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## Background

There is an increasing concern regarding fragility fractures in boys with DMD but studies of fractures in DMD using radiologically confirmed fractures in sufficiently large cohorts are limited.

## Objectives

To determine the frequency of fractures in a contemporary cohort of 91 boys with DMD managed in Scotland.

## Methods

Fractures were classified into the vertebral fracture (VF) and non-VF in a retrospective study of all boys currently managed in Scotland, United Kingdom. The probability of fractures was determined by Kaplan–Meier plot.

## Results

	Median (Range) or N (%)
Age (years)	11.2(2.3,18.9)
Height SDS	-1.4 (-5.3, 1.4)
Weight SDS	0.0 (-5.0, 3.3)
BMI SDS	1.5 (-0.4,3.5)
Ambulant: Non-Ambulant Cohort	46/91(50.5): 45/91(49.5)
Age at Loss of Ambulation (years)	10.4 (7.1,15.3)
Length of Non-Ambulation State (years)	2.92 (0.2,9.0)
GC Treated: GC Naïve Cohort	76/91 (83.5): 15/91(16.5)
GC Start Age	5.5 (2.9,9.9)
GC Therapy Length (years)	5.1 (0.4,11.0)
Current GC: Previous GC cohort	59/91 (64.8): 17/91 (18.7)

