti Superiori

- L'utilizzo della placche a stabilità angolare ha migliorato i risultati soprattutto in presenza di un osso meccanicamente poco competente
- Nelle fratture dell'Omero Proximale anche scomposte, il trattamento chirurgico sopra i 60 anni di età va valutato con attenzione in relazione alle esigenze e condizioni cliniche del paziente e alla tipologia di frattura
- Nelle fratture del Radio Distale anche scomposte, il trattamento chirurgico sopra gli 80 anni di età è sconsigliato e nei soggetti oltre i 65 anni va valutato con attenzione in relazione alle esigenze e condizioni cliniche del paziente e alla tipologia di frattura

# Conclusioni- 2

## Arti Inferiori

- La ripresa del carico e della deambulazione è l'obiettivo primario nel trattamento delle fratture da fragilità degli arti inferiori soprattutto negli anziani fragili
- Questo obiettivo può giustificare il ricorso a sintesi più complesse rese possibili da strumentari e mezzi di sintesi adatti a tecniche chirurgiche a minor invasività



Grazie