

SCAPULOTHORACIC DISSOCIATION

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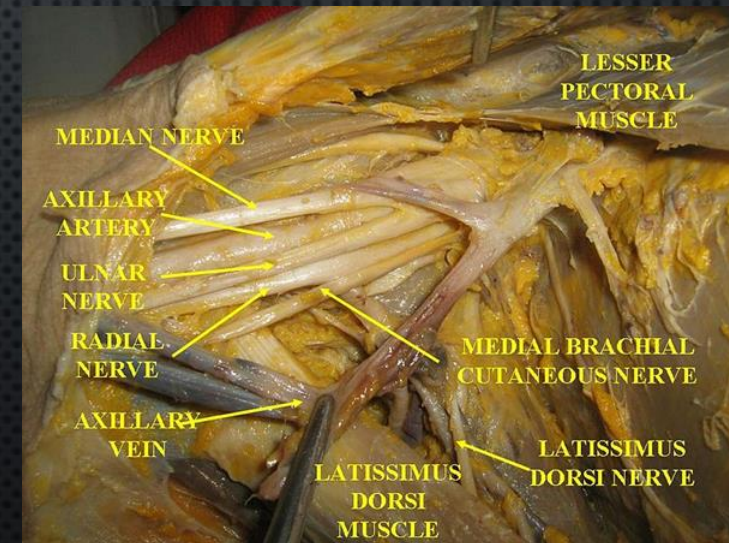
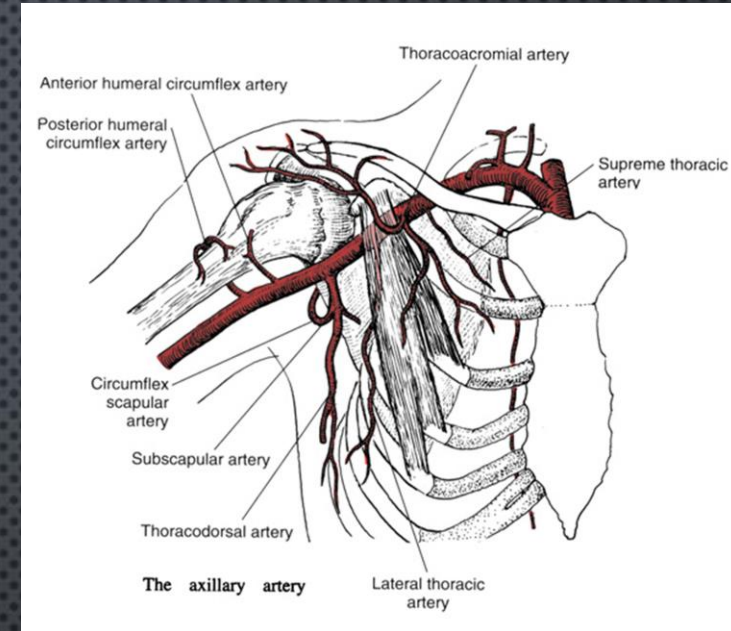
UCSF COURSE 2023

BACKGROUND

- RARE BUT DEVASTATING CONDITION
- LIMB AND LIFE THREATENING INJURY
- TRACTION INJURY TO UPPER EXTREMITY CAUSING DISRUPTION OF SCAPULOTHORACIC ARTICULATION
- MANY TYPES
 - AC SEPARATION
 - SC DISLOCATION
 - DISPLACED CLAVICLE FRACTURE

ASSOCIATED INJURIES

- VASCULAR LESIONS IN 88%
 - SUBCLAVIAN ARTERY
 - AXILLARY ARTERY
- NEUROLOGIC INJURY 94%
 - BRACHIAL PLEXUS



POOR OUTCOMES

- FLAIL EXTREMITY 52%
- EARLY AMPUTATION 21%
- DEATH 10%
- EARLY RECOGNITION AND GOOD TREATMENT PROTOCOL CAN DECREASE THE SUBSTANTIAL MORBIDITY AND MORTALITY ASSOCIATED WITH THIS CONDITION



CLINICAL DIAGNOSIS

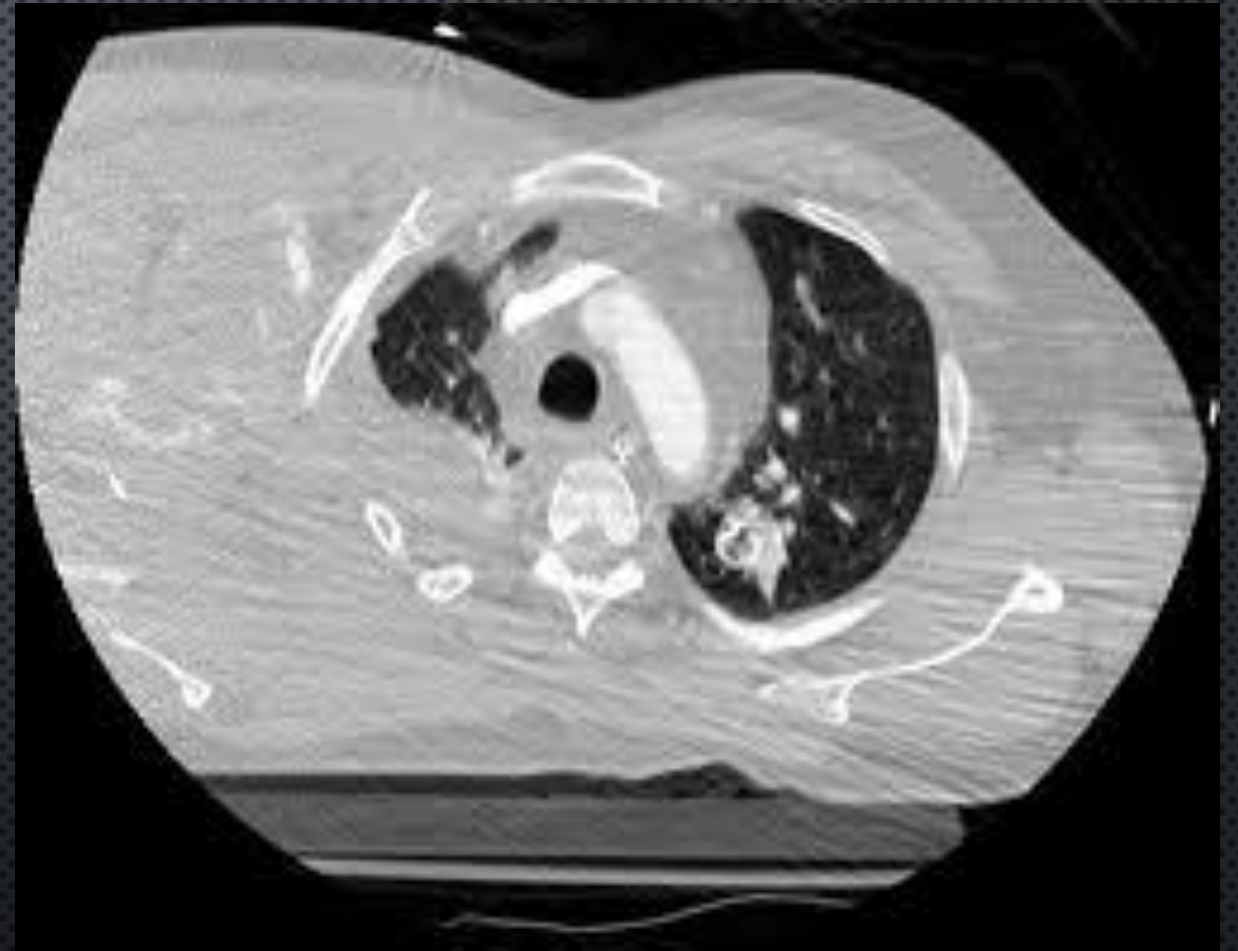
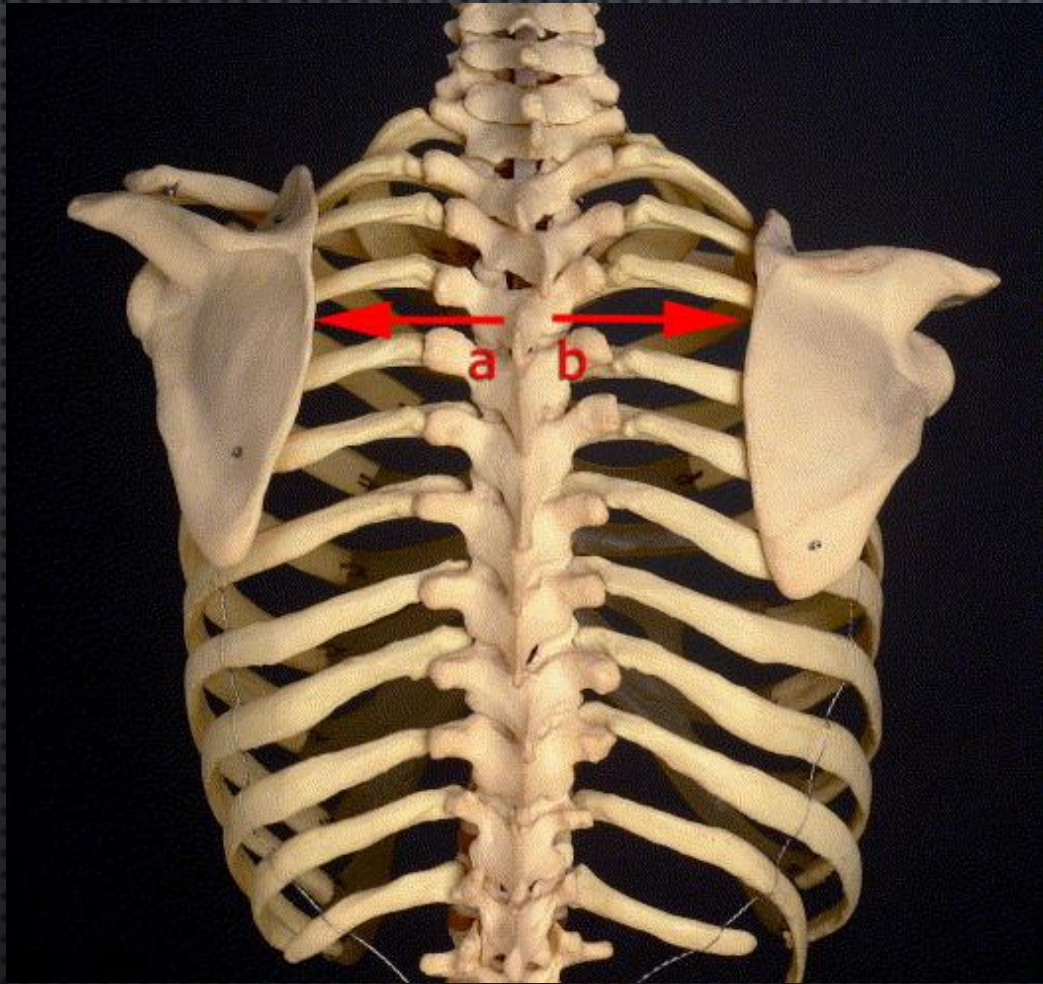
- HISTORY HIGH ENERGY TRAUMA
- SIGNIFICANT SWELLING AND CREPITANCE
- GOOD NEUROVASCULAR EXAM IS CRITICAL
 - DECREASED OR ABSENT PULSES
 - NEUROLOGIC DEFICITS



RADIOGRAPHIC DIAGNOSIS

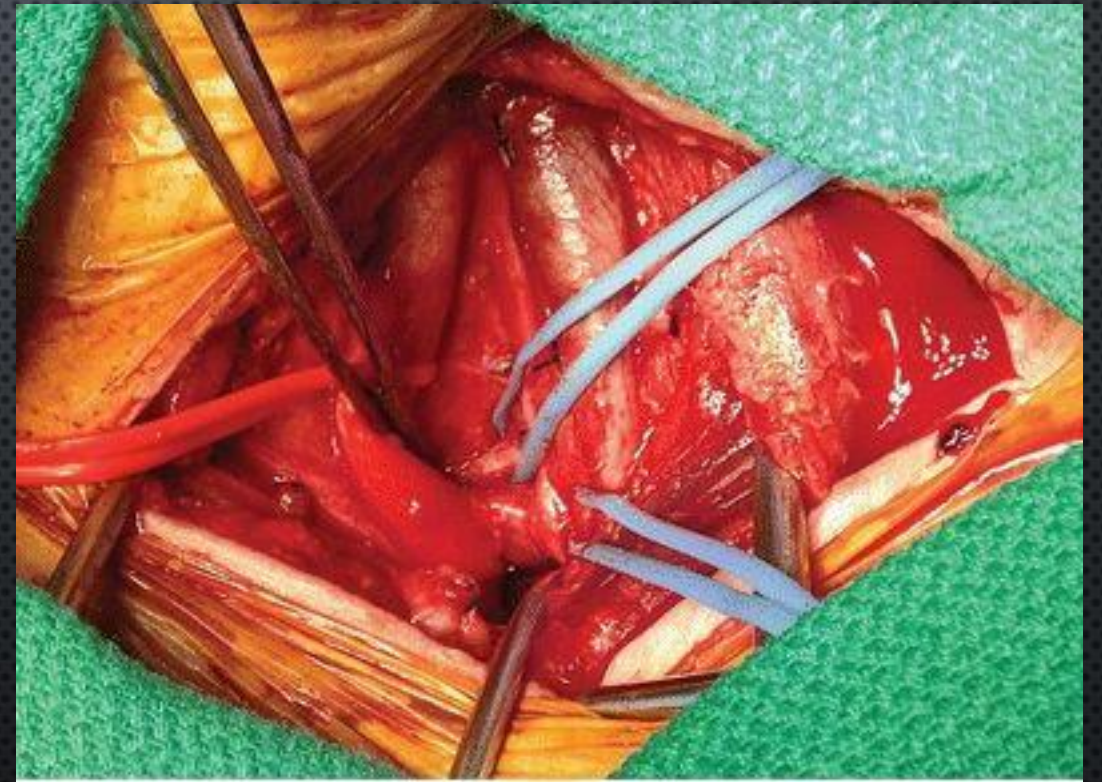
- AP CHEST
 - SC DISLOCATION
- AP/LAT SHOULDER
 - CLAVICLE FRACTURE
 - AC SEPARATION
- CT SCAN
 - ASYMMETRIC DISTANCE FROM SPINOUS PROCESS TO MEDIAL EDGE SCAPULA BODY
 - CT ANGIOGRAM





