



47 y. male following car accident,  
glenoid neck fx

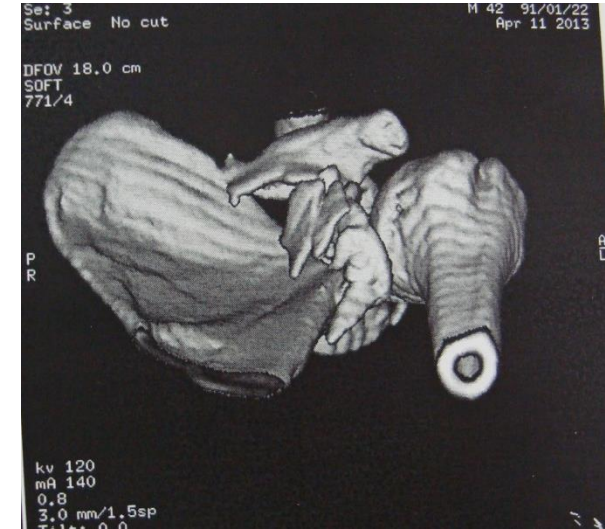
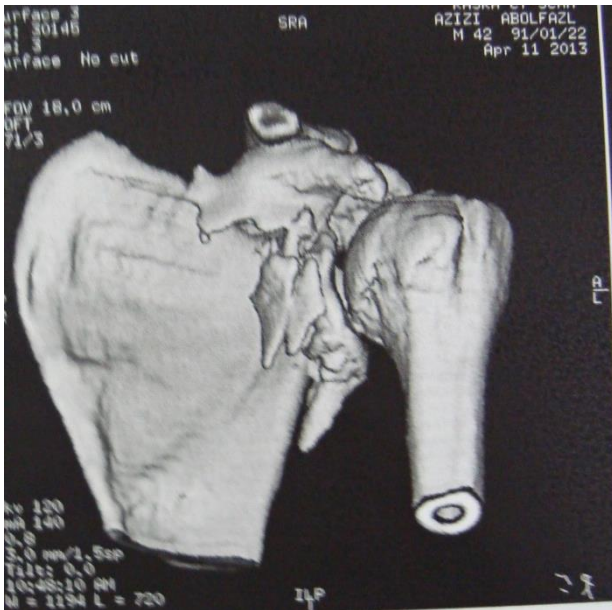
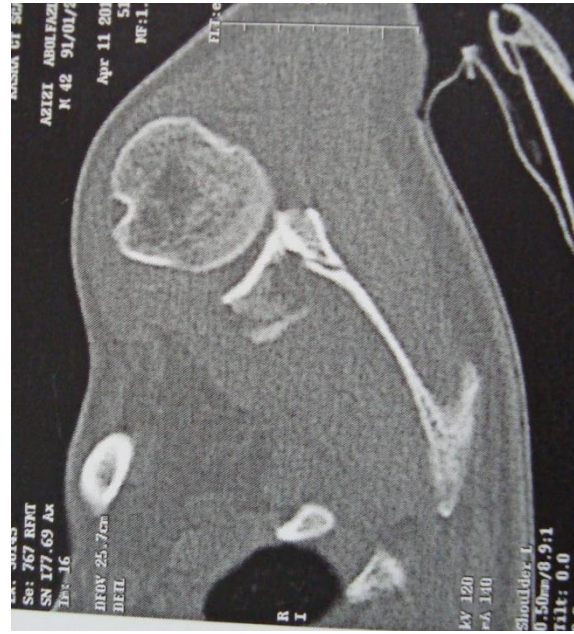
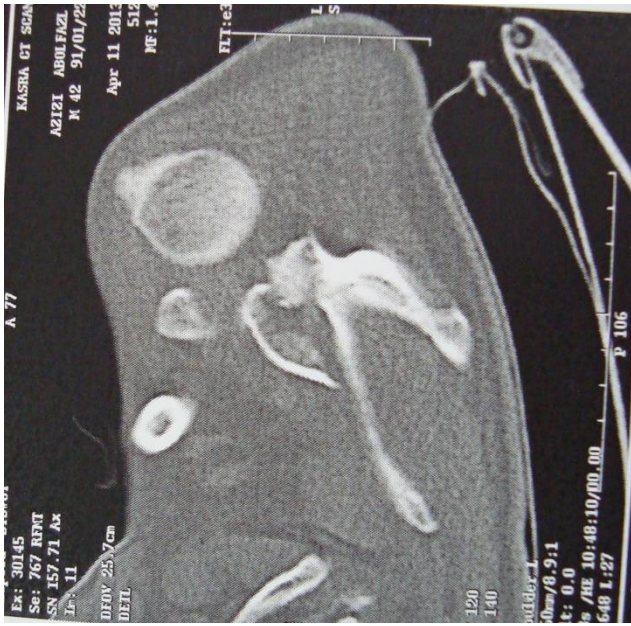
M N. Naderi , MD

