

A Lesson To Learn From Rare And Life Threatening Traumatic Forequarter Amputation

Luqman A; Hanani AB

Department Of Orthopaedics Hospital Shah Alam, Selangor

INTRODUCTION:

Traumatic forequarter amputation is rare and extremely mutilating. It cause a devastating injury in which the arm, scapula, clavicle, and pectoral muscles are avulsed from the body by a tremendous force. Replantation at this level has not been successful. Treatment recommended consists of control of hemorrhage, wound debridement, ligation of vessels and nerves, coverage of exposed stumps with muscle and cosmetic prostheses. The factors leading to survival from this injury include rapid transportation, prompt and effective resuscitation, including treatment of shock, and adequate surgical management. Recognition of the complications associated with retrosternoclavicular dislocation is emphasized. The case of survivor from traumatic forequarter amputation is presented.

REPORT :

A twenty nine years old male factory worker who sustained a traumatic right shoulder girdle amputation is described. The injury mechanism was traction from the conveyer belt combined with the compressive force on the sternoclavicular joint. Upon presentation patient was in stage 2 hypovolemic shock. Patient was brought with the amputated limb together. On examination noted over right shoulder region there is degloving wound from the amputated site from the anterior chest wall above the nipple extending to the back sizing about 20cm x 20cm with exposing torn shoulder muscle and clotted axillary artery. With good resuscitation and prompt treatment, tendency of patient to survive is high. Urgent operation wound debridement, refashioning and ligation of vessels was done. Post operation patient condition good and was discharged well.



CONCLUSION:

A good resuscitation with adequate surgical management is important in a treatment of traumatic forequarter amputation. Even risk of mortality especially due to hypovolemic shock and risk of infection is high but it is totally avoidable.

REFERENCES:

1. Wittig JC et al (2011) Palliative forequarter amputation for metastatic carcinoma to the shoulder girdle region: indications, preoperative evaluation, surgical technique, and results. *J Surg Oncol* 77(2):105–113 (discussion 114).
2. Goodman MD et al (2005) Forequarter amputation for recurrent breast cancer: a case report and review of the literature. *J Surg Oncol* 92(2):134–141.