in immunosuppressive regimens and use of bone protective therapy on fracture rate has not been reported. The aim of this study was to document clinical fracture incidence during the period 1998–2008 in a single transplant centre, following introduction of a bone management protocol.

Methods In an audit of all patients with a first liver transplant during this period records were retrieved from 531 of 592 eligible patients (1998–2007). All fractures were verified radiologically.

Results The mean follow-up period was 61.4 months. Prior to transplant 5.6% of patients had a history of fracture. Incident clinical fractures post-transplant were recorded in 15 (3.5%) of patients. The most common fracture site was the spine and the median time since fracture to transplant was 26 months (range 2–83).

Conclusion In conclusion, the authors have demonstrated low rates of fracture in patients undergoing liver transplantation at our centre over the past 10 years. The use of lower doses of prednisolone for immunosuppression and administration of bone protective therapy to high-risk patients are both likely to have contributed.

Competing interests None.

Keywords bone protection, fracture, liver transplantation.

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FRACTURE INCIDENCE AFTER LIVER TRANSPLANTATION: RESULTS OF A 10 YEAR AUDIT

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Introduction High rates of fracture were initially reported following liver transplant but the impact of subsequent changes