Fellowship in shoulder surgery

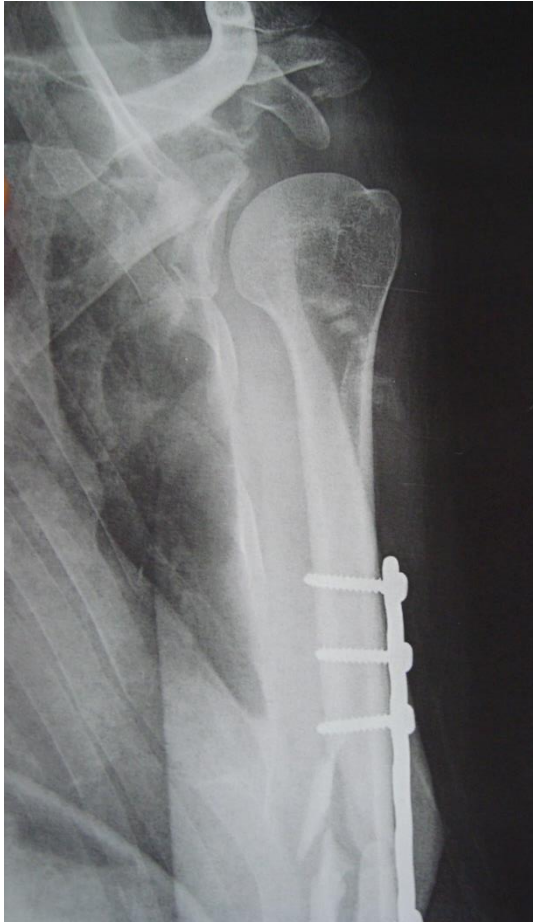
**General condition good**  
**No chest & abdomen injury**  
**Facial injury**  
**N/V → pulses ok - no wrist ext.**



**Diagnosis?**  
**Plan?**



Plan?

