

The association between body mass index and the severity of proximal humerus fractures: Effect on fracture union and soft tissue healing

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Target group

- Obesity to musculoskeletal problems.
- Incidence of proximal humerus fractures.
- Osteoporosis in the elderly.
- Low-energy trauma mechanical fall.
- Postmenopausal females.





Study design

- 5-Year period, 1752 patients
- Females >45 years
- Good health status
- No mental health issues
- 822 met the inclusion criteria

- Not diabetic
- Nor neuromuscular weakness
- Not requiring a walking aid
- No history of falls or fractures
- Classified according to their BMI
- Neer classification
- 82 patients underwent ORIF



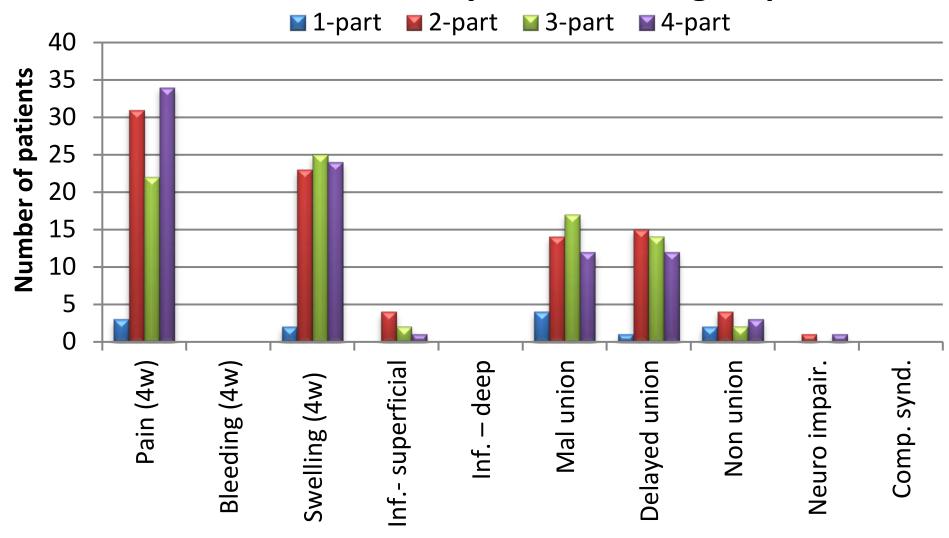
	1-part fracture	2-part fracture	3-part	4-part fracture
	Tracture	Tracture	fracture	Tracture
Underweight (n=6)	6	-	-	-
Normal weight (n=156)	22	78	54	2
Overweight (n=552)	6	342	68	136
Obese (n=108)	5	29	43	31

Body mass index (4 categories) of the cohort and the fractures sustained as per the Neer classification system.

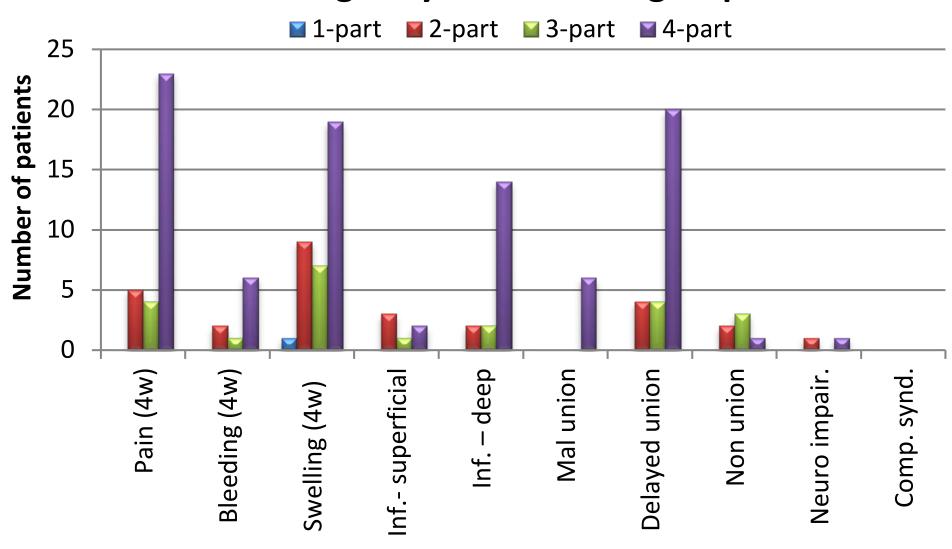
	1-part	2-part	3-part	4-part	1-part	2-part	3-part	4-part
	n = 34	n = 423	n = 150	n = 102	n = 5	n = 26	n = 15	n = 67
	Conservatively-treated				Surgically-treated			
Wound healing								
Mean (weeks)	3	3	3	3	3	3	4	4
Min-Max	2-3	2-4	2-4	2-3	2-4	2-4	2-5	2-5
Standard Dev.	±1	±1	±1	±1	±1	±1	±2	±2
Time to union								
Mean (weeks)	9	9	12	11	10	9	14	14
Min-Max	8-9	8-9	12-13	11-13	8-10	8-10	12-15	12-15
Standard Dev.	±1	±1	±1	±1	±1	±2	±1	±2

	1-part	2-part	3-part	4-part	1-part	2-part	3-part	4-part
	n = 34	n = 423	n = 150	n = 102	n = 5	n = 26	n = 15	n = 67
	Conservatively-treated				Surgically-treated			
Pain (4w)	3	31	22	34	0	5	4	23
Bleeding (4w)	0	0	0	0	0	2	1	6
Swelling (4w)	2	23	25	24	1	9	7	19
Inf superficial	0	4	2	1	0	3	1	2
Inf. – deep	0	0	0	0	0	2	2	14
Mal union	4	14	17	12	0	0	0	6
Delayed union	1	15	14	12	0	4	4	20
Non union	2	4	2	3	0	2	3	1
Neuro impair.	0	1	0	1	0	1	0	1
Comp. synd.	0	0	0	0	0	0	0	0
oomproynar	J	J		J	3	3	3	J

Conservatively-treated sub-group



Surgically-treated sub-group



Obesity

- Traditional thoughts <u>reduced bone quality</u>
- Starvation fracture
- Obesity <u>osteoclastic microenvironment</u>
- Bone and calcium metabolism
- Adipose tissue <u>hormonal effect</u>
- Location of <u>fat deposition</u>
- Rate of fractures per skeletal site

Conclusion

- Severity of the fracture is increased
- Overweight Obese
- Postmenopausal females

- Surgical fixation in 3-part, 4-part fracture
- Delay in fracture union
- Increase wound healing problems.

Thank you

Questions?