

The Outcomes of Nonoperative Cases of Hip Fracture

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Purpose: In Japan, hip fractures are generally recommended for surgical intervention according to guidelines. However, various circumstances in clinical practice may necessitate the consideration of conservative management. In this study, we examined cases of conservative management in our institution.

Methods: A retrospective single-center cohort study was conducted. We investigated 1075 cases of proximal femoral fractures admitted to our department from April 2011 to March 2023. Factors including age, gender, fracture type, duration of observation, reasons for conservative management, and outcomes were examined for nonoperative cases.

Results: Among the total 1075 cases, there were 84 nonoperative cases excluding 971 surgical cases in our institution, comprising 24 males and 60 females. The mean age of the conservative management group was 83.9 years, showing a statistically significant difference compared to the surgical group ($P = 0.037$). Fracture types included 27 cases of trochanteric fractures (11 AO 31A1, 15 AO 31A2), 56 cases of neck fracture (Garden Stage I 7, Stage II 8, Stage III 24, Stage IV 17), and 1 subtrochanteric fracture. The mean observation period was 10.8 months, with 33 cases having an observation period of over 3 months. Reasons for nonsurgical intervention included surgical infeasibility in 37 cases and patient refusal/patient preference in 40 cases. Seven cases resulted in death within 1 month of injury, and 10 cases within 3 months (3-month mortality rate 11.9%). Fracture union was confirmed in 12 cases, with 9 cases achieving ambulation.

Conclusion: We investigated cases of proximal femoral fracture managed conservatively in our institution. The 3-month mortality rate was 11.9%. Although limited, instances of successful fracture union and ambulation were observed in nonoperative cases. Nonsurgical intervention may be considered as an option, particularly in high-risk nondisplaced fractures.