Proximal Humeral Fractures

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I (and/or my co-authors) have something to disclose.

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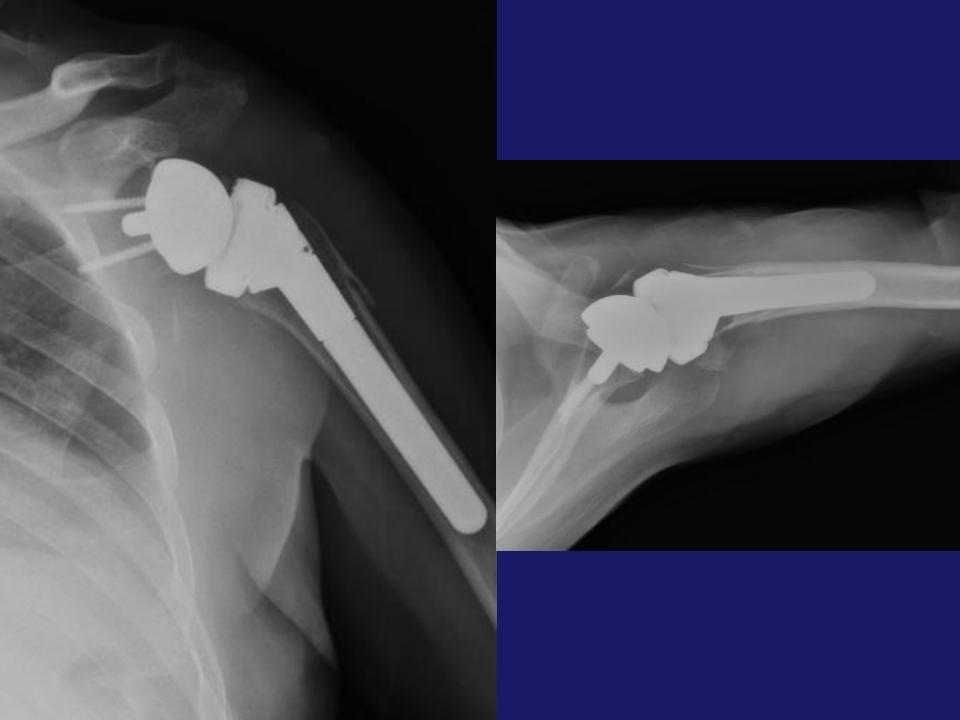
CASE

- 72 year old male
- Fall from roof, "caught L arm on way down"
- Closed, isolated, good pulses, diffuse numbness, motor weak but intact
- Neurofibromatosis Type I, hypertension













Atoun E, et. al. Management of first-time dislocations of the shoulder in patients older than 40 years: the prevalence of iatrogenic fracture J Orthop Trauma 2013 April;27(4):190-3

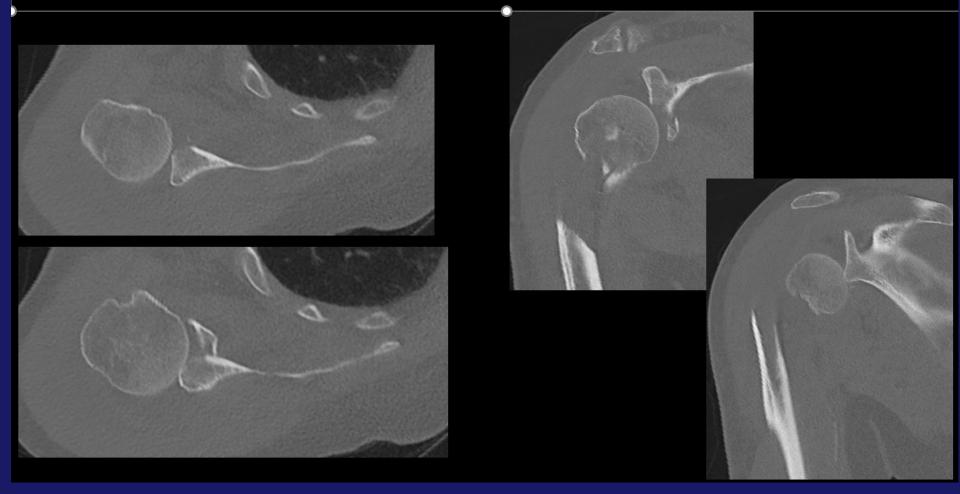
- 90 patients
- 19 associated GT fracture
- 5 had humeral head sheared off with closed reduction

