Operative Intervention For Closed Scapula Fractures: Indications And Surgical Outcomes

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INTRODUCTION:
The purpose of this descriptive series is to report patient and injury characteristics, as well as, surgical and functional outcomes in patients with operative scapular fracture.

MATERIALS & METHODS:
This is a retrospective study consisting of patients treated for scapula fractures. Between 2016 to 2017, surgical intervention was performed on patients who fulfilled the following surgical indications:
- Articular step-off or gap >4 mm
- ≥20 mm medial/lateral (M/L) displacement
- ≥45° of angular deformity
- Glenopolar angle ≤22°
Outcomes reported include surgical complications, range of motion (ROM) and patient satisfaction.

RESULTS:
5 patients were included for this study. Judet posterior approach to the scapula was performed and adequate reduction was obtained in all fractures. There were no intraoperative complications and all fractures united. All patients were pain-free. 3 out of 5 patients had a good or functional range of movement whereas one patient’s ROM was not assessable due to brachial plexus injury.

DISCUSSIONS:
We used the widely accepted criteria for fixation of displaced scapula fractures. Radiographic measurement technique of fracture displacement was as described by Anavian et al. Ada and Miller reported pain and weakness in patients with lateral border displacement of more than 1 cm and angulation of more than 40°. Romero et al. reported regarding correlation of pain and impaired function in patients with an abnormal GPA of less than 20°. Our results are comparable with the literature, where Cofield achieved good results in 80% of his patients and Mayo had good results in 22 out of 27 patients (81%) in one of the largest series.

CONCLUSION:
Our conclusion is that operative treatment for displaced scapula fractures appears to be safe and can yield good functional results. Union is predictable and the complication rate is low.

REFERENCES: