IDEBERG 3 GLENOID FRACTURE MADE EASY WITH SUPERIOR APPROACH

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INTRODUCTION:

Over the past few decades there has been controversy about the management of displaced glenoid fractures, involving a significant part of the articulating glenoid. There is little evidence supporting operative treatment of fractures of the glenoid fossa and glenoid neck and there are no randomised studies to support such treatment.

REPORT:

A 25 years old gentlemen, alleged motor vehicle accident and complain of right shoulder pain & restricted movement. On examination, tenderness around right scapula, reduced range of motion of right shoulder. Distal pulses palpable and good circulation. Plain radiograph & CT scan with 3D reconstructed image showed fracture supero-anterior rim of right glenoid. In operation theater, patient was placed on left lateral position with bump under right arm to keep elbow in flexion. The straight incision (superior approach), figure 1, was taken in superior part of right shoulder, from the medial acromion, passing the superior margin of the scapula, to the medial angle of scapula, at about 8 cm in length. By separating bluntly and retracting gently the trapezius muscle, supraspinatus, acromion and acromioclavicular joint were exposed. Then, we pulled the supraspinatus muscle forward to show superior glenoid, scapular notch and supraspinatus fossa, and pulled the supraspinatus muscle backward to show superior margin of scapula, posterior margin of distal clavicle, coracoid process and coracoclavicular ligament. The acromioclavicular joint and the distal clavicle were exposed by extending the incision laterally. Articular congruency was restored under direct visualization and fixed with plating of right scapula, using locking reconstruction plate, figure 2. The reduction was confirmed with intraoperative fluoroscopy. The fixation was stable, intraoperatively, right shoulder able to flex until 180 degree. Patient was discharged well & adviced with pendulum exercise.

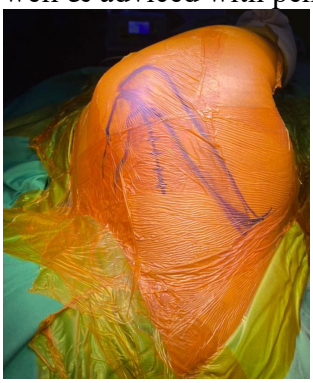

Figure 1: Superior approach of glenoid

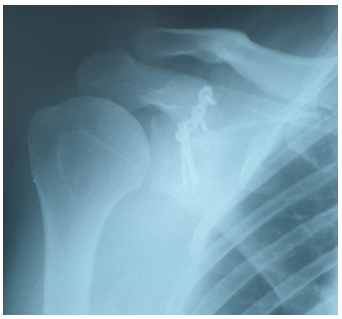

Figure 2: Locking reconstruction plate of glenoid

CONCLUSION:

The ideal treatment for displaced glenoid fractures is debatable. Based on the literature, the outcome following a glenoid fracture is generally good in non-operative cases as well as after surgery.

REFERENCES: