

THE TERRIBLE TRIAD OF THE FLOATING SHOULDER - A CASE OF COMPLEX IPSILATERAL SCAPULA, CLAVICLE & PROXIMAL HUMERUS FRACTURES

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Introduction: Shoulder girdle fractures are usually the result of high-energy trauma, with the term "floating shoulder" coined to describe any dual injury to the superior shoulder suspensory complex (SSSC), which causes loss in the stability of the shoulder. Simultaneous ipsilateral fractures involving all the bones around the shoulder girdle - namely the scapula, clavicle and humerus - is a remotely-rare occurrence.

Discussion: A 31 years old patient presented after a motor-vehicle accident with excruciating pain of left shoulder and flailed left upper limb. Radiographs and CT scan revealed the presence of highly-comminuted left scapula (involving the scapular body, segmental fracture at its medial border, infraglenoid fracture of its lateral border and fracture of the scapular spine), clavicle and proximal humerus fractures. The patient underwent a tedious and carefully-planned and executed surgery, involving screw fixation and plating of the scapula, and plating of the clavicle and proximal humerus in a single positioning. The surgery managed to restore the stability of the shoulder and radiographic union of all the fractures achieved after 3 months. The patient was however has yet to recover from the complete brachial plexus injury.

Conclusion: The presence of ipsilateral clavicle, scapula and humerus fracture suggests involvement in high-energy trauma, and therefore associated injuries especially neurovascular compromise should not be missed. Despite its rarity, the management of this complex injury should always be individualised to ensure optimal functional outcomes are achieved.