Imaging

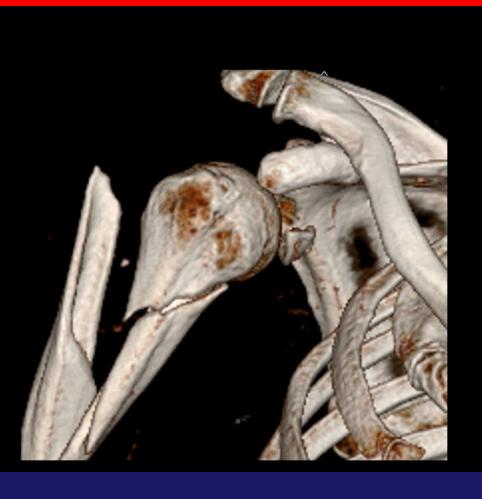




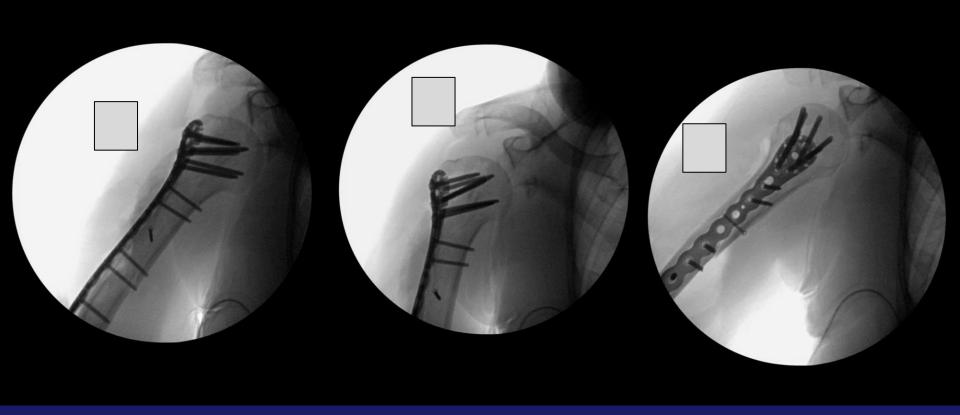
RS 79M



3D CT Scan







Intraoperative radiograph following fixation of proximal fracture

Final



CASE

- 77 year old female
- RTSA 2 years prior, functioning well
- Fall on left arm playing pickleball
- Closed, isolated, NV intact
- Healthy and active

Preop Imaging





- 2 weeks later
- Pain and instability
- "wants something done"