Table 1: Clinical Characteristic

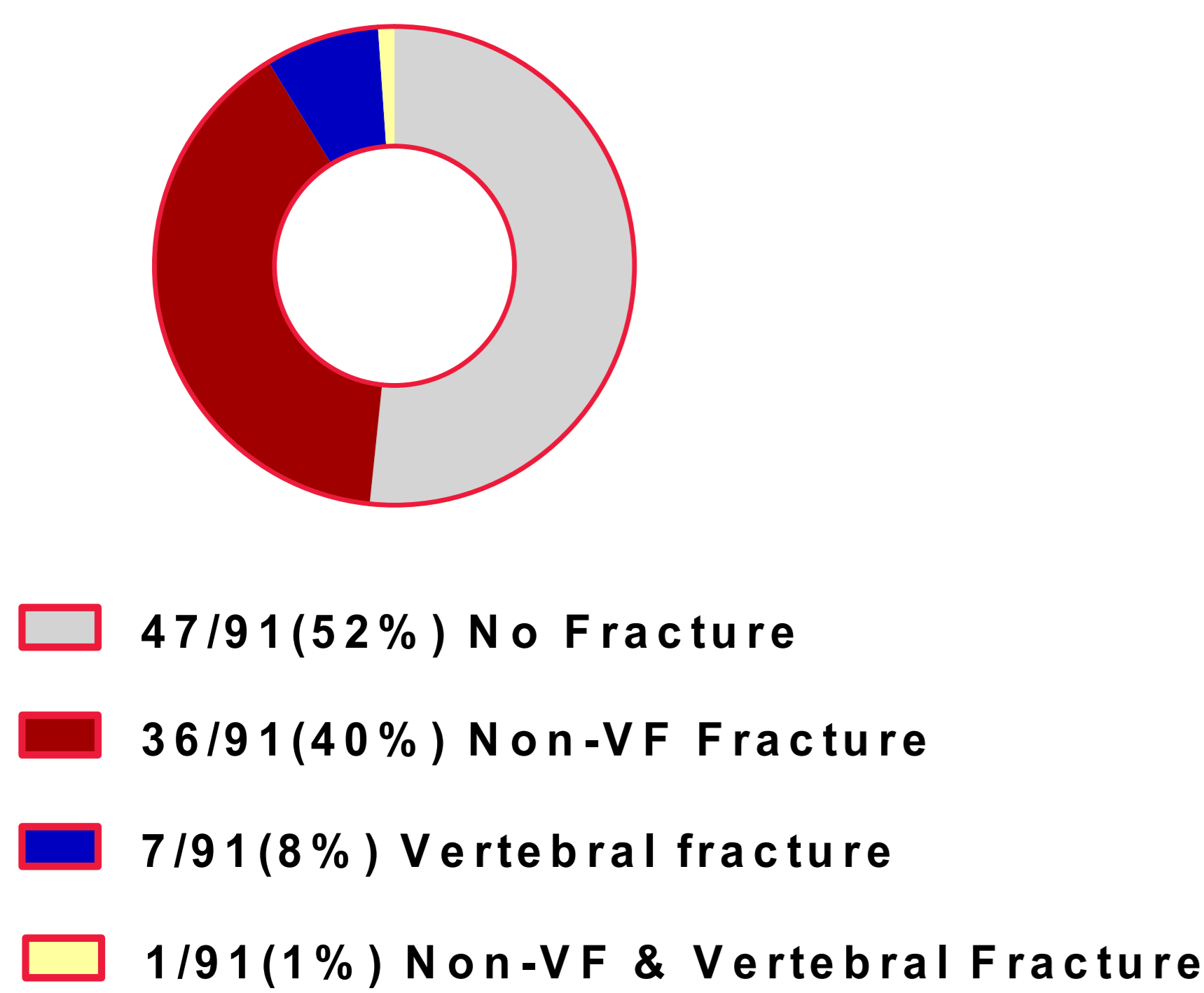


Figure 1: Fracture Prevalence

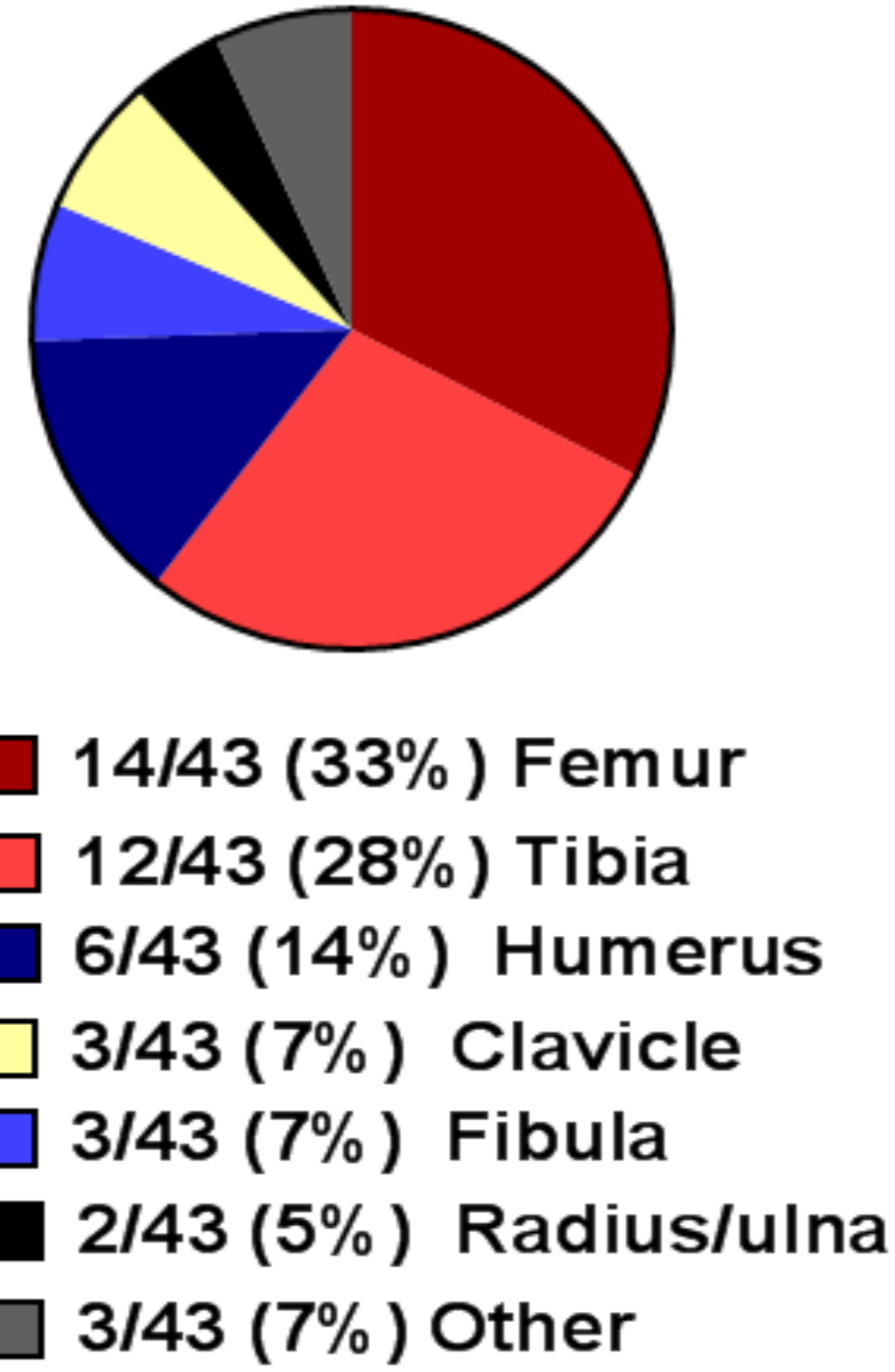


Figure 2: Fracture Sites

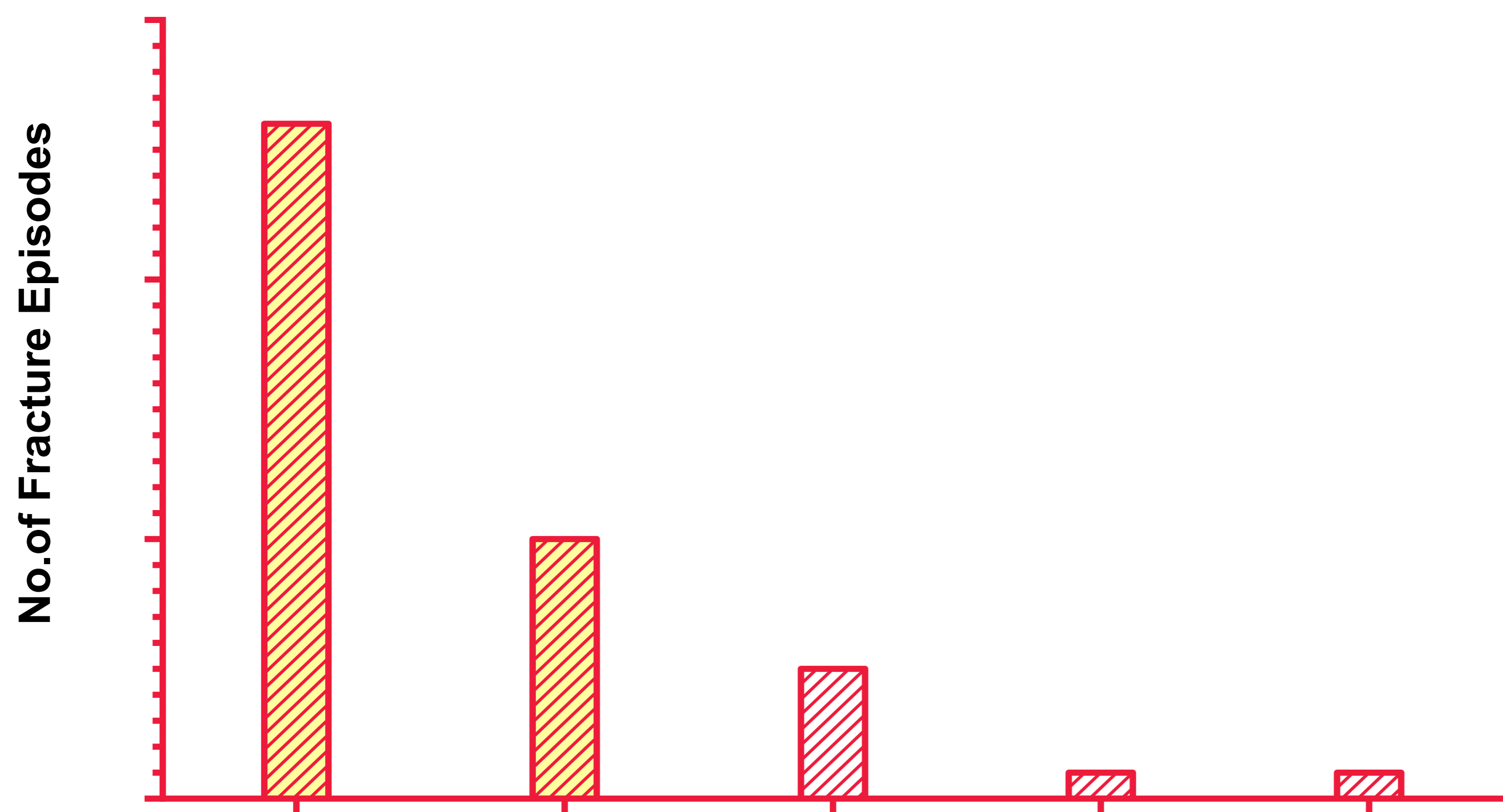


Figure 3: Fracture Mechanism

Disclosure Statements: The authors have nothing to disclose



