

Medial Clavicle Fracture Fixation: A Case Report

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INTRODUCTION:

Medial end clavicle fractures are rare, comprise of 2-6% of all clavicle fractures ^{1,3}. As it is a rare injury, there is no general consensus on definitive treatment. However, due to increase rate of non union in displaced fracture, open reduction and internal fixation (ORIF) became a preferred management which leads to anatomical remodeling of the clavicle with lesser complications ³. There are several implant options like anatomical locking plate, K-wire, and reconstructive 3.5mm plate ². In this case report, reverse lateral locking clavicle plate was used.

REPORT:

Mr. K, a 38-year-old male, alleged motor vehicle accident, a motorbike rider, hit the back of a car and was thrown forward. He sustained pain over bilateral shoulders and left elbow. On examination, bilateral clavicle and contralateral humerus was tender.

His chest radiograph showed displaced extra articular fracture of medial end of right clavicle (Figure 1). Surgical intervention was opted in view of bilateral clavicle fracture with contralateral humerus fracture where radial nerve injury was present. ORIF was done with anatomical lateral locking clavicle plate in reverse fashion where the plate was contoured prior. Post operative radiograph revealed satisfactory reduction (Figure 2).

Six weeks post operative, he achieved full active range of movement and fracture union achieved by 12 weeks.



Figure 1: Right medial end clavicle fracture



Figure 2: Post fixation with reversed lateral locking clavicle plate

CONCLUSION:

Displaced medial end clavicle fracture fixation with lateral clavicle locking plate led to good functional outcome resulting in early rehabilitation ².

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