

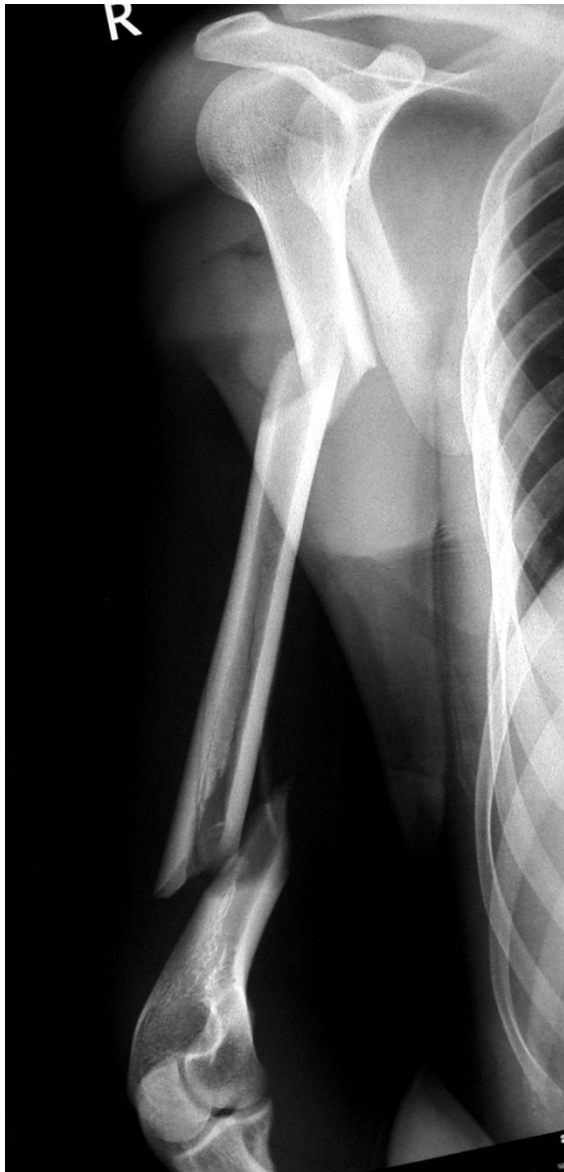
A. Volna

Complex humeral shaft fractures

15th – 17th April, 2017
Tehran, Iran



How to fix this fracture?



- Absolute stability?
- Relative stability?
- ✓ Plating
- ✓ Nailing
- ✓ ExFix

Aims and Objectives

- Select fracture patterns appropriate for relative stability or absolute stability
- Identify surgical approaches
- Anticipate problems and complications

Operative vs. Conservative

*Never say never, but if
you ever say never ...*

Treatment options

*it is in humerus shaft
fractures...*

**In many cases you can treat them
conservatively !**

SURGERY

absolute indications...

- polytrauma
- open fractures
- bilateral fractures
- pathologic fractures
- chain injury
- vascular lesion
- secondary radial nerve lesion
- non-union

SURGERY

relative indications...

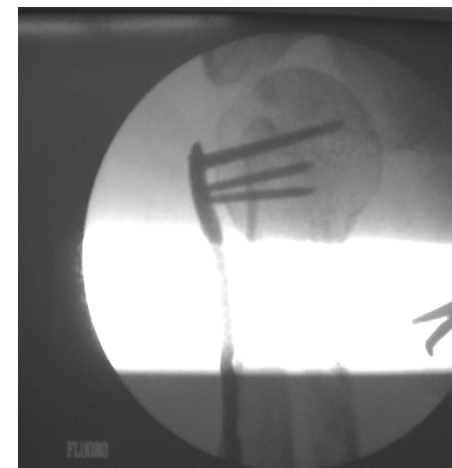
- ***unstable fractures***
- **long proximal spiral fractures**
- **brachial plexus lesion**
- **primary radial nerve lesion**
- **elderly patient**
- **Parkinson disease**
- **obesity**
- **C₂H₅OH**

Absolute or relative stability?



biological price of anatomical reduction with interfragmentary compression of each fragment is too high

