



Letter to the Editor

Commentary on: “Comparative assessment of early versus delayed surgery to treat proximal femoral fractures in elderly patients: A systematic review and meta-analysis.”


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To the Editor

We would like to thank Chen and his colleagues [1] for their study on comparing the outcomes of early versus delayed surgery to treat proximal femoral fractures in the elderly. In their study, they conducted a systematic review and meta-analysis on 27 studies to investigate the mortality rates among patients who undergo early surgery (< 48 hours) versus those who had late surgery (> 48 hours). They found that early surgery was associated with up to 28% less mortality, and fewer post-operative complications including pressure ulcers, urinary tract infections, and thromboembolic events.

Our comments on this article are

Firstly, although it was acknowledged that comorbidities were not accounted for in the study, we feel that comorbidities do play a significant role on mortality rates. A risk scoring system like the Nottingham Hip Fracture Score [2] which considers preoperative factors including pre-existing diseases can be used. This would allow stratification of risks in the study groups, allowing for a better comparison between early and late surgery.

In addition, data on important risk factors that may affect bone mineral density should have been included in the study as a lower bone mineral density may affect mortality [3]. These risk factors include smoking, steroid use, endocrinopathies and hormonal therapies.

Secondly, the patients involved in the study were aged 74 to 93. Perhaps it would be useful to further stratify the participants by age (for example 74 to 79, 80 to 85, etc) to better understand the differences in outcomes based on age groups within the elderly population.

Thirdly, we feel that poor post-operative care may significantly influence clinical outcomes. Factors such as post-operative nutrition,

physiotherapy, occupational therapy, mental health care and rehabilitation after surgery may affect the risks of mortality and post-operative complications [4,5]. Given that the paper included studies from fourteen different countries, there may be differences in post-operative protocols and guidelines among these countries which may inadvertently affect the risks of mortality and post-operative complications.

Nevertheless, understanding the benefits of early versus delayed surgery in clinical outcomes of patients with proximal femoral fractures is vital in helping clinicians evaluate the risks of waiting for surgery versus prioritising early surgery.

Provenance and peer review

Not Commissioned, internally reviewed.

Conflicts of interest

No conflicts of interests have been found.

Data statement

No original data was generated in this paper.

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