Decision making

Shoulder function good

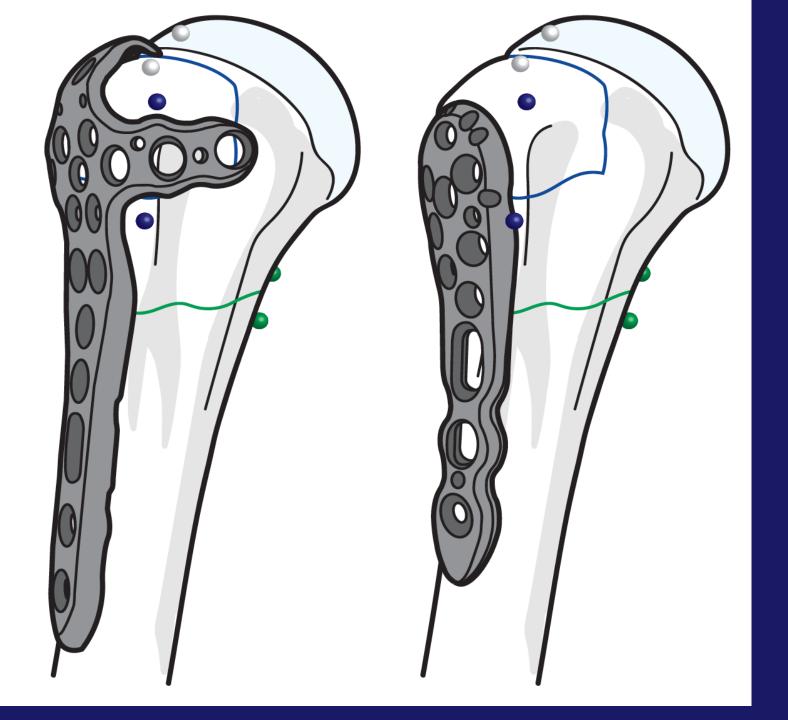
Humeral stem solid

Type B fracture

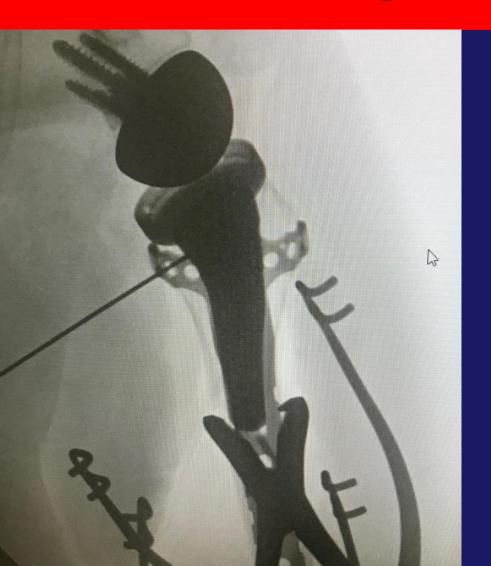
Limited proximal bone

Biology good



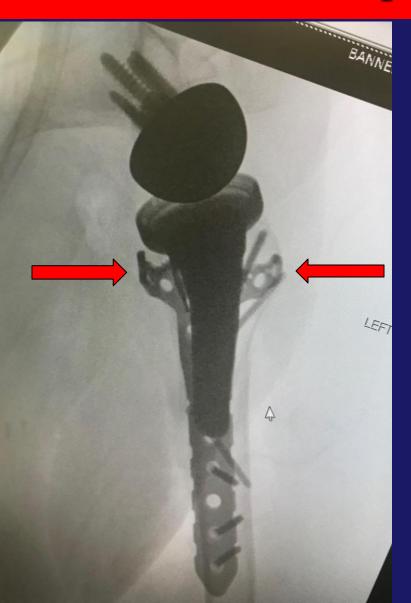


Intra-op radiographs



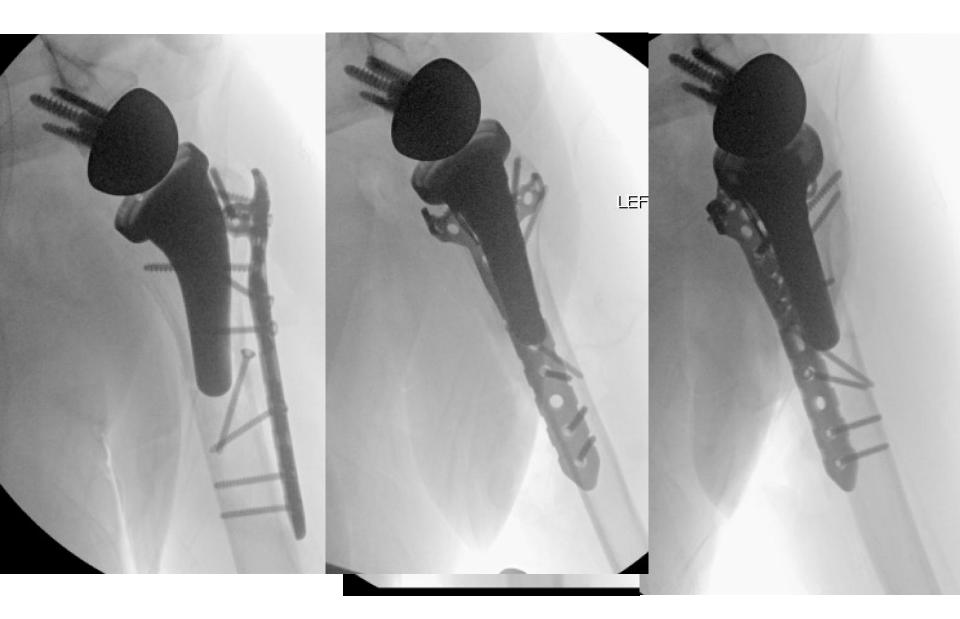
- Deltopectoral approach
- No sign of infection
- Stem solid
- Fracture reduced
- Provisional pinning
- Plate application