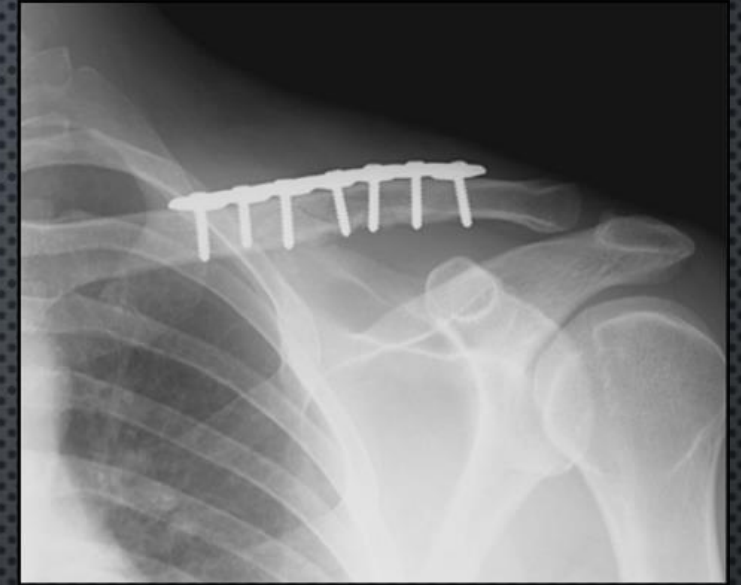
INITIAL TREATMENT

- HEMODYNAMIC STATUS DETERMINES TREATMENT
- IF STABLE AND NO SIGNIFICANT VASCULAR INJURY
 - SUPPORTIVE CARE
- IF SUBCLAVIAN INJURY
 - MEDIAN STERNOTOMY
- IF AXILLARY INJURY
 - HIGH THORACOTOMY



ORTHOPEDIC TREATMENT

- POSTERIOR FIXATION HAS NOT PROVEN TO BE BENEFICIAL
- ORIF CLAVICLE
- ORIF SC JOINT
- ORIF AC JOINT
- CC FIXATION
- TRANSFER PATIENT TO BRACHIAL PLEXUS CENTER OF EXCELLENCE WHEN STABLE
- FOREQUARTER AMPUTATION
 - IF COMPLETE BRACHIAL PLEXUS INJURY
 - NO ACCESS TO CENTER FOR NERVE RECONSTRUCTION/REPAIR



CONCLUSION

- RARE BUT DEVASTATING INJURY YOU DON'T WANT TO MISS
- DIAGNOSE AND TREAT VASCULAR INJURY ASAP
- TREAT FRACTURES AND DISLOCATIONS WITH STANDARD FIXATION
- GET PATIENT TO BRACHIAL PLEXUS CENTER OF EXCELLENCE WHEN STABLE
- INITIATE COUNSELING EARLY AS A SIGNIFICANT NUMBER OF PATIENTS REQUIRE AMPUTATION