A Conservative Approach to a Rare Scapula Fracture ¹Gridharan KS, ²Wang CK, ¹Chuah JP

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INTRODUCTION:

Fractures of the scapula are uncommon injuries and account for ~3% of all shoulder fractures.^{1,2} Acromion process is the lateral projection of the scapula spine and extends anteriorly. We reported a patient with acromion fracture and its management.

REPORT:

A 67-years old gentleman was involved in a road accident on his way to work at a hawker stall. His motorbike skidded and he fell on his right. Post trauma, he sustained pain over his right chest wall and right shoulder. On examination in casualty, there was tenderness and abrasion wound over the right chest and acromioclavicular joint (ACJ) region. The range of motion (ROM) of the right shoulder was limited. X-ray showed fracture of the right 4-6th rib with fracture of right acromion process (Kuhn Type I) and acromioclavicular joint disruption (Rockwood Type V) (Figure 1).

He was planned for open reduction and headless screw fixation of the right acromion along with clavicle hook plate after his abrasion wound healed and was allowed home with an arm sling. At 3 weeks of follow-up, he had no pain at the right shoulder region and was no longer keen for surgical intervention. He was started on right shoulder ROM and muscle strengthening exercises. At nine months of follow-up (Figure 2), the ROM of his right shoulder improved and he was able to cook at his hawker stall.



Figure 1: AP (left) and lateral (right) X-Ray of the right shoulder.



Figure 2: AP (left) and lateral (right) X-Ray of the right shoulder 9 months post trauma.

CONCLUSION:

In an acromion process fracture, assessment for ipsilateral ACJ disruption should be done. These injuries can be treated conservatively with sling immobilization followed by physiotherapy.

REFERENCES:

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