Intra-op radiographs



 Intra-operative contour of flanges to bone "embraces" proximal fragment

 Stabilizes proximal fragment where fixation is often limited



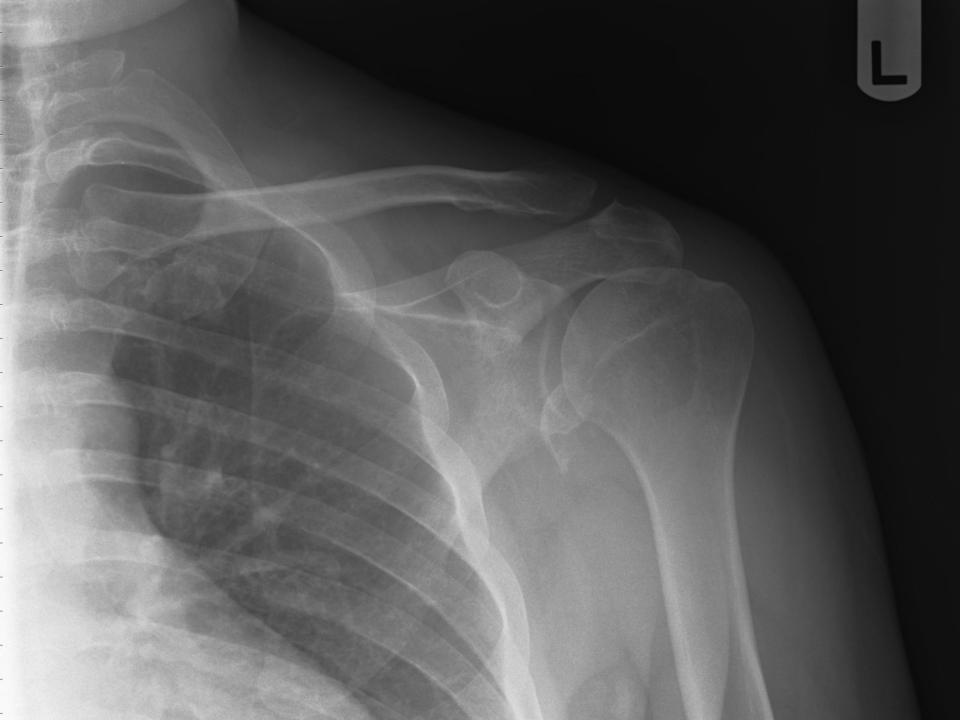


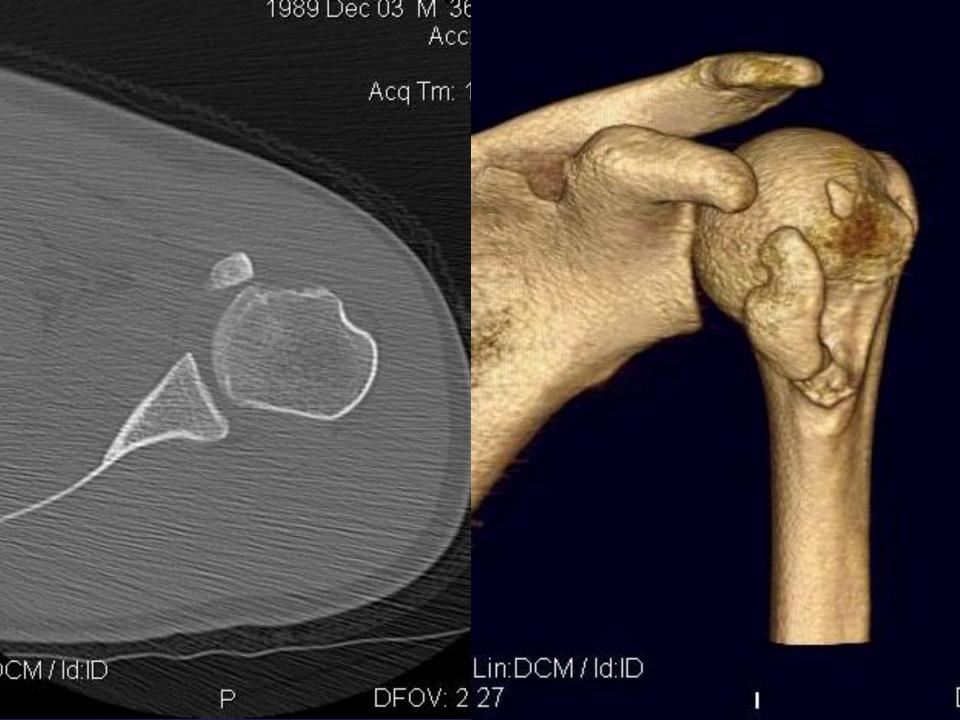




CASE 6

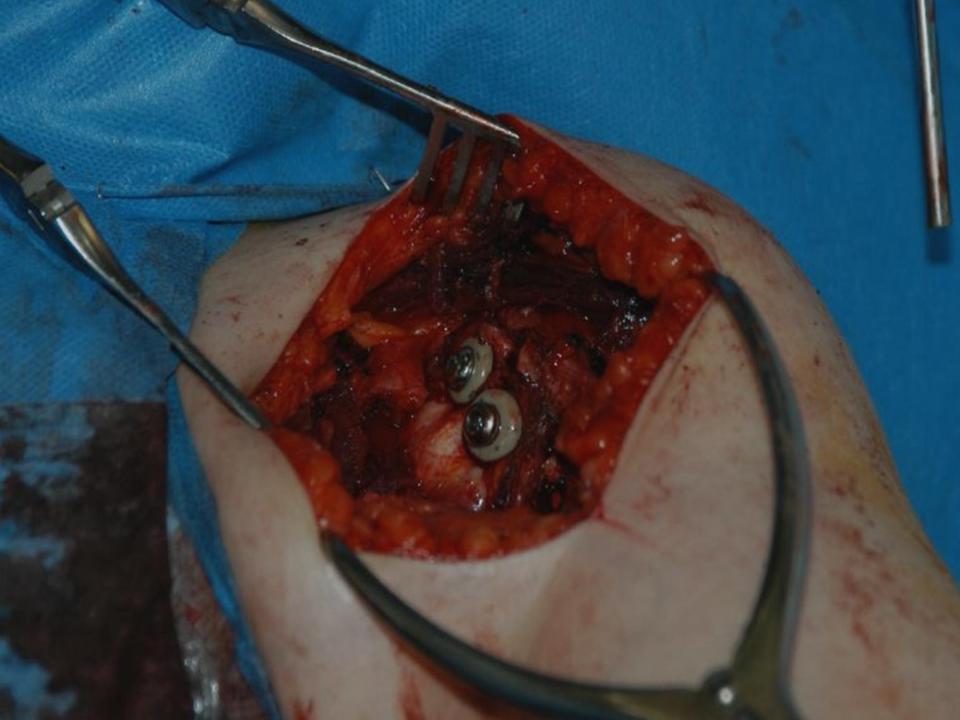
- 42 year old male
- Fall on stairs, caught L arm in staircase
- Dx "Rotator cuff strain"
- Referred for definitive care
