

## **Elderly with Nondisplaced Fragility Fractures of the Pelvis (FFP Type 2) Maintain Mobility with Surgical Treatment**

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**Purpose:** Treatment of dorsally nondisplaced fragility fractures of the pelvis (FFP type 2) is still controversial. Conservative treatment is recommended, but in case of immobilizing pain, enduring pain over time, or limited mobilization, we recommend surgery. The goal of this study was to evaluate outcome of surgical and conservative treatment of FFP type 2.

**Methods:** All patients with an FFP admitted to our unit from 2005 to 2018 were screened (n = 500), including 238 (47%) with a dorsally nondisplaced pelvic ring fracture (FFP type 2). The patients or their relatives were contacted to ask about mortality, the present mobility, and place of residence.

**Results:** Included were 204 females and 34 males with a median age of 82 years (range, 43-97, interquartile range [IQR] 76.8-88.0). 52 patients (22%) underwent surgical treatment after a median of 7 days after trauma. Compared to conservative treatment, they had a better survival (P = 0.001, 1-year survival operatively 92.0%, conservatively 85.3%). However, more patients with an operative treatment had medical complications (26.9%, odds ratio [OR] 1.39, P = 0.362) compared to conservative treatment (21.0%). There was no difference in mobility and dependency in daily living (P = 0.085, P = 0.402, respectively). Risk factors for operative treatment were late presentation (P < 0.001).

**Conclusion:** For patients with immobilizing pain, lack of progression in mobilization, or enduring pain due to an FFP, surgical treatment should be indicated. In our series, despite nondisplaced fragility fractures of the pelvis, 22% had to be operated to reach mobility. Operatively treated patients had better survival; however, with more in-hospital complications (eg, pneumonia). At follow-up, they did not differ in mobility.