

A CASE OF MIDSHAFT HUMERUS FRACTURE WITH MEDIAN NERVE PALSY

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Introduction: Midshaft humerus fractures account for roughly 3% of all fractures [1]. 1.4% of humerus fractures were associated with median nerve injury [2], being the least commonly affected due to protection by muscles of varying thickness throughout its course from direct contact with bone [3]. We present a case of closed humerus fracture with median nerve palsy.

Discussion: An upcoming car from the back hit a 33-year-old gentleman, whom alleged motor vehicle accident while he was riding a motorbike. He fell down in sitting position with an outstretched right upper limb. He presented to the emergency department with pain over his arm and numbness over right thumb and index finger. Examination showed weak forearm pronation, wrist, thumb and index flexion. Sensation was reduced over his thumb and index finger. X-ray (Figure A) confirmed a closed diaphyseal fracture of his right humerus (AO Type 12-B2) and the patient was put on a U-slab prior to referring to our orthopaedic clinic. Multiloc humeral nail was operated over his right humerus (Figure B) 3 months later due to large gapping between the fracture site and subsequently his symptoms improved.

Conclusion: There are no preferred guidelines in managing humerus shaft fractures with isolated median nerve injury. Aspergis et al reported similar case treated conservatively with full neurological recovery. On the other hand, Rajesh et al and Shallin et al reported combined radial and median nerve palsies where internal fixation was done together with exploration of both the nerves, eventually patients recovered well. However, surgical fixation is recommended in our case as it showed good outcome.