

急性功能下降的骨盆不全性骨折

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摘要

不全性骨折 (insufficiency fractures) 為承受正常或低能量壓力下而發生在異常骨頭處之骨折。因此會造成不全性骨折，常是因患者的骨性結構已有病理性變化，其中最常見之原因為骨質疏鬆症 (osteoporosis)。然而，隨著全球老年人口不斷增加及生活習慣的改變，骨質疏鬆症的流行率持續上升，且有研究指出，高達九成以上的低能量傷害骨盆骨折者都患有骨質疏鬆症。

本個案為一位無慢性疾病，心智功能良好、行動自如且生活可部份自理之八十一歲女性患者，近三個月因雙下肢無力和痠麻感越趨明顯，伴隨食慾減低、疲倦、髖部及骨盆處疼痛，導致她不良於行，甚至需使用助行器幫助行動。住院後，經詳細病史詢問、理學檢查和相關檢驗檢查，個案被診斷為骨盆骨質疏鬆不全性骨折。周全性老年評估發現個案因上述疾病，導致近期功能急速下降以及營養狀況不佳…等情形。透過跨領域之醫療團隊介入和醫病共享決策，提供個人化的治療目標規劃、適當的疼痛控制、復健物理治療、輔助使用骨盆固定帶和兩階助行器，同時針對骨質疏鬆症的部分，也開立相關治療藥物和給予預防跌倒及飲食的衛教，最終成功協助病患控制疼痛，改善日常功能的下降和生活品質的提升。

(臺灣老年醫學暨老年學會雜誌 2023；18(3)：203-217)

關鍵詞：周全性老年評估、骨盆、不全性骨折、骨質疏鬆症、急性功能下降

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A Case of Pelvic Insufficiency Fracture with Acute Functional Decline

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Abstract

Insufficiency fractures could be induced by normal stresses or low energy force on fragile bone. Patients vulnerable to insufficiency fractures often experience prior pathological changes in bone structure. The most common cause of bony pathological change is osteoporosis. Furthermore, the prevalence of osteoporosis continues to rise with the increase of the global elderly population and lifestyle changes, and it has been reported that up to 90% of the patients with low-energy related pelvic fracture had osteoporosis.

The case is an 81-year-old female patient with normal mental function and no underlying chronic disease, fully ambulatory and partially independent of self-care. In the past three months, she presented with decreased appetite, fatigue, hip pain, and gradual walking difficulty to the degree that a walker was needed due to bilateral lower limbs weakness and numbness. During hospitalization, with thorough history taking, physical examination, laboratory tests, and imaging examination, the patient was diagnosed with osteoporotic insufficiency fracture of the pelvis. A comprehensive geriatric assessment found that the case underwent a recent acute functional decline and malnutrition as the result of the aforementioned conditions. Through the combination of interprofessional practice and shared decision making, we provided the patient with personalized treatment plans incorporating adequate pain control, rehabilitation programs, physical therapy, use of a pelvic binder and a two-step walker, treatment for osteoporosis and patient education of diet and fall prevention. Eventually, we help the patient achieve good pain control as well as improve her activities of daily living and quality of life.

(Taiwan Geriatr Gerontol 2023; 18(3): 203-217)

Key words: comprehensive geriatric assessment, pelvis, insufficiency fracture, osteoporosis, acute functional decline

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