



TO ASSESS FUNCTIONAL AND RADIOLOGICAL OUTCOME IN PATIENT WITH PROXIMAL HUMERUS FRACTURE MANAGED BY PROXIMAL HUMERUS LOCKING COMPRESSION PLATE


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INTRODUCTION:-

- The proximal humerus fractures most commonly occur in elderly due to osteoporotic bone .
- Fall on an outstretched hand is the most common mechanism of injury.
- Minimally displaced fracture are managed conservatively and surgical techniques are available for fixation like sutures, cerclage wires, k-wire, screws and plate, IM devices and shoulder arthroplasty for proximal humerus fracture.

AIM:-

- To assess functional and radiological outcome in patient of proximal humerus fracture managed by proximal humerus locking compression plate.
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METHOD:-

- We performed a study under department of orthopaedics using injury radiographs of proximal humerus fractures on 25 patients who were managed surgically with ORIF with proximal humerus locking compression plate between 2018-2019 under inclusion criteria.

Inclusion criteria

- Age between 18-60 years and both genders
- Closed fractures
- Fractures <2 weeks
- Open grade Gustilo Anderson 1 and 2

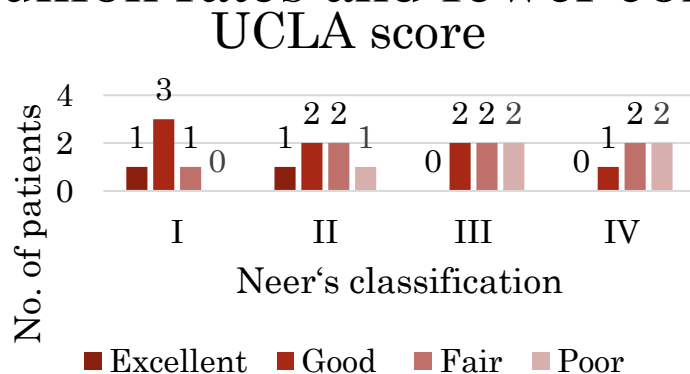
Exclusion criteria

- Any other ipsilateral injury
 - Patient with neurological deficient
 - Patients with any previous shoulder pathology
 - Frozen shoulder
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- Fracture was classified on the basis of NEER's classification.
- The functional assessment was done by UCLA score and Radiological assessment was done by looking for union and any complications (fracture displacement, loss of reduction, valgus/varus angulation)

RESULT :-

- A total of 25 proximal humerus fracture were fixed with proximal humerus LCP in our hospital. Out of which 17 patients have union, 5 had minor complication and 3 were lost to follow up.
- The results when compared to other studies showed good union rates and fewer complications.



Neer's 3 part fracture Post op x-ray

CONCLUSION :-

- In conclusion, the results obtained suggested that union rates and UCLA score was higher in grade 1 and 2.
- We found that LCP fixation provided stable fixation with no implant problems and enable early range of motion exercises to achieve acceptable fixation results without compromising fracture union.

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