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Have the results improved after distal radius facture? The one-year DASH subjective outcome score between 2002-2010.

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INTRODUCTION: During the last decade we have seen a major change in the treatment methods of distal radius fractures worldwide but no studies have evaluated if the subjective outcome has improved.

OBJECTIVES: The objective of this study was to review our database of distal radius fractures by analyzing the one-year DASH score over the last nine years.

METHODS: Between 2002 and 2010 a total of 3074 patients, age 18 years and older, with distal radius fractures were treated at Lund University Hospital, Sweden. One year after the distal radius fracture all patients received the 30 item subjective outcome DASH questionnaire, which in 2008 was replaced with the shorter 11 item QuickDASH. Non-displaced fractures were treated in a short arm cast. Reducible distal radius fractures were treated with cast after reduction. Unstable and non-reducible distal fractures were treated surgically with either external fixation. The surgical treatment in the beginning of the time period was primarily bridging external fixator for the dorsally displaced fractures and a volar plate for the volar displaced fractures. The fragment-specific wrist fixation system TriMed was introduced when this register was started in 2002 and gradually replaced the external fixator. The volar locking plate was introduced in 2006, and the surgical treatment for distal radius fractures had changed over the decade.

RESULTS: A total of 1930 patients (62%) returned the one-year DASH-questionnaire. The overall median DASH score was 9 (0-95). The median scores for the individual years were respectively 2002: 7 (0-82), 2003: 8 (0-68), 2004: 10 (0-84), 2005: 6 (0-66), 2006: 8 (0-93), 2007: 9 (0-83), 2008: 11 (0-93), 2009: 9 (0-95) and 2010: 9 (0-93) (P=0.14).

CONCLUSION: Despite the change in surgical treatment over the nine-year period, no major difference in DASH score was observed.

Disclosure of Interest: None Declared

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