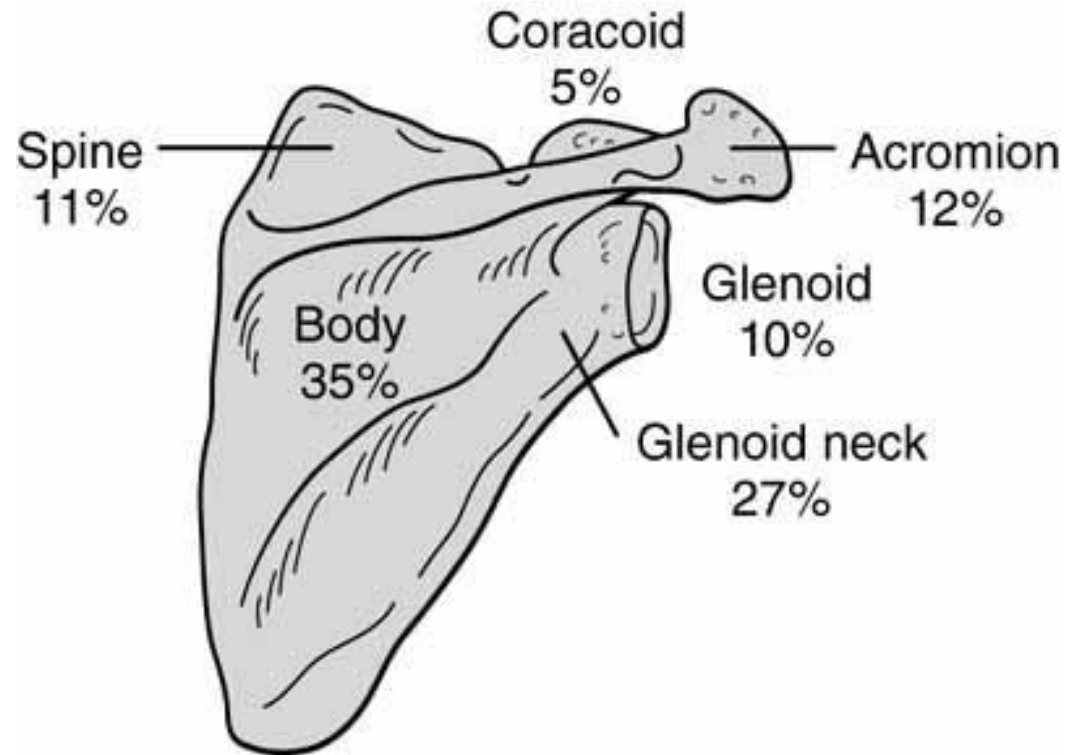


**Severe pain in shoulder continued !  
Plan? conservative or Operation?**

# Scapular fracture

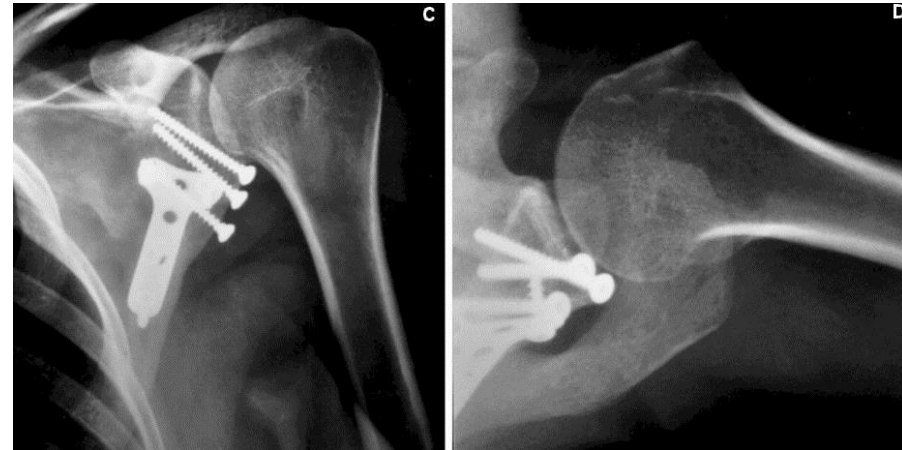
1% of all fracture (5% of all shoulder fractures )

- High energy trauma
- High incidence of associated osseous and soft tissue injuries



