reduced risk of PUBs. Although the cause and actions of PAO are not well understood it is generally accepted that COX-2 plays an important role.

Methods In a prospective study we compared the results of 25 mg rofecoxib once daily on preventing severe PAO after THR with results of diclofenac out of the literature. Our 137 patients take 25 mg rofecoxib once daily starting on the first or second day after THR. The mean duration of drug administration was 13.8 days. 72 hips could be evaluated after 3 months, further 65 hips after 6 months.

Results The ossification was evaluated on pre- and postoperative x-rays of the pelvis. There was no difference between the results after 3 and 6 months. 96 (70%) of the hips showed no signs of PAO, 40 (29%) hips had Brooker 1 (ossifications up to one cm), only one hip (1%) Brooker 2 and none of the hips had severe bone formation Brooker 3 or 4 (bridging ossification between femur and pelvis). Results of diclofenac or irradiation therapy in the literature show similar results: Brooker 1 and 2: 11–40% and no severe Brooker 3 and 4.

Abstract OP0127 Table 1

	Therapy	n	Brooker	Brooker 1	Brooker 3
			0 %	+2 %	+4 %
Eulert <i>et al.</i> 1997 ²	no	317	36,3	41,3	22,4
Sell <i>et al.</i> 1998 ³	3 × 50 mg Diclofenac	77	76,6	23,4	0
Sell <i>et al.</i> 1998 ³	3 × 3,3 Gy post-op	77	97,4	2,6	0
Zacher <i>et al.</i> 2001	1 × 25 mg Rofecoxib	137	70	30	0

Conclusion 25 mg of the COX-2 inhibitor Rofecoxib administered once daily after THR starting one or two days after surgery for 2 weeks can securely prevent the formation of periarticular ossification (PAO) of severe grade (Brooker 3 and 4). Minor ossification without functional impairment (Brooker 1–2) were found in 30%. 70% of the hips showed no signs of postoperative ossification. These findings are comparable to the results of prevention with irradiation therapy or standard NSAIDs like diclofenac (100–150 mg).

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OP0128 FEMORAL NECK FRACTURES IN OSTEOPOROTIC PATIENTS

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Background

Objectives The aim of the study was to evaluate the role of osteoporosis in the treatment of the femoral neck fractures.

Methods One hundred and twelve patients with femoral neck fractures were treated in our department in two years. The average age of the patients was 68.3 years old (47–91 years old). Fractures were classified according Garden classification and the degree of osteoporosis was appreciated for each patient using Singh system of classification. The treatment was related to the age, displacement of the fracture and degree of osteoporosis.

Osteoporosis (Singh I-III) was recorded in 73 patients (65.2%). Most of the fractures of patients with osteoporosis were displaced (Garden III-IV). The undisplaced fractures were treated by internal fixation with three cannulated screws in all cases regardless the degree of osteoporosis (22 patients). We avoided internal fixation in patients with osteoporosis and displaced fractures at whom the arthroplasty was the first choice of treatment:

- hemiarthroplasty with an Austin Moore prosthesis was the indication of choice in patients with a life expectancy less than five years (9 patients);
- the cemented bipolar prosthesis was preferred in patients with a non-affected acetabulum (52 patients);
- the cemented prosthesis was indicated in patients with a marked degree of osteoporosis (Singh I-III) or in those with a preexisting diseased acetabular cartilage affecting the ipsilateral hip (20 patients);
- the uncemented prosthesis was rarely used, in patients under 65 years old with a Singh index IV-VI (8 patients).

Results Following this treatment very good and good results (according Merle d'Aubigne scale) were noted in 68% of cases. We have also to emphasise that in 80% of the cases treated by cemented bipolar prosthesis, the patients could return to their normal prefracture level of physical activity.

Conclusion Osteoporosis must be taken into account when the operative technique for a femoral neck fracture is considered. Singh system seems to be very useful for the prognosis and management of this type of fractures. However from all the prosthesis the bipolar type seems to be the best choice in patients with osteoporosis and a fracture of the femoral neck and the cemented variant is offering the best functionality of the involved hip.

SAT0112 VARIATIONS IN POPULATION'S PYRAMIDS OF PATIENTS WITH CHRONIC LOW BACK PAIN IN A RURAL AREA

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Background

Objectives To analyse the differences in the variables age and sex of patients with chronic low back pain, regarding the general population.

Methods It was carried a longitudinal study out of the patients that they went to the External Consultation of Rheumatology from the Requena Hospital (Valencia), demanding specialised attendance to present a chronic low back pain, sex and age were picked up. A statistical study was realised determining absolute and relative frequencies, and chi2 test with a level of trust of 95%.

Results A total of 483 patients were selected, males 146(30.2%) and women 337(69.8%), with a relationship female/male of 0.43. The mean age was of 55.82 ± st 13,32 and range 16–90. In women it was of 56,90 ± st 13,13 and in males of 53,32 ±