

### 333 Management of Distal Radius Fractures During The COVID-19 Crisis

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**Introduction:** Distal radius fractures are common. Treatment depends on a multitude of factors including the pattern / displacement of the fracture, patient age, pre-morbid function, and surgeon preference. We aim to investigate the effect of the pandemic on the management and short-term outcomes of patients with DRF's.

**Method:** Retrospective review of all adult DRF's two months before and after BOA released emergency standards on trauma management. The primary outcome measure was the proportion of patients managed non-operatively before and during COVID-19. Data extracted: demographics, comorbidities, cognitive baseline, treatment, and follow-up. Radiographs were reviewed for displacement [dorsal tilt ( $>10^\circ$ ), ulnar variance ( $>3\text{mm}$ ), intra-articular step ( $>2\text{mm}$ )].

**Results:** Pre-COVID (n = 29), COVID (n = 35). Characteristics were comparable in terms of median age (66 and 72 years,  $p=0.41$ ), %aged  $\leq 65$  (48% and 37%,  $p=0.37$ ), dominant side fracture (36% and 40%,  $p=0.52$ ), presence  $\geq 2$  co-morbidities (41% and 43%,  $p=0.91$ ). More patients were managed non-operatively during COVID (86% vs. 69%,  $p=0.11$ ), 2 of whom had unstable fracture pattern and developed malunion, compared to none in pre-COVID period.

**Conclusions:** Management of DRF's remains a controversial topic, particularly in age  $<65$  years. Long term follow up of patients with significant fracture displacement managed conservatively during COVID pandemic could help guide future practice.