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Management of Distal Radius Fracture in Elderly Patients

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Distal radius fracture is frequently seen in elderly patients. These fractures frequently occur in those individuals who are mobile. Osteoporosis may be one of the contributing factors. These fractures can occur as a result of trivial trauma.

Instability of the distal radius fracture may result from decreased bone mineral density. As one ages the rate of displacement also increases. This is mainly responsible for redisplacement when being treated with cast immobilization. Displaced fractures can lead to malunion. Severely malunited fractures can adversely affect the function in the elderly patients.

Various methods have been used to prevent further displacement of the fracture. These include the use of K-wires and plaster of Paris, K-wires alone, external fixator, bone cement, open reduction and internal fixation, intramedullary nailing. Each method has its advantages and drawbacks.

The K-wires and plaster is a good method which is cheap. However the complications include pin tract infection and complex regional pain syndrome. When K-wires alone are used, it can lead to nerve irritation and sometimes wire migration. External fixation for distal radius fracture was associated with minor pin tract infection. For accurate reduction of severely displaced distal radius fractures open reduction and internal fixation is required. Volar plating with locking screws provide stable fixation. The fracture may have to be approached either from the dorsal or the volar aspect. After reduction a large bone void may require bone grafting or some other substitutes. Complications of plating include tendon ruptures and nerve irritation. When deciding on the choice of treatment, the functional activity of the patient, the complications and the skill of the surgeon must be taken into consideration.