

Outcomes after Rib Fractures in Geriatric Blunt Trauma Patients

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**Outcomes after Rib Fractures in Geriatric Blunt Trauma Patients****Rahman Barry, MD; Errington Thompson, MD, FACS, FCCM****Introduction**

Rib fractures after blunt trauma contribute substantially to morbidity and mortality in the elderly.

**Methods**

Retrospective review of 255 patients  $\geq 65$  years old at a level 2 trauma center over 6 years, who sustained blunt trauma resulting in rib fractures. Outcomes measured include mortality, hospital length of stay (LOS), intensive care unit (ICU) admission, ICU LOS, need for MV, and MV days.

**Results**

There were 24 deaths (9.4%), of which 7 were early (<24h). 130 patients (51%) were admitted to ICU, and 49 (19.2%) required MV. Mean ICU and MV days were 5.9 and 6.3 respectively. ICU admission was predicted by a base deficit  $< -2.0$ ,  $ISS > 15$ , bilateral rib fractures, pneumothorax or hemothorax on chest x-ray (All  $p < 0.001$ ), as well as hypotension,  $GCS < 15$ , and 1<sup>st</sup> rib fractures (All  $p < 0.05$ ). Mortality was predicted by a base deficit  $< -5.0$ , GCS score of 3 (Both  $p < 0.001$ ), as well as hypotension,  $ISS \geq 25$ ,  $RTS < 7.0$ , bilateral pneumothoraces, 1<sup>st</sup> rib fractures, and  $> 5$  rib fractures (All  $p < 0.05$ ).

**Conclusion**

Rib fractures in elderly blunt trauma patients are associated with significant mortality and morbidity, but outcomes can be predicted to improve care.

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