# Treatment

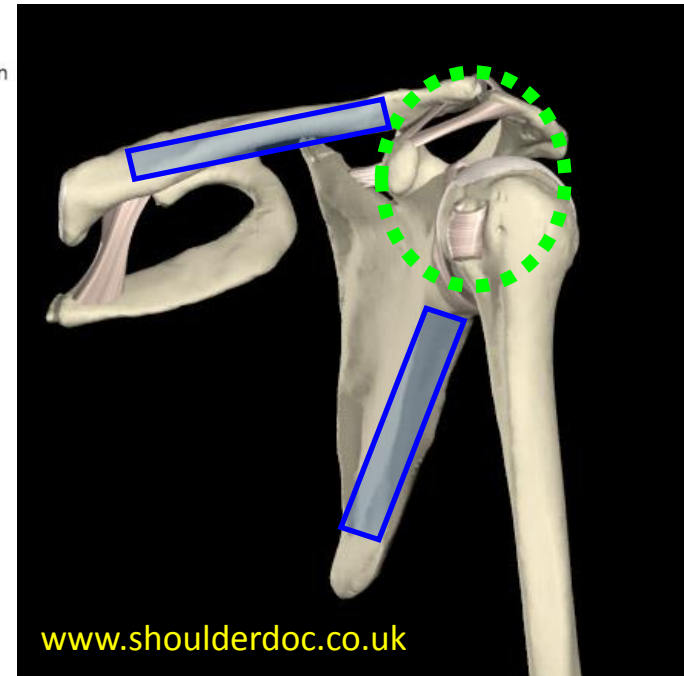
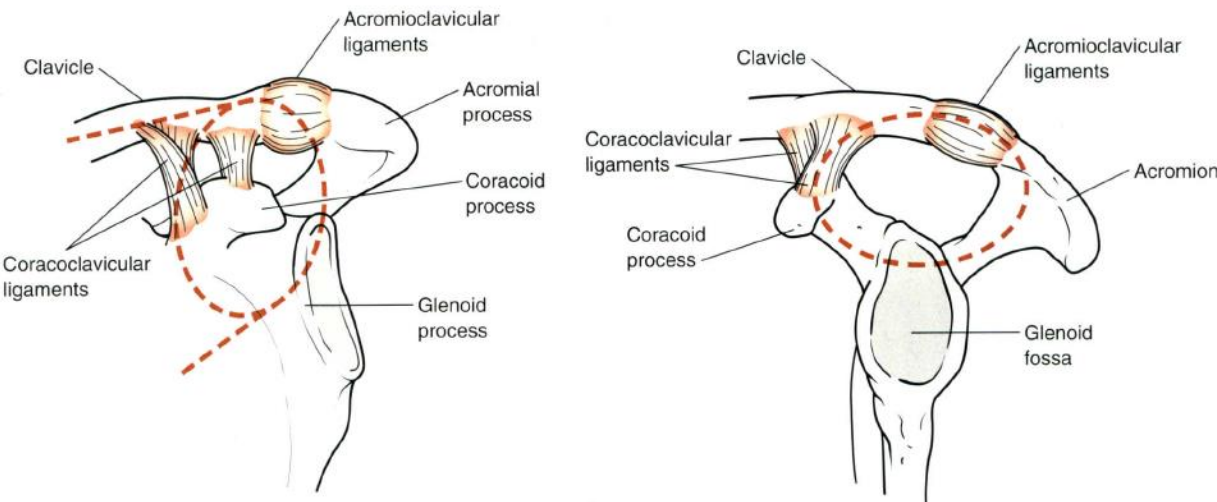
- Traditionally “benign neglect “
- Conservative management
  - good result in most patients
- ORIF ?
  - in glenoid fx : 4 mm displacement
  - in scapular neck fx : 40 ° angulation or 1 cm displacement
  - The Floating Shoulder ( clavicle fx + scapular neck / body fx)
- Criteria for deciding which fractures are at risk ?!

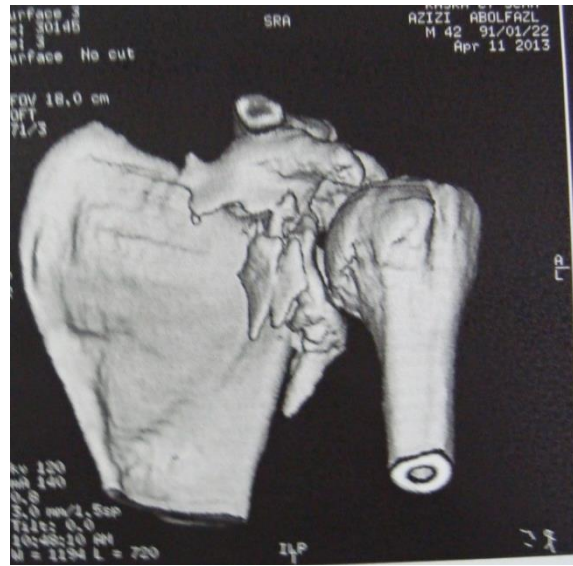


generally favor conservative treatment, but this is an active treatment decision and not “benign neglect.”

# Superior shoulder suspensory complex

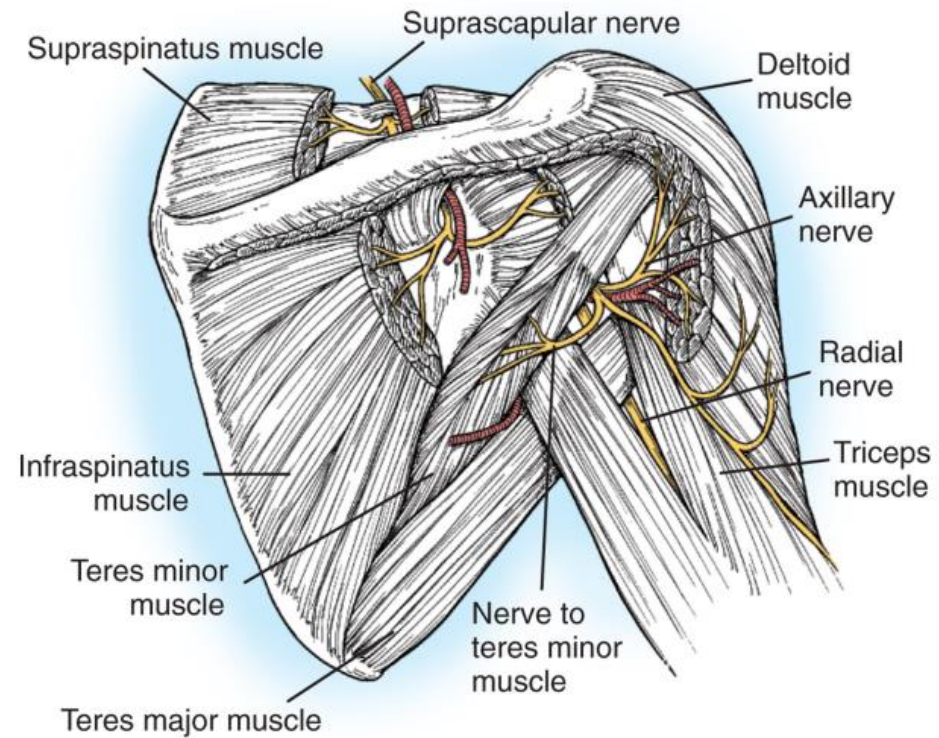
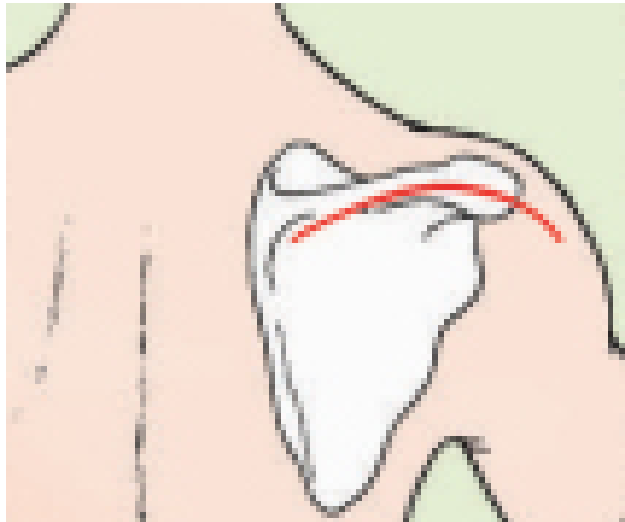
- SSSC is responsible for linking upper extremity to axial skeleton
- Double disruption of SSSC → unstable construct
- Treatment decisions for scapular injuries should be based on the maintenance of SSSC integrity







