

An Outcome of Non-Operative Treatment of a Fracture to the Coracoid Process with Supraglenoid Extension

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INTRODUCTION:

Coracoid fractures have been described as a rare and uncommon fracture of scapula. The incidence of this fracture has been reported between 3% and 13% of all scapular fracture. Although coracoid fracture may occur independently, most of the fracture are reportedly associated with neighboring musculoskeletal injuries such as AC joint dislocation, fracture of acromion, scapular spine, clavicle, and scapula neck.

REPORT:

A 23 years old gentleman was hit by another motorbike rider while riding a motorcycle, sustaining a direct trauma over left shoulder upon hitting the ground. Physical examination of left shoulder revealed generalized swelling over left shoulder, with limited range of motion. Plain radiograph of left shoulder and computed tomography was ordered. (Figure 1)



Figure 1: showing CT scan of left shoulder, showing coracoid fracture extending to glenoid fossa (Eyres type-V)

Patient was decided for conservative management with arm sling for 6 weeks, followed with rehabilitation of shoulder. Physiotherapy was started immediately post arm sling with range of motion and pendulum exercise.



Figure 2: Range of motion of shoulder at 2 months post trauma

At 2-months of follow up, examination of left shoulder showing no tenderness of the joint with full range of motion of shoulder is achieved. (Figure 2)

CONCLUSION:

Although Eyres et al recommended for surgical stabilization for type-IV and type-V fractures that involving the base of the coracoid, either the body of the scapula or the glenoid fossa, a conservative management in a patient that comply with physiotherapy can be considered with a good clinical outcome.

REFERENCES:

1. Eyres KS, Brooks A, Stanley D. Fractures of the coracoid process. J Bone Joint Surg Br. 1995 May;77(3):425-8. PMID: 774492.