

Survivorship Analysis in Asymptomatic COVID19+ Hip Fracture Patients: Is There an Increase in Mortality?

Poster #91

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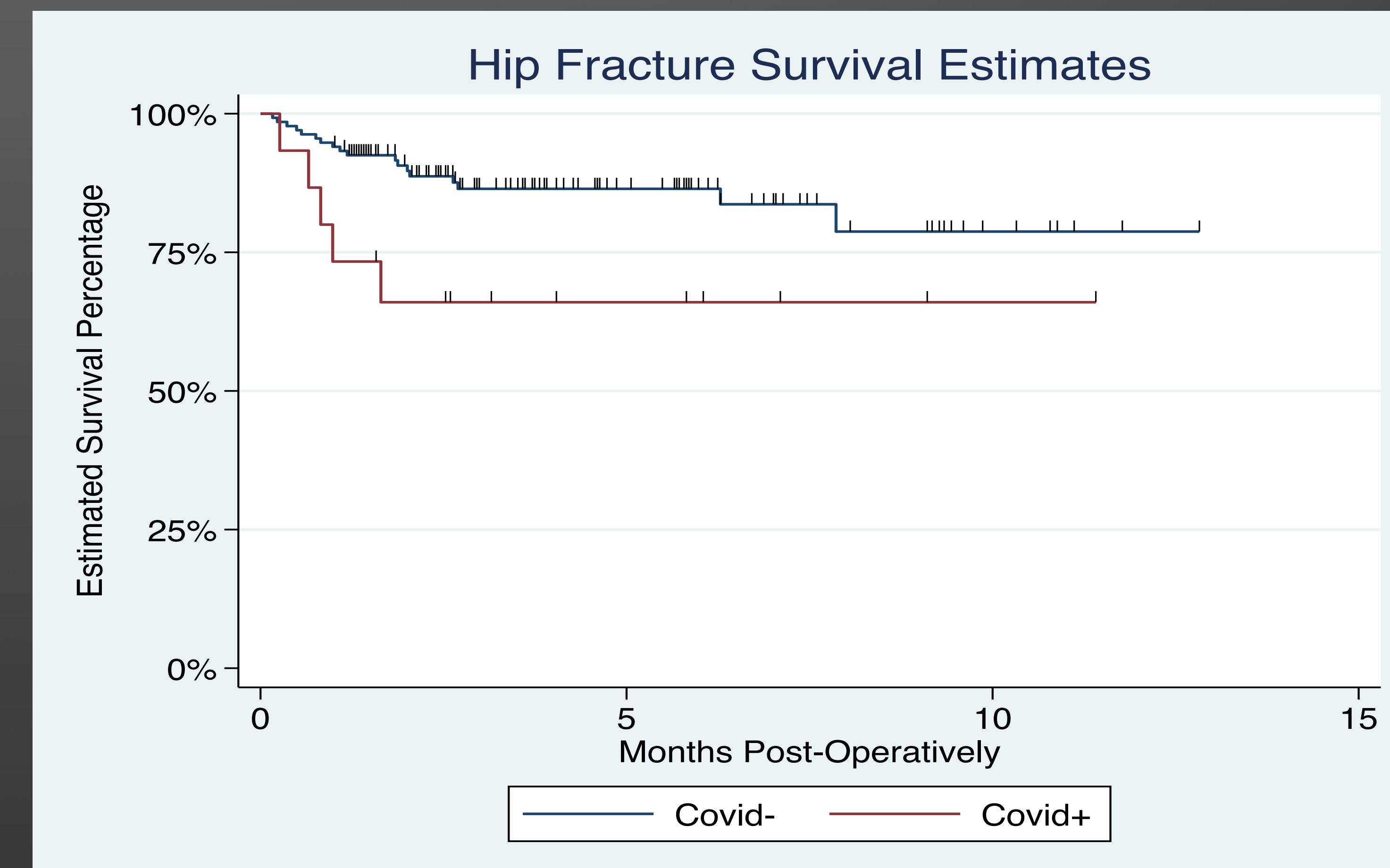
Background

- Study Purpose:
To investigate the mortality rates in asymptomatic patients with acute hip fractures with concurrent positive COVID-19 tests compare to those with negative COVID-19 tests.

Methods

- Retrospective consecutive case series of all patients undergoing hip fracture surgery during the COVID-19 pandemic at two academic medical centers
 - The primary outcomes of interest were mortality rates at 30-days and 90-days.
 - 202 consecutive patients with hip fractures (89 femoral neck fractures, 88 intertrochanteric fractures, 11 intertrochanteric fractures with subtrochanteric extensions, and 14 subtrochanteric fractures) were included.
 - Patients were excluded if they did not have at least 30 day follow up postoperatively or if they did not have a documented COVID-19 test in their electronic medical record.

Results



* Log-rank test statistically significant, p=0.03

Table 1		COVID +	COVID -	P-value
n=		15	134	
Age		74.0±21.0	78.4±16.1	0.34
Gender		73.3% F	73.1% F	1.00
Side		53.0% R	53.3% R	1.00
BMI		25.4±3.2	24.9±5.7	0.63
ASA	1	4	0	0.29
	2	36	2	
	3	75	9	
	4	15	2	
Chronic Anticoagulation		9	58	0.22
Diabetes		3	24	0.74
Renal Disease		1	19	0.69
Liver Disease		0	2	1.00
Pulmonary Disease		7	15	0.002
Heart Disease		3	36	0.76
Coagulopathy		3	37	0.76
Cancer		3	27	1.00
Dementia		4	31	0.75
Smoker	No	12	117	0.51
	Yes	1	7	
	Former	2	10	

- Mortality at 30-days was **statistically significantly increased** in with a 26.7% 30-day mortality rate in COVID+ patients compared to an 8.7% 30-day mortality rate in COVID- patients (p=0.03).
- Mortality at 90-days approached significance with a 41.2% 90-day mortality rate in COVID+ patients compared to 17.2% in COVID- patients (p=0.06).

Conclusions

- Positive COVID-19 status in asymptomatic hip fracture patients has a significantly increased 30-day mortality rate postoperatively compared to patients with similar risk factors but negative COVID-19 status still had comparable infection eradication with routine usage of: