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Risk of bone fracture is not increased in women with TS compared to women with ovarian failure

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Women with Turners Syndrome (TS) have been shown to have reduced bone mineral density (BMD) but there is uncertainty about how this relates to fracture risk. The little data that does exist is conflicting, with one case series finding no difference compared to controls and one survey suggesting an increased risk of fracture particularly of the forearm. Proposed mechanisms for reduced BMD include short stature, oestrogen deficiency and bone dysplasia. In addition, fracture risk might be related to hearing impairment and propensity to falls. Here we investigate fracture risk factors in women with TS.

Methods: Self reported fracture history was collected from 265 women with TS. To control for oestrogen deficiency we selected a control group of women with early onset Premature Ovarian Insufficiency (POI) ($n=42$). Fracture risk variables included; age, height, hip and spine BMD, BMI, age of first oestrogen exposure and hearing aid use. We also compared fracture rates of the spine, arm, wrist, femur and foot.

Results: Women with TS were older (31.3 vs 37.5 years), diagnosed earlier (17.4 vs 9.6 years) and shorter (1.66 vs 1.50 m). Spine BMD was lower in POI (t -score -1.4 vs -0.90 , $P<0.05$) but not different for the hip (t -score -0.96 vs -0.77). There was no significant difference in fracture rate 87/265(32.8%) vs 14/42(33.3%); $P=0.9$ or fracture site between groups. Within the TS group, there was no difference in fracture risk variables in those with a fracture history compared to those without.

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Conclusions: When compared to a similar oestrogen deficient group, women with TS appear not to have an increased rate of fracture. The results suggest that fracture risk in

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