PP-B-05

ATYPICAL UNILATERAL FEMORAL FRACTURE IN A POSTMENOPAUSAL FEMALE AFTER TREATMENT OF BISPHOSPHONATES AND DENOSUMAB: A CASE REPORT

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CASE
The incidence of atypical femoral fractures (AFF) and bisphosphonates with denosumab usage have not been established, although individually uncommon, yielding an incidence of 0.90 and 7.8 per 100,000 patient years, respectively. This discusses an 81-year-old female, known osteoporotic and diabetic, previously on alendronate for 10 years, ibandronate from 2020-2022, and 2 doses of denosumab (November 2022, May 2023), complaining of a 4-month history of a right thigh pain without any history of trauma or fall and improvement from physical rehabilitation. Previous X-rays did not reveal any fractures. On the day of the consult, she complained of a sudden onset of severe right thigh pain. Repeat imaging studies revealed a complete, transverse, noncomminuted fracture of the proximal femoral diaphysis. She underwent closed reduction, and intramedullary nailing with the application of autologous bone graft and was sent home well. The link between AFF and the subsequent use of bisphosphonates and denosumab should be further established in high-risk patients.

KEYWORDS
atypical femoral fracture, bisphosphonate, denosumab, antiresorptive agents, osteoporosis

PP-B-06

CLINICAL PROFILES OF PATIENTS ATTENDING TO OSTEOPOROSIS CENTER OF GRAND HANTHA INTERNATIONAL HOSPITAL (GHIH)

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INTRODUCTION
Osteoporosis is the most common chronic metabolic bone disease, which is characterized by increased fragility fracture. We aim to describe the clinical profiles of osteoporosis/osteopenia patients seen at the Osteoporosis Center of Grand Hantha International Hospital (GHIH) and evaluate DXA scan results amongst fractures in our center.

METHODOLOGY
This study is a retrospective analysis of the clinical characteristics of 137 participants above 40 years old who were referred to or directly entered into the Osteoporosis Center of GHIH from October 31, 2022 to July 14, 2023. Osteoporosis was analyzed using the WHO T-score criteria through DXA scanning, and fracture risk was calculated using the FRAX calculation method.

RESULTS
Among the 137 patients enrolled in the clinic, 117 patients have either osteoporosis in at least one site according to the T-score, or a major osteoporotic fracture risk (MOF) greater than 20% or a hip fracture risk greater than 3% by FRAX calculation. The remaining 20 patients neither have osteopenia nor an increased risk of fracture. In terms of gender distribution, 89.1% of the attendees were female patients, while 10.9% were male. The mean age of the patients is 72 years (SD 11.0), with a range from 44 to 108 years. The mean age of the fracture group is 75.69 (SD 11.21), while that of the non-fracture group is 70.43 (SD 10.6). There is a significant difference in age between the two groups ($p = 0.009$), with the fracture group being older. Among the patients, 72.9% have one or more underlying diseases, type 2 diabetes (59%) being the most common associated disease.