## Results continued

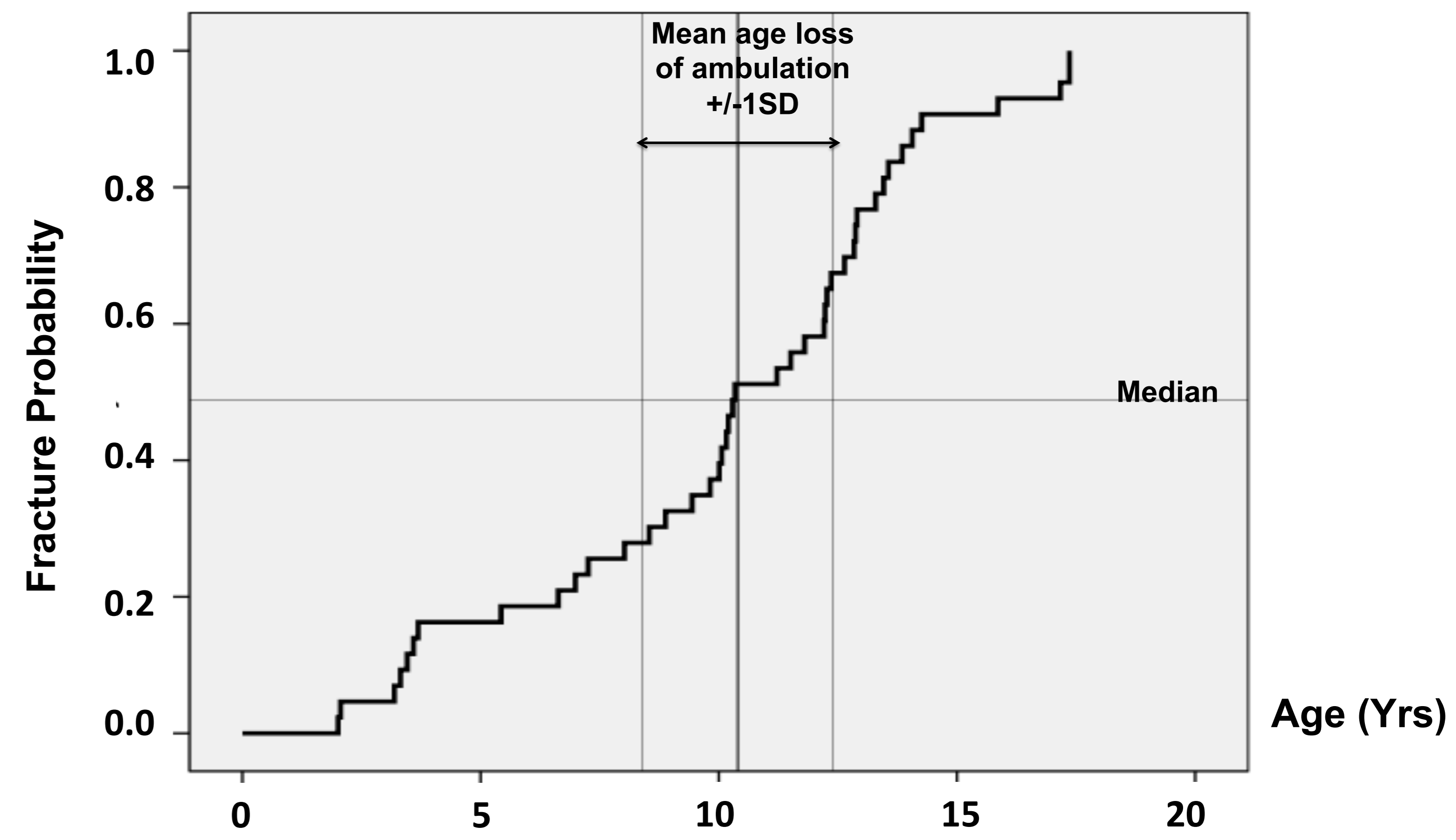


Figure 4. Probability of all fracture vs. age

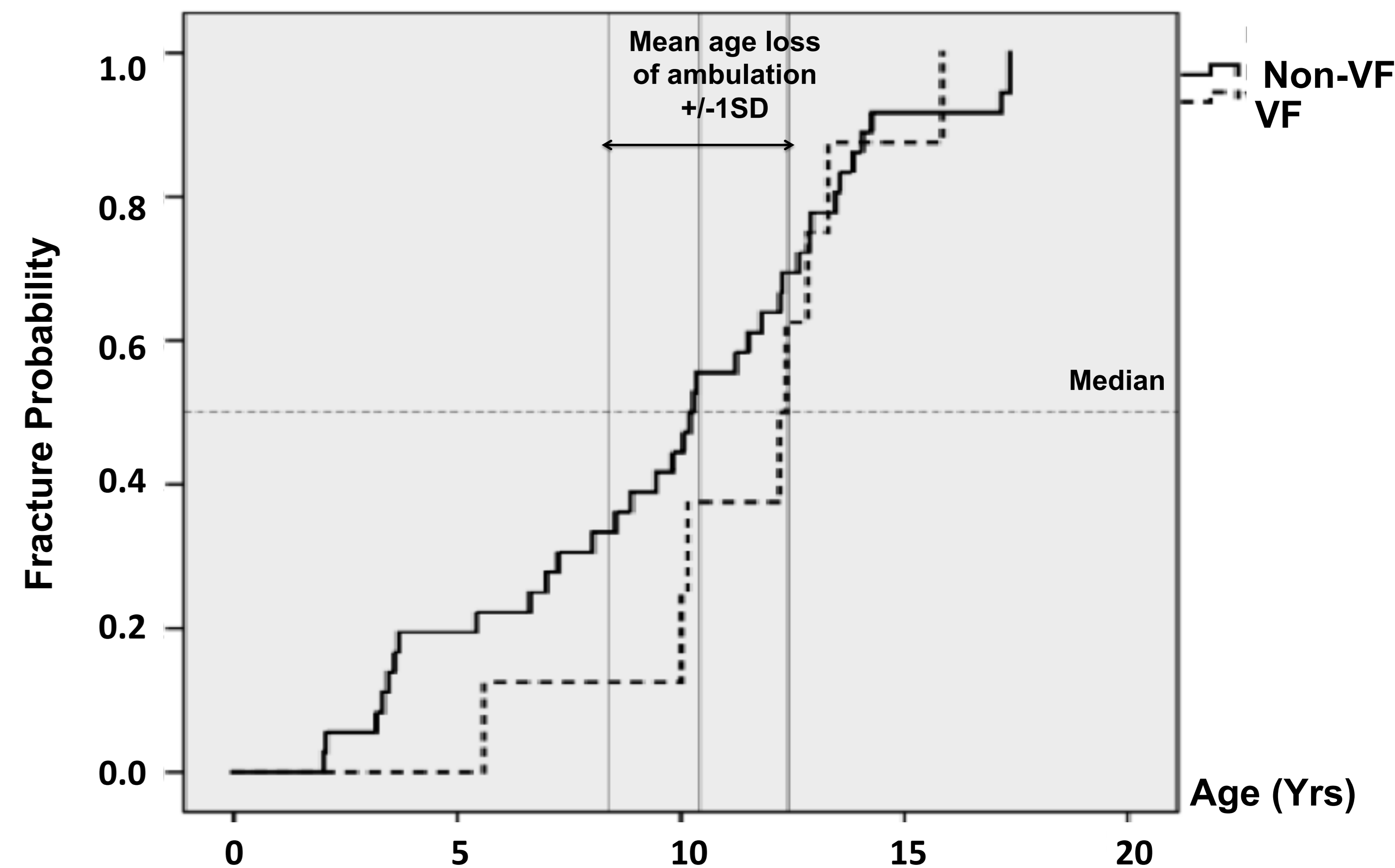


