Coracoid and distal clavicle fracture with acromioclavicular disruption : A case report

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INTRODUCTION:

Distal clavicle fracture with coracoid fracture and coracoclavicular (CC) ligament injury is a rare incident¹. We describe one case that we encountered in our place.

REPORT:

The patient is 39 year old heatly male, was a motorbike rider, was directly hit to his right shoulder by a car. Post trauma, he had pain over his right shoulder with limitation of movement and associated pain over right anterior chest. Upon examination, palpable tenderness was noted over the distal clavicle and coracoid process. X-ray imaging of shoulder showed coracoid fracture at base level, distal end clavicle fracture acromioclavicular with disrupton (Rockwood type 4). The patient was then proceeded with screw fixation coracoid process, hook plate clavicle with CC ligament reconstruction with autologous hamstring tendon. Under general anaesthesia, anterior "strap" approach was used. The coracoid process was fixed with 1 cancellous screw and preliminary fixation of distal clavicle was done using k-wires. CC ligament was reconstructed using contralateral hamstring tendon, looped below the coracoid process and the ends was tunnelled from below and tied over superior surface of the clavicle. The clavicle was then fixed with hook plate, placed posterior to the graft knot (Figure 1). The immediate post op xray (Figure 2) showed good reduction. The patient was discharged well with slingshot arm sling and due for follow up in the clinic.



Figure 1: Final fixation intra-operatively



Figure 2: X-ray images post- (right) and preoperative (left)

CONCLUSION :

Surgical management of coracoid fracture is recommended when it is associated with scapular or clavicle fracture or with acromioclavicular dislocation². Good prognosis is expected.

REFERENCES:

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