

OUTCOME OF PROXIMAL HUMERUS FRACTURE

ABSTRACT

Introduction: Proximal fractures of the humerus account for about 4 to 5% of all fractures. They are the most common fractures in elderly population. Treatment of unstable, displaced, and comminuted fractures of the proximal humerus remains challenging.

Objectives: The present study is undertaken to evaluate the functional outcome of proximal humerus fractures treated by locking compression plate in 3 patients. **Materials and methods:** Prospective study was done involving 3 adult patients with proximal humerus fractures admitted. **Results:** In our series, the majority of the patients were 40 to 50 years of age. After reduction and application of PHILOS plating, patient symptomatically improved after series follow up with physio and mobilization was done **Conclusion:** In conclusion, securing density plate is an advantageous implant in proximal humerus fractures due to angular stability, which allows their early mobilization.

Keywords: Locking compression plate, Open reduction and internal fixation, Proximal humerus fractures,

INTRODUCTION

Proximal humerus fracture is most commonly seen in people due to violent trauma at the proximal site of humerus.¹ Most of these fractures are due to fall and sustained injury directly to the proximal humerus.² Radial nerve injury and brachial artery injury are sometimes encountered due to the trauma.

CLASSIFICATION-

Proximal humerus fractures are classified on NEER classification based on the trauma.

TYPE 1- 1 PART FRACTURE

TYPE 2- 2 PART FRACTURE

TYPE 3- 3 PART FRACTURE

TYPE 4- 4 PART FRACTURE

Fig 1: Displaced Fracture

UNDER PEER REVIEW

I
Minimal
displacement

DISPLACED FRACTURES



2
Part

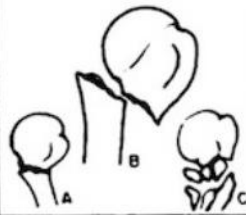
3
Part

4
Part

II
Anatomical
neck



III
Surgical
neck



IV
Greater
tuberosity



V
Lesser
tuberosity



VI
Fracture-
dislocation



Anterior
Posterior



Articular
surface



METHODS

There are 3 patients with an age group of 40 to 50 years of age. Fracture are classified based on neer and treatment is then processed. Out of these 2 where 3-part fracture and treatment followed up was PHILOS PLATING. Patient was comfortable. Peripheral nerve examinations were done and intact and patient symptomatically improved.

