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## Pathological fractures in hemodialysis; which prognosis

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**P**athological fractures are common among dialysis patients. They are related to a disturbance of the phosphocalcic balance with consequent qualitative and quantitative bone involvement. They often occur during a minor trauma, sometimes they are spontaneous. Fractures of the femoral neck seem to be very frequent, they strike earlier and more frequently women than men, their gravity comes from the fact that they engage the functional and vital prognosis because of the difficulty of their therapeutic management. We report the observation of three hemodialysis patients including one man and two women who presented femoral neck fractures of different grades, simple and complex and whose evolution was pejorative for two of them.

**Case 1:** Patient G A, 67-year-old with end-stage renal failure of undetermined etiology, hemodialysis for more than 20 years, with severe bone and mineral disorders including hypercalcemia, hyperphosphatemia and refractory hyperparathyroidism, vascular calcification (aortic arch, radial artery, and femoral), experienced a sharp pain, after a fall, at the wrist and hip (right side) for which a standard radiograph objectified a double fracture of the cervical femoral cervical Garden II and subtrochanteric and a fracture of the upper end of the radius. In view of the significant fragility of the bone, the patient benefited from a plaster immobilization. The evolution was marked by disabling sequelae.

**Case 2:** Patient HF, 61 year-old, IRCT on diabetic nephropathy with extensive atherosclerosis of the lower limbs, hyperparathyroidism, hyperphosphoremia, consulted urgently for disabling pain of the lower left limb. An X-ray of the hip showed a fracture of the Garden III femoral neck. The patient received a total hip prosthesis which was complicated by necrosis of the femoral head. The patient died of septic sepsis

**Case 3:** Patient D Z, 55 year-old, IRCT on scleroderma, complicated by a dynamic osteopathy, hypothyroidism, hypophosphoremia, who had a bilateral fracture of femoral neck Garden I, the patient has not benefited from any therapy except periodic monitoring. She has a pronounced functional impotence.

**Conclusion:** The prevalence of fractures is high among dialysis patients. Femoral neck fractures are second only to those at the lower end of the radius. In our patients, these conditions are favored by factors such as: mineral and bone disorders; diabetes, the age of hemodialysis; amyloidosis, multimедication: corticosteroids, statins, phosphreon chelators, vitamin D intoxication) increased their fracture risk and contributed to their bone fragility making it difficult to manage them therapeutic.

## Notes: