South Central management of
Anti-resorptive associated Atypical Femoral Subtrochanteric and Shaft fractures
FRiSCY 2012
version 1.6 (revision 10/13)

AIMS:
1) To optimize functional recovery of atypical fracture
2) To minimize the risk contralateral atypical fracture
3) To minimize the risk of other fragility fracture

Detection (see ASBMR taskforce guidance 2010 and FPS proforma):
At screens
1. Trauma team confirm: a) patient has been on bisphosphonates in last 12 months; b) presence of any uni lateral or bilateral thigh pain/ discomfort
2. Radiologist confirms fracture pattern is consistent with an atypical fracture

Principles of care of Fractured side:
>Femur is likely to be brittle and have thick cortex
1) Consider reaming
2) Use of a cephalo-medullary device is recommended to minimise the increased risk of secondary femoral neck fracture
3) Careful selection of entry point
4) Fully weight bear after surgery to reduce load on contralateral side

Principles of care of contralateral side:
1) Ascertain presence and severity of thigh pain on opposite side (0-10 pain on walking)
2) Urgent AP/ Lateral femur Xray & MR Cor T1 and FSTIR during current admission

Discontinue bisphosphonate, inform Orthogeriatricians / Osteoporosis service / Rheumatology / with name, NHS No and ward and topic = atypical subtroch fracture

Normal MRI

No symptoms + abnormal MRI

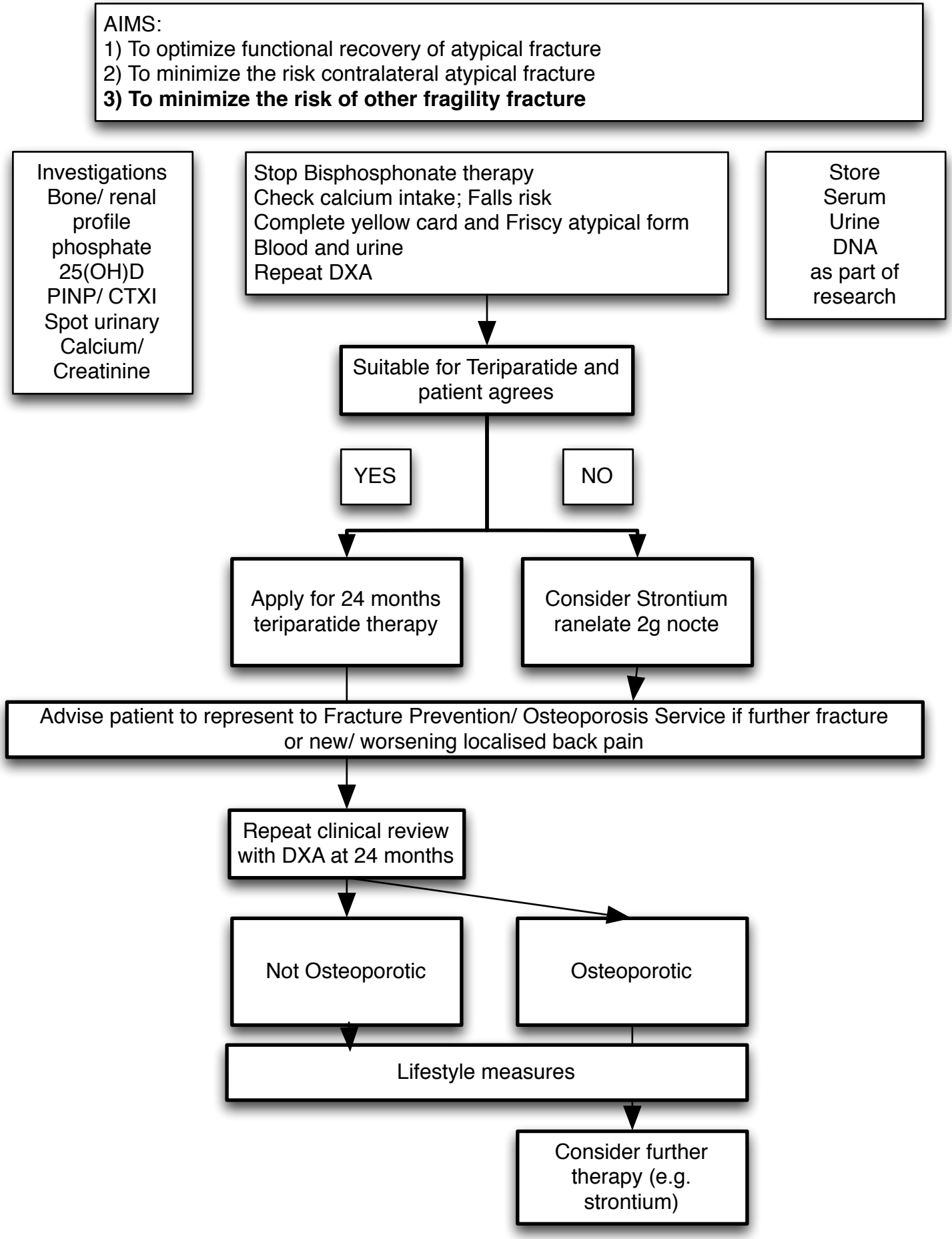
Symptoms + abnormal MRI

Reassure

Individual clinical decision principles:
1) Partial weight bearing with stick / crutch in opposite hand
2) Even if stop bisphosphonate, up to a one year off-effect
3) Risks of prophylactic nailing femur
4) Not enough evidence to risk stratify

Advise patient to represent to Trauma if new/ worsening symptoms

Review with Xray and/or MRI as clinically indicated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Investigations
Bone/ renal profile
phosphate
25(OH)D
PINP/ CTXI
Spot urinary Calcium/ Creatinine
Stop Bisphosphonate therapy
Check calcium intake; Falls risk
Complete yellow card and Friscy atypical form
Blood and urine
Repeat DXA
Store
Serum
Urine
DNA
as part of research
Suitable for Teriparatide and patient agrees
YES
NO
Apply for 24 months teriparatide therapy
Consider Strontium ranelate 2g nocte
Advise patient to represent to Fracture Prevention/ Osteoporosis Service if further fracture or new/ worsening localised back pain
Repeat clinical review with DXA at 24 months
Not Osteoporotic
Osteoporotic
Lifestyle measures
Consider further therapy (e.g. strontium)