Figure 5. VF and Non-VF probability vs. age

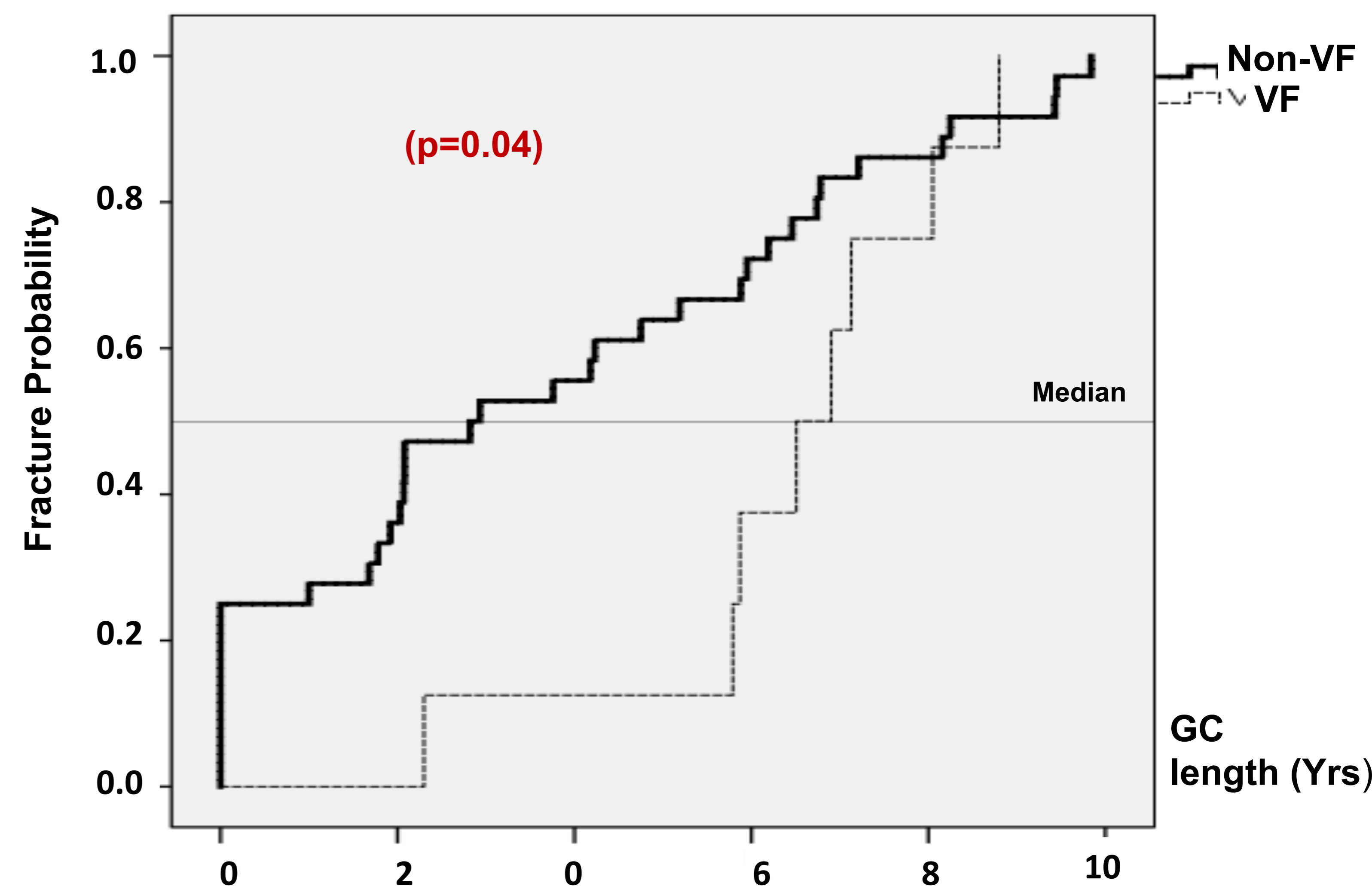


Figure 6. VF and Non-VF Probability vs. GC duration

## Conclusion

In our cohort of boys with DMD, approximately 50% of the cohort have sustained at least one fracture. Painful vertebral fracture was observed in approximately 9% of our cohort.