

Case Report: Ipsilateral Clavicle and Multiple Ribs Fracture

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INTRODUCTION:

Concomitant clavicle and ribs fracture signifies severe trauma which carry higher morbidity and mortality rate. Up-to-date, there is inadequate literature regarding the management of this condition.

REPORT:

A 50-year-old gentleman was admitted with the complaint of breathlessness, right chest and right shoulder pain post trauma. Examinations noted right-sided chest wall tenderness with reduced breath sound, and tender right clavicle without significant deformity or soft tissue injury. Chest X-ray showed non-displaced right midshaft clavicle fracture with ipsilateral 2nd-8th ribs fracture. Initially the clavicle fracture was treated conservatively by right armsling immobilization and analgesics. 3-week post trauma noted patient had persistent right shoulder pain, prominent right shoulder sagging and skin tenting over right midclavicle region. Repeated X-ray showed significant fracture displacement and shortening of right clavicle, no sign of fracture healing. He was readmitted for surgical fixation of right clavicle. Patient progressed well post operatively, had good right upper limb function and was satisfied with the outcome.

Due to ipsilateral multiple ribs fracture especially upper one-third of the ribs, clavicle fracture prone to be unstable and may have fracture displacement >100%¹, causing higher risk of nonunion, cosmetic deformity and poor outcome.² Recent study showed that early surgical fixation of clavicle is beneficial in multiply-injured patient with thoracic trauma and concomitant clavicle fracture.³

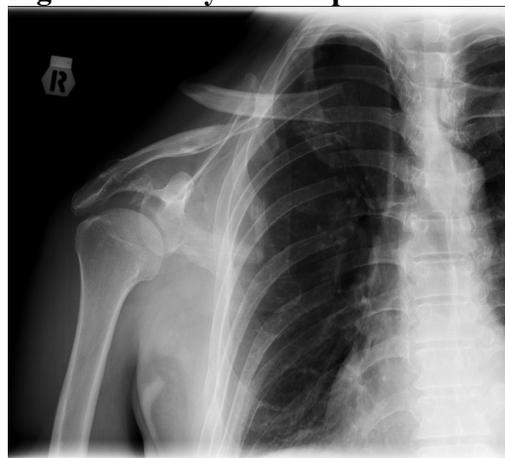
CONCLUSION:

Patients with concomitant clavicle and ribs fracture may have better clinical outcome with early surgical fixation of clavicle.

Figure 1: X-ray on first arrival



Figure 2: X-ray 3-week post trauma



REFERENCES:

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