

**3<sup>rd</sup> International Congress on  
Innovations and Advances in Cancer Research and Treatment**  
&  
**2<sup>nd</sup> World Congress on  
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### **Femoral Bone Cortical Thickness (FBCT) in patients with Chronic Obstructive Pulmonary Disease (COPD) and hip fracture: Role of comorbidities and life-style characteristics**

#### **Abstract:**

**Aim:** To evaluate in COPD patients with hip fracture (HF) factors affecting the FBCT, a new and simple tool to assess skeletal status.

**Methods:** In 426 patients with COPD and HF (mean age 80.5 years, 295 females) and 106 healthy controls (mean age 32.0 years, 45 females) FBCT was measured at 3 cm and 10 cm from the greater trochanter. Data were correlated with 19 comorbid and lifestyle characteristics, 2 bone turnover markers ( $\beta$ -CTX, P1NP) and 5 bone-related parameters (PTH, 25 OH-vitamin D, calcium, phosphate, magnesium)

**Results:** In patients and controls, FBCT at both levels was significantly lower in females than in males. Low FBCT (lower than lowest quartile in controls) was found in 79% of male and 67% of female patients, and this proportion increased in parallel with the number of comorbidities, in males: from 7.7% (no comorbidities) to 44.3% (with  $\geq 3$  comorbidities) and in females from 3.7% to 36.3%, respectively. The highest number of low FBCT demonstrated males with stroke (85.7%), anaemia (80.0%) and walking aids users (81.3%), and females with a transient ischemic attack (TIA, 86.4%), stroke (77.1%) and excessive alcohol users (77.8%). Bone turnover marker ( $\beta$ -CTX) was significantly associated with low FBCT. Multivariate analysis identified cardiovascular disease, diabetes, TIA and smoking as independent determinants of low FBCT.

**Conclusion:** In COPD patients with HF, the FBCT is sex-dependent and significantly influenced by type and number of comorbid conditions, frailty, alcohol overuse. FBCT together with comorbid and lifestyle characteristics can help in assessment and prediction osteoporotic fractures risk.

#### **Biography**

**Htoo Myat** was originally from Myanmar and earned his primary medical degree from University of Medicine 1, Yangon, Myanmar in 2007. He migrated to Australia in 2013 and is currently working as a final year Geriatric Medicine Trainee in John Hunter Hospital, New South Wales, Australia. As part of his training, Htoo Myat has conducted a research project on femoral bone cortical thickness in COPD patients with hip fracture, and the findings have been presented locally and internationally. He has also contributed to a scoping review on adult patients with de novo glomerular diseases following COVID-19 infection or vaccine.