Results: There were 16 males and 4 females of mean age 44.7 years (range 19–69 years). Thirteen patients had temporary external fixation, prior to definitive fracture fixation. Eight had open fractures, all associated with high energy trauma (e.g. falls from height, road traffic accidents, gunshot wounds). Minimum follow-up was 6 months and mean time to full weight-bearing was 16.7 weeks (range 8–44 weeks, \( n = 17 \)). Fracture healing was determined radiologically and clinically and mean time to union was 25.9 weeks (range 12–68 weeks, \( n = 15 \)). Three patients required additional procedures to aid bone healing, which included bone grafting. Two patients experienced distal wound breakdowns, with metal work exposure. In both cases the implants were removed and there were no further problems. One patient suffered from a wound infection, treated successfully with oral antibiotics. There were no deep infections, failures in maintaining fracture reduction, or implant failures.

Conclusion: We report encouraging early results for this technique. Our findings support the use of minimally invasive locking plate osteosynthesis for treating open and closed distal tibia fractures. Whether it has any advantage over dynamic compression plating should be determined by biomechanical studies and a randomised prospective study.

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Secondary prevention of fragility fractures: Are we following the guidelines?
Abbreviated mental score—A useful clinical tool
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Aim and introduction: Orthopaedic surgeons are often the first and only physicians to see fragility fracture patients hence they have an important role in the secondary prevention of such fractures. Our study aim was to find out whether the orthopaedic surgeons follow the BOA guidelines for secondary prevention of fragility fractures.

Methods and results: A retrospective AUDIT on neck of femur fractures treated in our hospital between October and November 2003 was carried out. There were 27 patients. Only nine patients (30%) had treatment for osteoporosis (calcium and Vitamin D). Only one patient was referred for DEXA scan.

Steps were taken in the form of creating better awareness among the junior doctors and nurse practitioners of the BOA guidelines. In patients above 80 years of age it was decided to use abbreviated mental score above 7 as a clinical criteria for DEXA referral. A hospital protocol based on BOA guidelines was made.

A RE-AUDIT of the same was conducted during the period August—October 2004. There were 37 patients. Twenty-four patients (65%) received treatment in the form of calcium + Vitamin D (20) and bisphosphonate (4). DEXA scan referral was not indicated in 14 patients as 4 of them were already

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Percutaneous plating of distal tibial fractures: Preliminary results
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Introduction: Treatment of distal tibial fractures using minimally invasive plate osteosynthesis (MIPO) techniques may minimise damage to soft tissues and the vascular integrity of bony fragments. The use of locking plates is a rigid fixation and proper anatomical reduction is essential in order to avoid non-union.

Objective: To assess the outcome of patients treated with locking plates for distal tibia fractures.

Methods and results: We present a multicentre retrospective review of 18 patients (13 males and 5 females) treated with MIPO for distal tibial fractures. Their mean age was 42 years (range 14–69). According to AO fracture classification, there were 15 patients from 43A fractures; 1 from 43B and 2 from 42A. Commonest cause of injury was high-energy trauma. Seventeen patients had closed injury and 16 patients had closed reduction. All patients were fully weight bearing within an average period of 9 weeks (range 0–20) Average time to union was 5 months (range 4–9) and a follow-up period of 12 months. There were two non-unions; one of them a chronic heavy smoker. The other patient underwent autologous bone grafting but did not unite. Postoperative radiographs of both patients showed a significant gap at the fracture site. There was one superficial infection and no failures of fixation.

Conclusion: MIPO is an effective method of treatment for distal tibial fractures. The use of indirect reduction techniques and small incisions is technically demanding but decreases surgical trauma to soft tissues. It is a rigid fixation and therefore, proper anatomical reduction is vital.