NEGLECTED 4 PART HUMERUS FRACTURE WITH IPSILATERAL BRACHIOCEPHALIC FISTULA (BCF), TO FIX OR REPLACE?

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Introduction: Shoulder arthroplasty is progressive area of orthopedics directed to treat distinct, painful conditions of the glenohumeral joint.

Discussion: We report a case of a neglected 3 month old, 4 part left neck of humerus fracture in a left hand dominant 74 year old female due to an alleged fall. She is premorbidly ADL independent, active with type 2 diabetes,renal failure on hemodialysis via BCF on the ipsilateral limb. BCF was rested temporarily prior to surgery with heparin free dialysis aided by the medical team.Preoperatively intravenous tranexanamic acid 1g was given. Intraoperatively a deltopectoral approach, cemented bipolar hemiarthroplasty with cephalic vein isolation was done under I/I guidance. Patient was followed up for 6 months with adequate analgesia and physiotherapy.Range of motion was deemed acceptable with pain free near normal overhead articulation. Arthroplasty did not affect her BCF function post operatively. Discussion Dealing with proximal humerus fractures in the elderly remains challenging as there are no evidence based protocols available and decision must conform to the needs and goals of the patient. Despite the danger of operating on an fracture with an ipsilateral BCF, the fracture pattern in our case is unstable and puts the humeral head at risk for avascular necrosis, which can benefit from arthroplasty better than internal fixation[1].A study by Olerud P Et al reported improvement in quality of life with hemiarthroplasty for displaced 4 part fractures compared to conservative treatment [2].

Conclusion: We demonstrate that in our case, with careful planning and a multidisciplinary approach, a successful outcome can be achived.