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## CONCLUSION

The use of teriparatide in fracture healing is of great interest in the field of orthopaedics. However, the effect of teriparatide in accelerating healing in delayed union or non-union of fractures remains uncertain. Animal studies as well as case reports yielded consistently positive results suggesting benefit of teriparatide for fracture healing. But case reports or case series offer poor guidance for clinical decision making.

The available evidence is insufficient to support regulatory approval on the use of teriparatide for an indication of enhanced fracture healing. In view of the limitations of the controlled trials, high quality randomized controlled trials are needed in order to confirm whether teriparatide improves fracture healing in delayed or non-union fracture with special emphasis on to address the optimum duration of teriparatide therapy for fracture healing.

The authors believe that following might be the reasons that teriparatide not yet approved in any country for enhancing fracture healing.

- The precise mechanism by which teriparatide orchestrates fracture healing is less clear.
- Low level of evidence comprising mainly of case reports or case series depicting positive results but amounts to high risk of publication bias.
- Very few randomized controlled trials most of which have reported negative results.
- No large scale randomized controlled trial so far.
- Duration of teriparatide therapy to achieve the desired effect on fracture healing vary considerably in all the clinical studies (from just two injections a month to 24 months daily) which raises doubt on causal association between teriparatide administration and improved fracture healing (**Table 3 and 4**).
- Crude method of assessment of radiological fracture healing in most of the studies.

However, considering the safety profile of teriparatide, clinicians can opt for teriparatide as a reasonably safe choice to accelerate fracture healing, particularly in a setting of delayed union or non-union in patients who are not willing

for revision surgeries. Both patients and clinicians should be aware that this would be an 'off-license' use taking into consideration the fact that clinical data supporting this indication is extremely limited.

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