- Painful, stiff shoulder
- Closed, isolated, NV intact

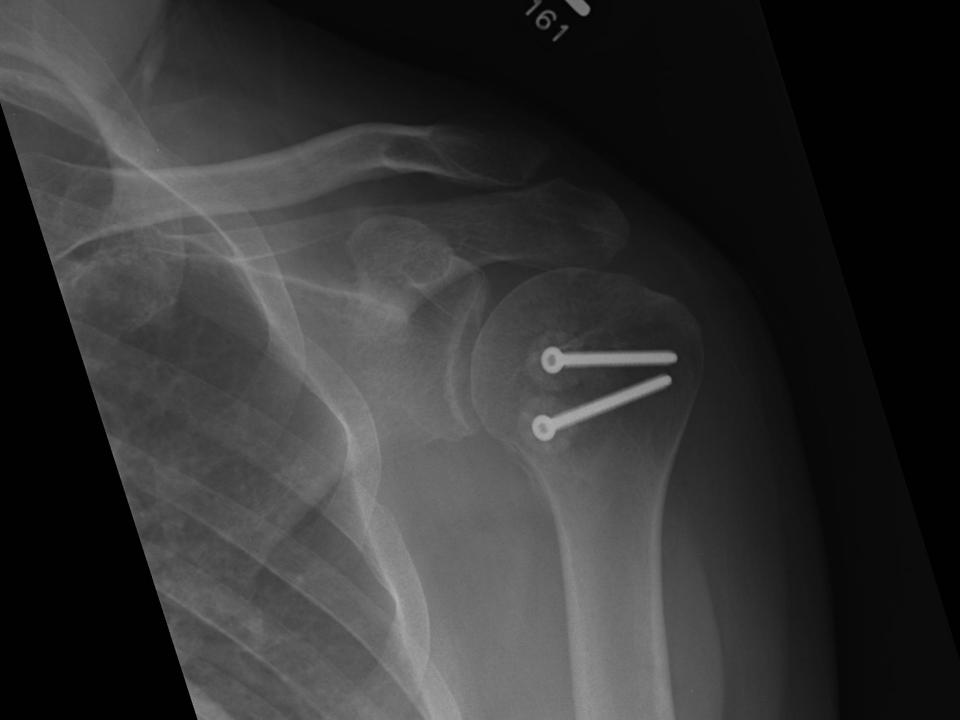












41M, proximal humerus fracture-dislocation

- Associated axillary nerve injury
- Biceps tendon laceration
- No significant past medical history
- Non-dominant side
- Mountain biking fall (3 hours prior to arrival at ER)

12/29/19







OR on 12/30/19





7/22/20







Outcomes - 7/22/20

