

Bisphosphonates and fractures of the subtrochanteric or diaphyseal femur

Black DM, et al.

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Case series and case reports have described an “atypical” subtrochanteric or diaphyseal femoral shaft fracture in long term users of bisphosphonates. The atypicality of the fracture has been its transverse or oblique orientation (<30°) with a cortical break and diffuse cortical thickening. A population based registry study evaluated hip, subtrochanteric and diaphyseal fractures and compared their incidence in alendronate users and non-users and found that all three types of fractures were common in alendronate users. These higher rates were attributed to the increased use of alendronate among high-risk patients rather than an increase in risk associated with alendronate. Because a population registration study is observational and nonrandomized, the authors of this study evaluated femur fractures from three large controlled blinded randomized trials of bisphosphonates on 14,000 patients and more than 51,000 patient-years of follow-up for up to 10 years. The records revealed 284 hip or femur fractures among 14,195 women, 12 of these fractures were found in 10 patients. They conclude that the occurrence is rare even among women treated with bisphosphonates for as long as 10 years. They also conclude that the rates of subtrochanteric or diaphyseal femoral fractures associated with bisphosphonates for up to 10 years of use are very low.

Association of low energy femoral fractures with prolonged bisphosphonate use: a case control study

Lenart BA, et al.

Osteoporosis (Int) 2009; (8) 1353–62.

This study in a national Danish cohort found the ratio of subtrochanteric fractures to typical intertrochanteric

fractures to be equal in untreated and alendronate treated patients, including those on long term therapy.

Role of 2-deoxy-2-(F-18) fluoro-D- glucose position emission tomography in the management of bone and soft-tissue metastases

Yanagawa T, et al.

JBJS (Br) (2010) 92-B, 419–423

71 pathologically proven bone and soft-tissue metastases of unknown origin at presentation were reviewed to identify the site of the primary tumor by CT, tumor markers, radiography, US and 24 underwent a PET scan. PET demonstrated multiple bone metastases in nine patients and the primary site in 12 of the 24. The other conventional studies revealed 16 primary tumors. There was no difference in sensitivity between PET and conventional studies.

Abnormal translation in SLAP lesions on magnetic resonance imaging abducted externally rotated view

Chhadia AM, et al.

Arthroscopy (2010) 26, 19–25

SLAP lesions in cadaveric models have been associated with pathological glenohumeral translation and instability. The purpose of this study was to measure in vivo axial plane translation of the gleno-humeral joint on the ABER view in patients with and without SLAP tears. Seven patients with SLAP lesions that required surgery and a control group of 15 with mainly rotator cuff pathology comprised the study population. The SLAP group showed relatively significant posterior translation in comparison to the control group (3.19 Vs 1.48 mm). This difference in the SLAP group was more apparent in the ABER position compared to the adducted position.

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