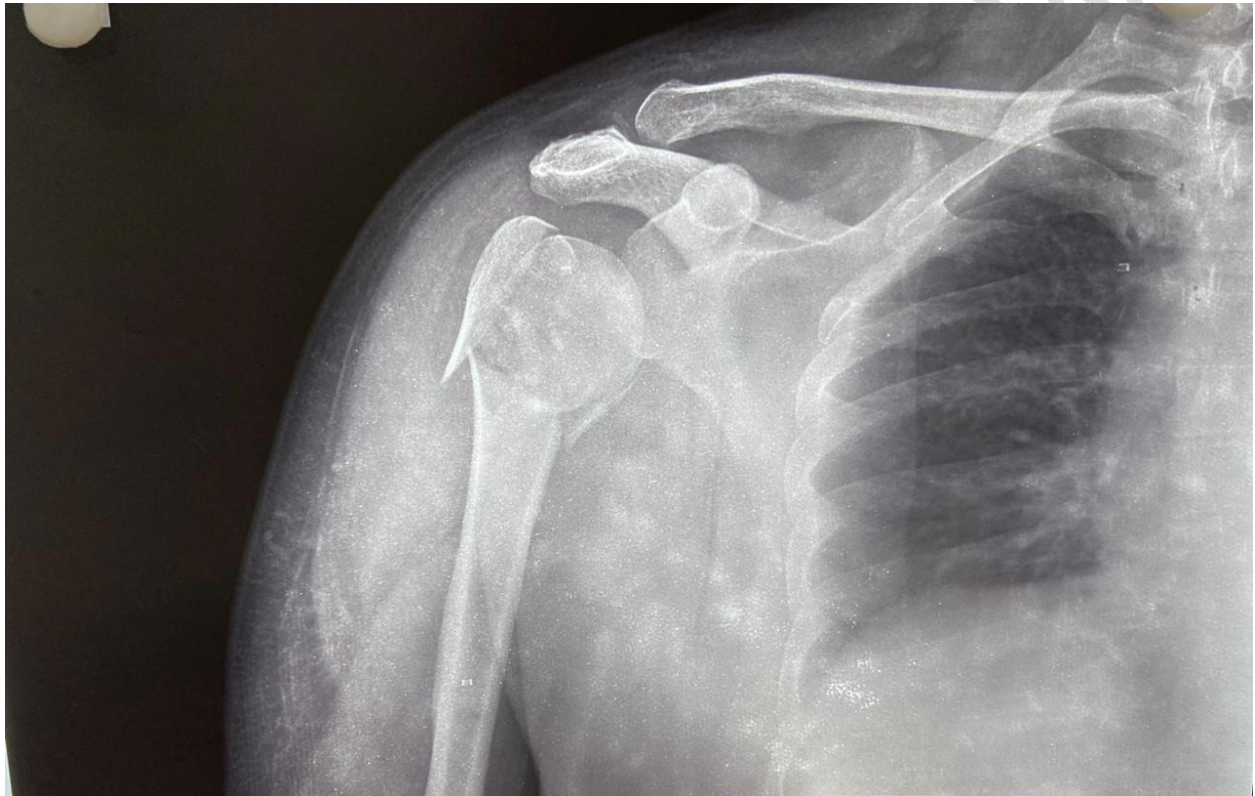


Fig 2: X-ray image

RESULT

After reduction and application of PHILOS plating, patient symptomatically improved after series follow up with physio and mobilization was done. ORIF with PHILOS PLATING is the best modality of treatment for proximal humerus fracture. Then patient symptomatically improved then discharged and asked for regular follow up.

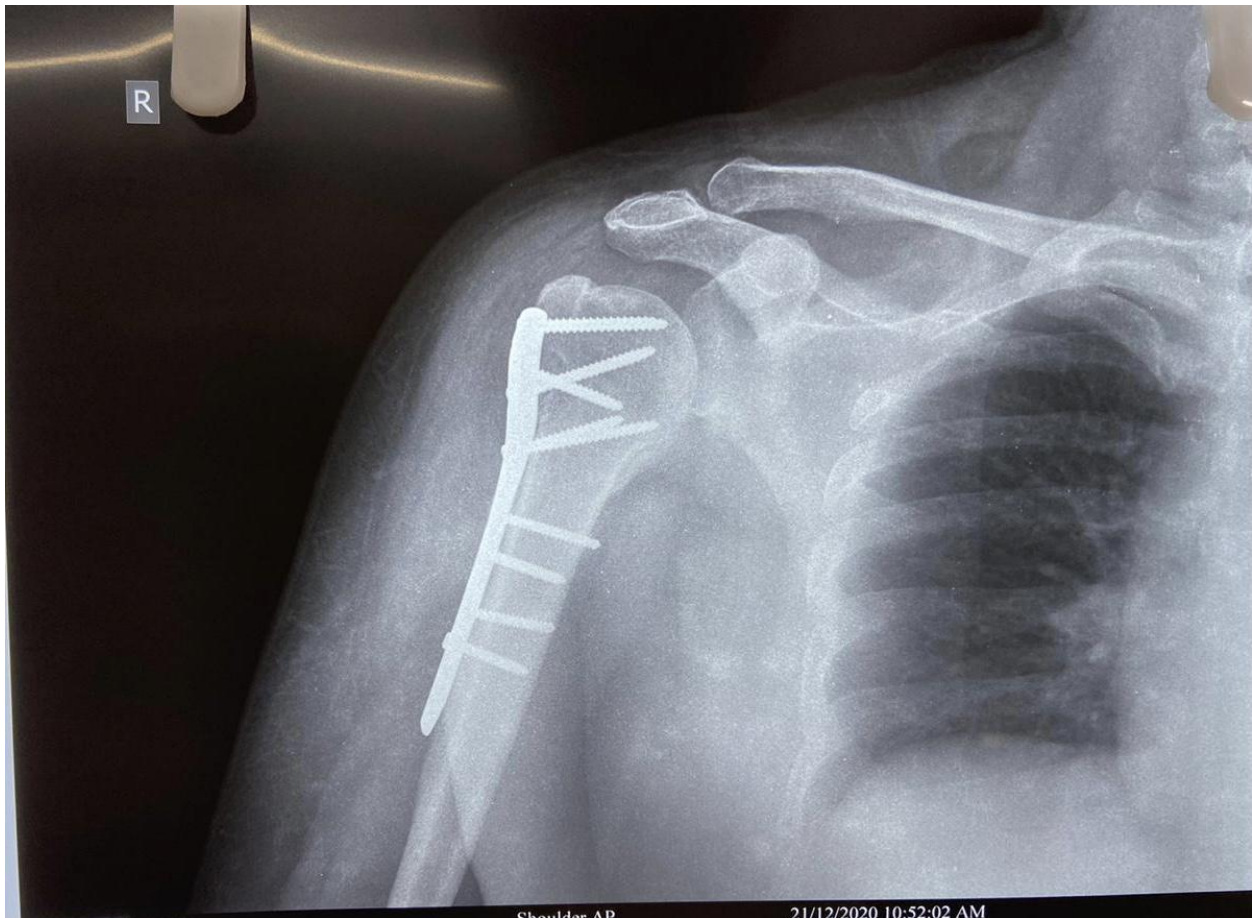


Fig 3:

DISCUSSION

Treatment of proximal humerus fracture is very important or else may lead to movement abnormalities with nerve and artery injuries may be present. This study is done in such a way that all the patient treated well with the treatment of choice and patient was symptomatically improved. After this patient mobilized well and started doing regular activities. The appropriate type of treatment, either operative or nonoperative in the elderly, low-demand patient, also remains unsolved.³ Our study is in agreement with other studies, with more than 75% patients having excellent to satisfactory results.⁴

CONCLUSION

The present study was done to assess functional outcome and difficulty ensuing surgical management of proximal humerus fracture by locking compression plate.

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