

Paediatric Proximal Humerus Fracture With Glenohumeral Dislocation: A Case Report

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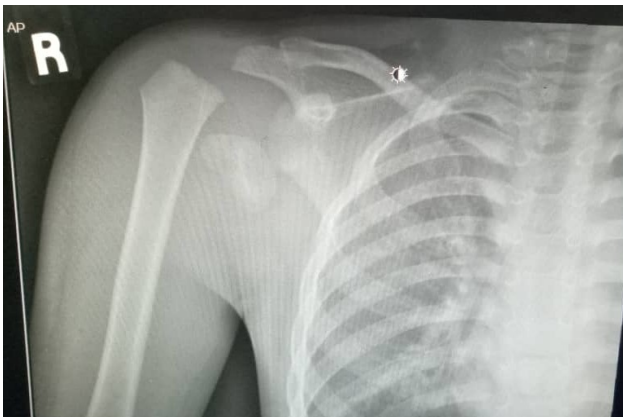
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INTRODUCTION:

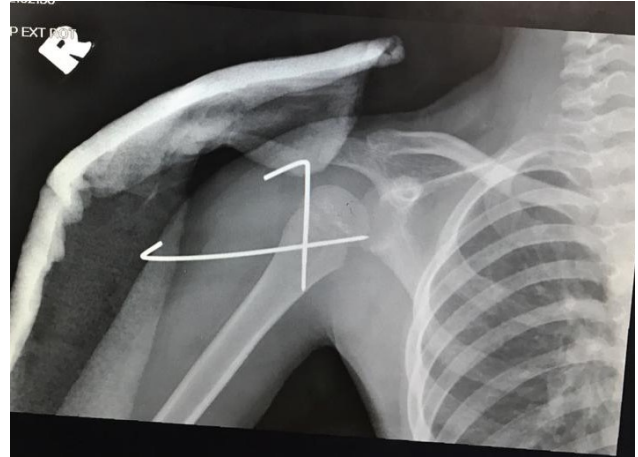
Proximal humerus Salter Harris (SH) fractures represent less than 5% of all paediatric fractures. Glenohumeral dislocations are also not common. In Rowe's classic series of five hundred shoulders (488 patients), only 8 (1.6%) of them were under 10 years of age¹.

REPORT:

We are reporting a 7-year-old boy whose right upper limb was accidentally caught in a top-load washing machine. He sustained closed fracture proximal humerus (SH Type I) with anterior glenohumeral dislocation. Due to the severe soft tissue contusion and swelling, closed reduction failed and we proceeded with open reduction (deltopectoral) and pinning of proximal right humerus. Post operative care was uneventful, patient was discharged well with protective splint (backslab)



↑Pre-operative x-ray



↑Post-operative x-ray

DISCUSSION:

With regards to paediatric proximal humerus fractures, SH Type I,II fractures occur more commonly in younger children, whereas type III and IV fractures are very rare. Displaced fracture of proximal humerus with glenohumeral dislocation is indicated for early recognition, urgent reduction and stabilization. Few authors have advocated closed reduction and pinning for these types of fractures. Others have reported equally good success with open reduction and pinning²

CONCLUSION:

Open reduction and pinning is certainly a viable option to manage these types of injuries.

REFERENCES:

1. Rowe CR. Prognosis in dislocations of the shoulder. J Bone Joint Surg Am. 1956;38:957-977
2. Obremskey W, Routt ML Jr. Fracture dislocation in a child: a case report. J Trauma. 1994;36:137-140