Periprosthetic fractures—two sides of one coin

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The term “periprosthetic fracture” contains two notions that have long been a rather uneven pair: “fracture” and “prosthesis”. For many years for most of us—orthopaedics and trauma surgeons alike—everyday life consisted either of fractures and acute trauma care, or we were working as “classic” orthopaedic surgeons, busy with the implantation of all sorts of endoprostheses and caring less about nonelective procedures. Both divisions of our great profession were living, working, researching and treating patients in parallel universes, even if they were formally under one professional roof.

However, in recent years, especially the rapidly rising incidence of periprosthetic fractures, the question of whether this division should continue has become critical. Having two strong sections within orthopaedic care, with few cross-links and little collaboration, and with a low interest in synergies, no longer seems to be an adequate way into future. In many aspects, a closer cooperation and exchange between state-of-the-art trauma care and state-of-the-art joint replacement is highly desirable. One of the challenges where this is truly essentially needed is in the management of periprosthetic fractures.

Periprosthetic fractures belong to the most complex, expensive, and—for our individual patients—risky challenges in orthopaedic surgery. Not only does the surgeon need to have a profound knowledge about biomechanics and characteristics of the artificial joint, but he also needs the craftsmanship and skills of an acute care expert. As the number of periprosthetic fractures rises due to both a rising number of

arthroplasties in general and a massive demographic change in nearly all countries, the socioeconomic impact is enormously high. Apart from this more abstract viewpoint, these fractures can be a catastrophe for our mostly elderly patients concerned.

EFORT has acknowledged these changing demands very early on and has been working on strategies to become well prepared to meet them. The search for new approaches in teaching and research, and also in the political field, to optimize patient care and safety continues; we can quite happily say that the two former philosophies are indeed growing together, leading to next-generation care providers who have a broad horizon and an extended range of surgical skills, meeting both the needs of joint replacement and of trauma care.

The EFORT Trauma Task Force, as a group of highly active surgeons with a special passion for trauma care, has continuously encouraged and supported this merger of the two sections, trying to tie together the enthusiasm and skills of the best people in each field. Key instruments have included the establishment of specific trauma ExMEx meetings and specific trauma contributions to the EFORT congress, while always including sessions on periprosthetic fractures. The impressive level of interest throughout our continent strongly encourages us to pursue this path and to keep on working on offering and elaborating treatment concepts and teaching in the management of periprosthetic fractures. The two sides of the one coin are not a contradiction: they are a necessity and are equally important for the state-of-the-art treatment of our patients in the future.

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