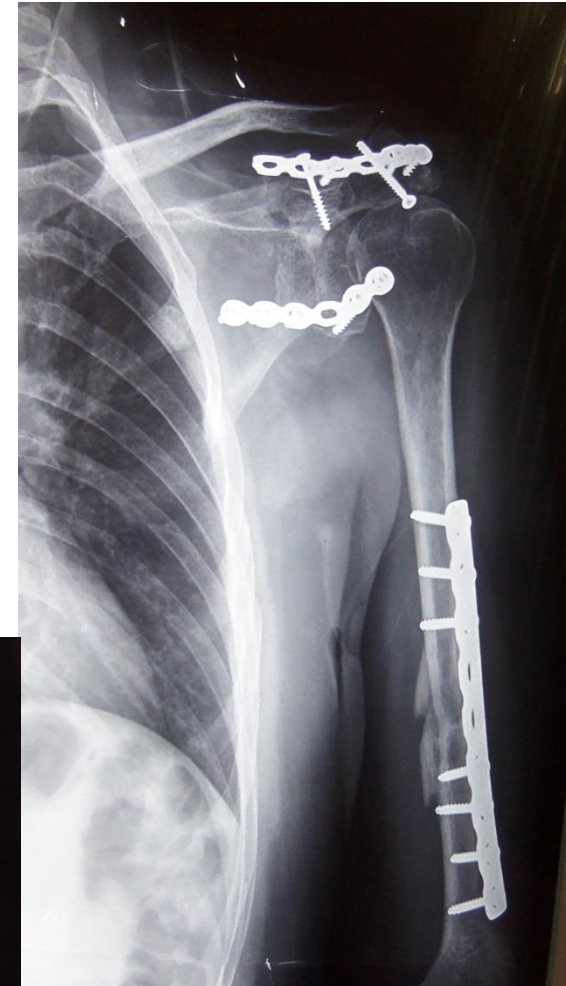
# Posterior approach



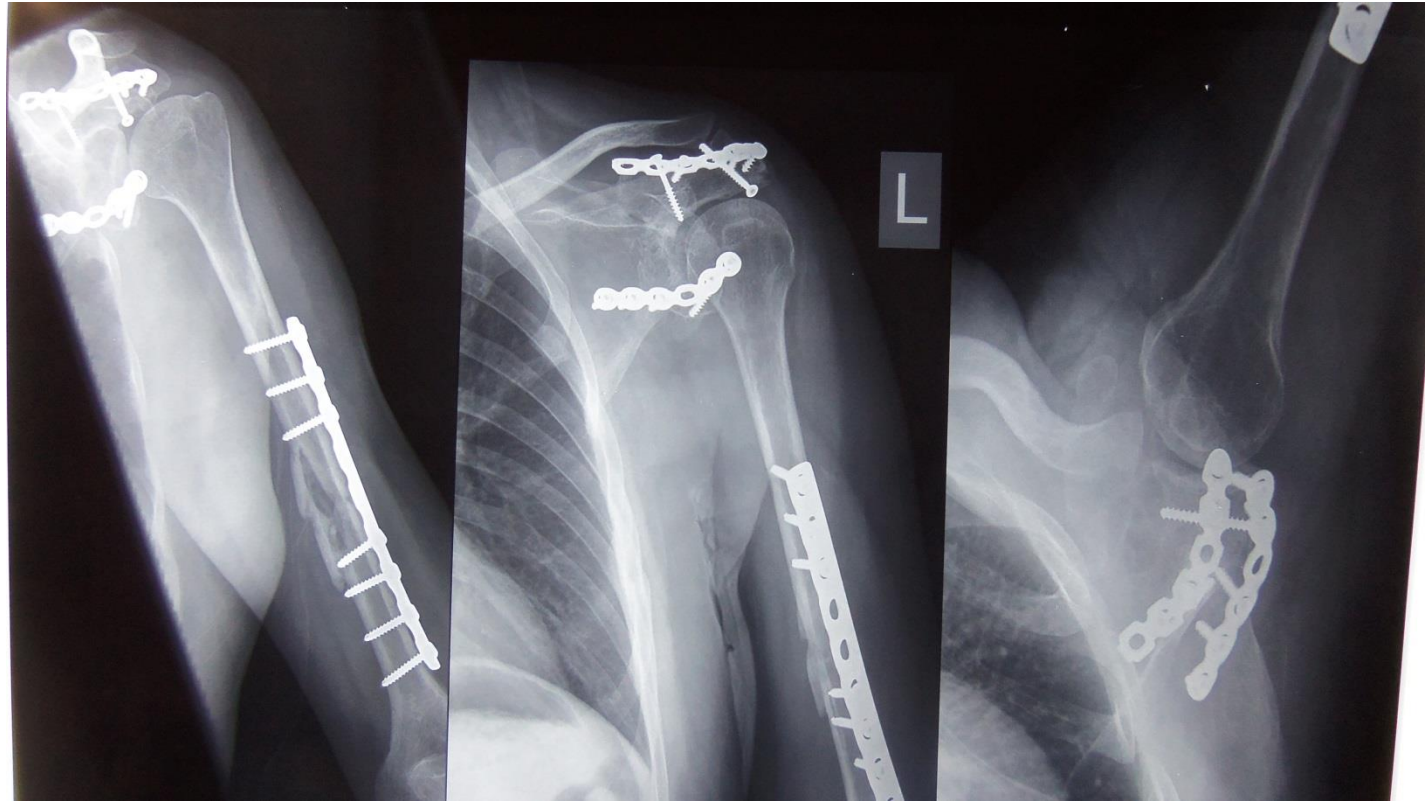
# Our plan



# 2 month post- op



**8 month  
post-op**



# Summary

- **Uncommon fracture**
- **Challenging and complex fractures**
- **Beware of N/V and associated injuries**
- **Needs good judgment and experience**



**Thank you for attention**