"Epidemiology, demographics and treatment of pelvic ring fractures: a comparative retrospective register study"

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at each time point postoperatively.

Conclusions: Local application of Btx-A (200IU) at anterior thigh in adult has no effect on decreasing thigh pain or improving ROM of the hip and knee joints during distraction osteogenesis of femur. However, different dosages with multiple or multi-level injections of the toxin and trial for different age group are required.

12.49 P13 Epidemiology, demographics and treatment of pelvic ring fractures: a comparative retrospective register study
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Introduction: Pelvic fractures can be divided into high-energy trauma cases (car accidents, falls from great heights...) and low energy trauma cases (after a fall in elderly or osteoporotic patients). The overall incidence of pelvic fractures is relatively low with incidences in literature varying from 2% to 10% of all fractures. However the incidence of pelvic fractures in multiple-trauma cases rises to about 25%. The mortality of these lesions vary enormously between studies (3-30%) but has significantly decreased over the last two decades. The low energy group (fragility fractures of the pelvis or FFP) is increasing in prevalence although they are still less frequent than proximal femoral fractures. With the increasing elderly population we expect them to be more and more encountered in everyday practice. Their coverage/care and treatment is still poorly described, the complications of different therapeutic methods are still not clear and the functional outcome is potentially more limited than generally imagined.

Objective: The purpose of this study is to adequately describe the evolution of number, type, population, complications, treatment and outcome of patients of every patient diagnosed with a pelvic ring fracture in the Saint-Luc university hospital. A second objective is to compare this data to other similar hospitals in terms of incidence, method of injury, severity, treatment and mortality.

Methods: We retrospectively collect data from all patients admitted and treated at the Saint-Luc university hospital between January 2008 and December 2014 with a pelvic ring fracture. The medical files are coded into the Belgian Pelvic Trauma registry, part of an international multicentre database (German pelvic trauma registry database). The type of fracture will be determined using the Judet and Letournel classification for all acetabular fractures and the Tile and OTA (Orthopaedic trauma association) classifications for all pelvic ring fractures. The analysis of the evolution of this data and it’s comparison, is an automated part of the registry. The comparison with other clinical centers is also done with an algorithm, part of the registry.

12.53 P14 Opioid Abuse - Medication assisted therapies
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Various strategies are used for opioid abuse disorders many of which begin in exposure to opioids after trauma. Abstinence Therapy (AT) has a high rate of relapse. Medication assisted therapies (MAT) include Methadone Maintenance (MM) therapy and Office Based opioid therapy (OBOT) using buprenorphine-naloxone are more successful. Buprenorphine-naloxone has the advantage of reduced tolerance, minimal euphoria and less craving for narcotic. Patients are seen monthly rather than daily as with MM. The government regulated OBOT program is structured to reduce diversion, promote counseling, and reduce addictive drug- seeking behavior. The program includes limitation on the number of patients that can be treated by each provider, urine screening, provider patient-contracts, and oversight by drug enforcement agents.

12.56 P15 Opioid abuse disorder, report of a case
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Introduction: Restrictions on the use of narcotic pain medications in Kentucky has lead to an increase in illicit drug use particularly the use of heroin which has led to a concomit rise in acquired immune disorders, and hepatitis. Polytrauma patients are given opioid narcotic in hospital and become addicted.
Case Report: This 28 year old factory employee became addicted to opioid pain medication after a polytrauma. He required increasing doses of narcotics that could not be prescribed by his trauma doctors. He turned therefore to heroin use. This individual is a poor candidate for abstinence treatment because of non-opioid drug use prior to his accident. He is being successfully managed with legally prescribed buprenorphine maintenance therapy. The buprenorphine maintenance program requires a patient-physician contract, urine