

Triple Disruption Of Superior Shoulder Suspensory Complex Of Shoulder: A Case Report

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INTRODUCTION:

Triple disruption of the superior shoulder suspensory complex (SSSC) is a rare injury affecting 3 or more structures of this ring which leads to significant morbidity and interferes with adequate shoulder function and requires surgical intervention. Goss's 1993 describe SSSC as a ring includes the glenoid, coracoid process, coracoclavicular ligaments, distal clavicle, acromioclavicular joint, and acromion. The authors experienced a case of triple disruption involving the acromion, coracoid process, and acromioclavicular separation.

REPORT:

A 53-year-old man sustained left shoulder pain from a traffic accident. The clinical examination showed swelling and limited the shoulder range of motion. Plain radiographs of the left shoulder revealed an Ogawa type III coracoid fracture, a Kuhn type II acromion fracture, and left acromioclavicular separation. The acromion fracture was fixed with a locking plate and screw fixation. The coracoid base fracture was addressed percutaneously. Then, the clavicular hook plate was applied.

Postoperatively, the arm was supported in a broad arm sling for 2 weeks. The rehabilitation program consisted of Codman exercises and passive shoulder range of motion exercises for 4 weeks, followed by active range of motion exercises after 6 weeks. The patient was instructed to restrict his active elevation below 90 degree until the hook plate was removed.

In structures with the ring concept, complete disruptions at more than two other locations cause instability, thus surgical intervention is usually indicated.

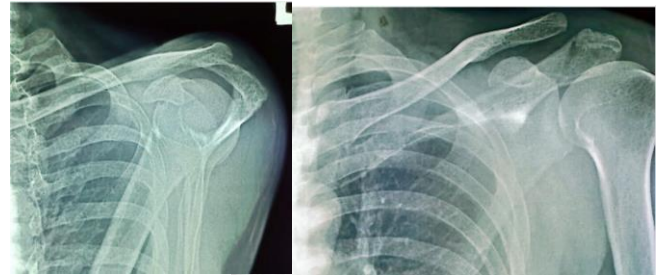


Figure 1: Left shoulder plain radiograph pre operative

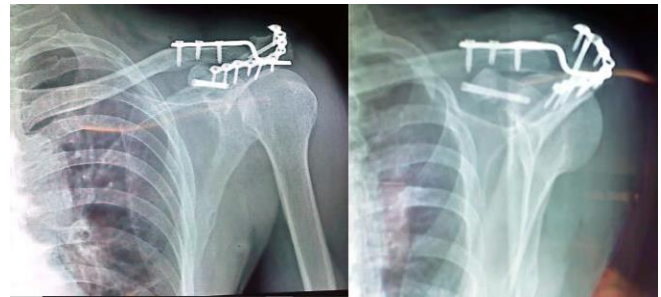


Figure 2: Left shoulder plain radiograph post operative

Combined with active rehabilitation, the surgery improves the recovery of the shoulder function.

CONCLUSION:

Triple or quadruple disruptions of the SSSC ring is an extremely rare injury that is caused by high-energy trauma. Good pre-operative planning and proper surgical fixations are crucial for a satisfactory outcome of shoulder joint function.

REFERENCES:

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