

Intertrochanteric Fracture Care in Latin America

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Purpose: The incidence of hip fractures continues to increase throughout Latin America. Despite this, there are few studies that assess hip fracture management in the region, impeding efforts to develop best practice guidelines and cost-effective solutions for this growing problem in the region. This study seeks to evaluate intertrochanteric fracture management from surgeon-experts throughout Latin America.

Methods: Based on input from a panel of Latin American orthopaedic traumatologists, a survey evaluating hip fracture management preferences was developed and distributed using a snowball sampling method. One surgeon-leader per Latin American country (n = 20) identified up to 10 surgeons experienced in treating hip fractures within their country. Each surgeon identified received a unique REDCap survey link. Descriptive statistics and Fisher's exact tests were performed using STATA 15.0.

Results: 124 respondents from 16 Latin American countries completed the survey. The most common definitive management method reported for intertrochanteric fractures was internal fixation using the short cephalomedullary nail for both stable and unstable fractures, regardless of other factors. This method was most commonly reported (60.5%) for patients <65 years old with unstable fractures who were healthy and community ambulators. Arthroplasty as a treatment choice generally increased with patient age, showing that it was most common among patients >80 years old with an unstable fracture who were unhealthy and minimal/nonambulators. Postoperatively, non-weightbearing was most often preferred (22.3%) for unstable fractures treated with internal fixation, whereas full weightbearing was commonly recommended for stable fractures treated with arthroplasty (81.7%). Most respondents considered fracture pattern (74.2%), patient age (52.4%), preoperative function and quality of life (50%), and quality of reduction (46.8%) as most important factors when choosing between fixation and arthroplasty.

Conclusion: Understanding existing treatment patterns for hip fracture care is critical for developing standards and addressing areas for needed improvements. The results of this study will guide future investigations necessary for developing best practice recommendations and targeting interventions to address gaps in hip fracture care in the region.