

Classical Method in Reducing Scapular Fracture

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INTRODUCTION:

Scapular fractures are usually caused by high energy trauma and associated with other injuries such as rib fractures and ipsilateral clavicle fracture. Displaced scapular body fracture with angulation more 40 degrees and glenopolar angle less than 20 degrees should be treated operatively.

REPORT:

A 23 years old malay gentleman presented with displaced left scapula fracture (along the lateral border of body scapula extending to neck of glenoid) and bilateral clavicle fracture. following a motor-vehicle accident.

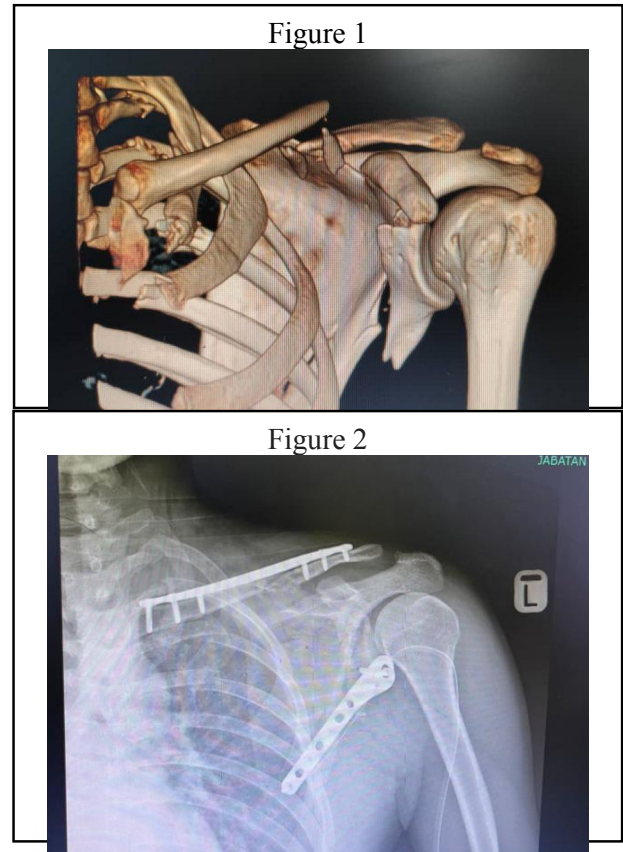
Patient underwent left clavicle and scapula plating under general anesthesia. Patient was put on prone position, The authors advocate approaching the lateral pillar using interval between the infraspinatus and teres minor.

Using Brodsky approach the incision was made begins medial to the posterior corner of the acromion and continues distally to the inferior pole of the scapula, parallel to the lateral border of the scapula.

Two Schanz pins was used, one at the glenoid neck and another at the scapular body that act as a pulling device so that fracture can be mobilize and reduce. This will help to line up the lateral border. 2 K-wires were inserted after fractures reduction achieved, then the lateral border scapular plate inserted. The other maneuver that can be used in this surgery is by placing 2 screws (3.5mm cortical) at distal fracture fragment (lateral border) and at the neck of glenoid, then fracture reduced by using pelvic reduction clamp.

Figure 1: CT shoulder (Pre operation)

Figure 2: Shoulder X-Ray (Post Operation)



CONCLUSION:

The treatment of floating shoulder remains a topic of debate, while some authors advocate conservative treatment, others defend fixation of the clavicle alone and the third group prefer fixation of both clavicle and scapula.

REFERENCES:

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