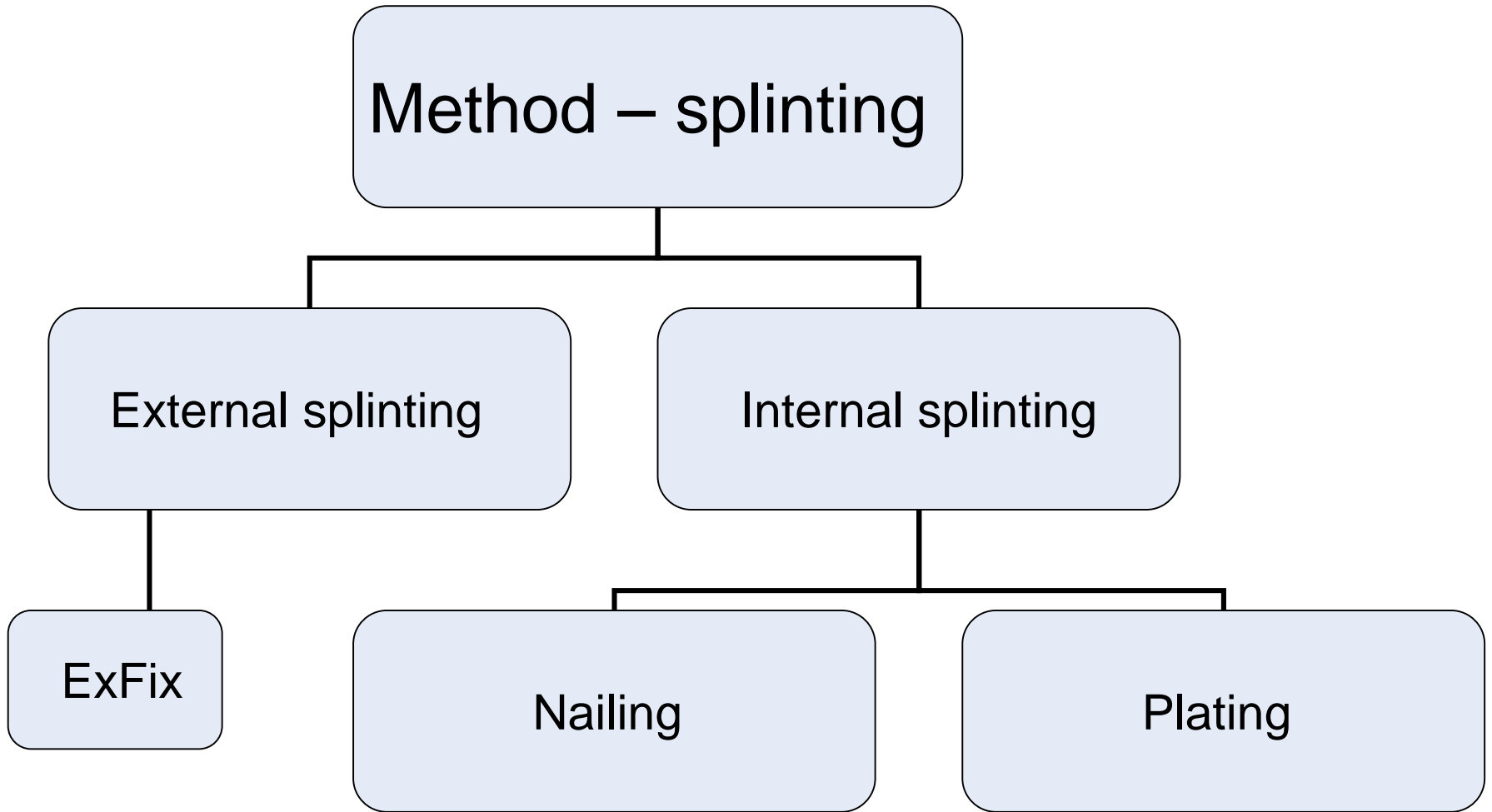
Case, 26 yo, male polytrauma patient



Case, 26 yo, male polytrauma patient



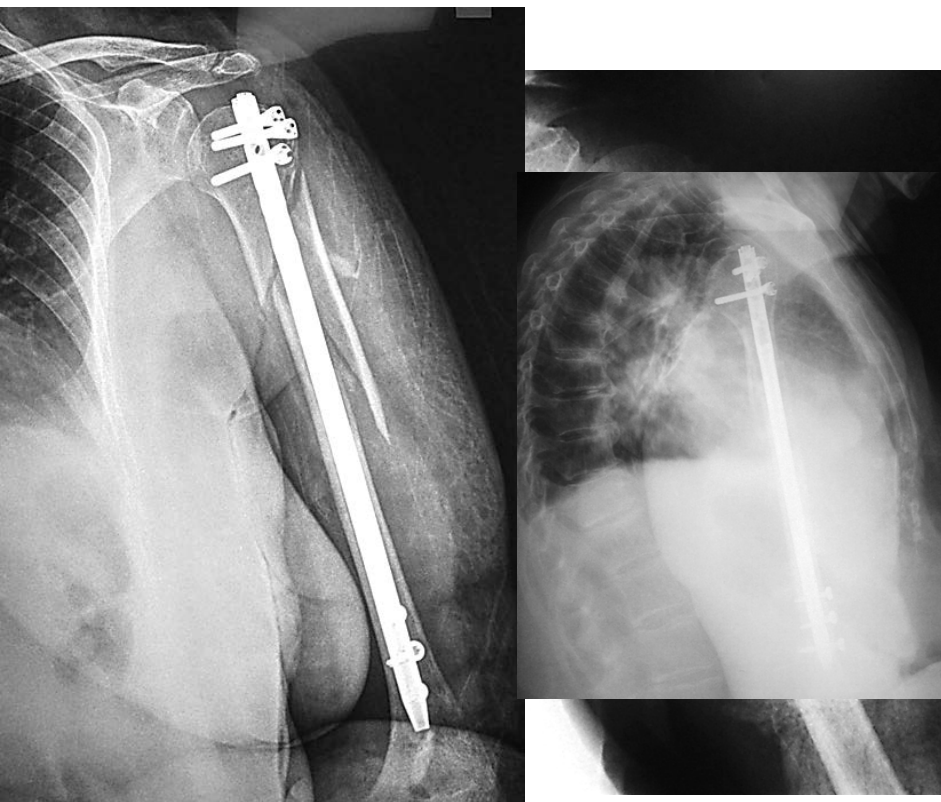
Relative stability



Intramedullary nailing vs plating

- 1. Bhandari M, Devereaux PJ, McKee MD, Schemitsch EH
Compression plating versus intramedullary nailing of humeral shaft fractures--
a meta-analysis Acta Orthop, 2006:(77):279-84 **No difference—ASES
scores, VAS pain scores, strength/ROM, return to activity**
- 2. Chapman JR, Henley MB, Agel J, Benca PJ
Randomized prospective study of humeral shaft fracture fixation:
intramedullary nails versus plates J Orthop Trauma, 2000:(14):162-6
Significant decrease of elbow ROM in the plate group
- 3. Flinkkila T, Hyvonen P, Siira P, Hamalainen M
Recovery of shoulder joint function after humeral shaft fracture: a comparative
study between antegrade intramedullary nailing and plate fixation
Arch Orthop Trauma Surg, 2004:(124):537-41 **No difference in 6 ms**

Intramedullary splinting

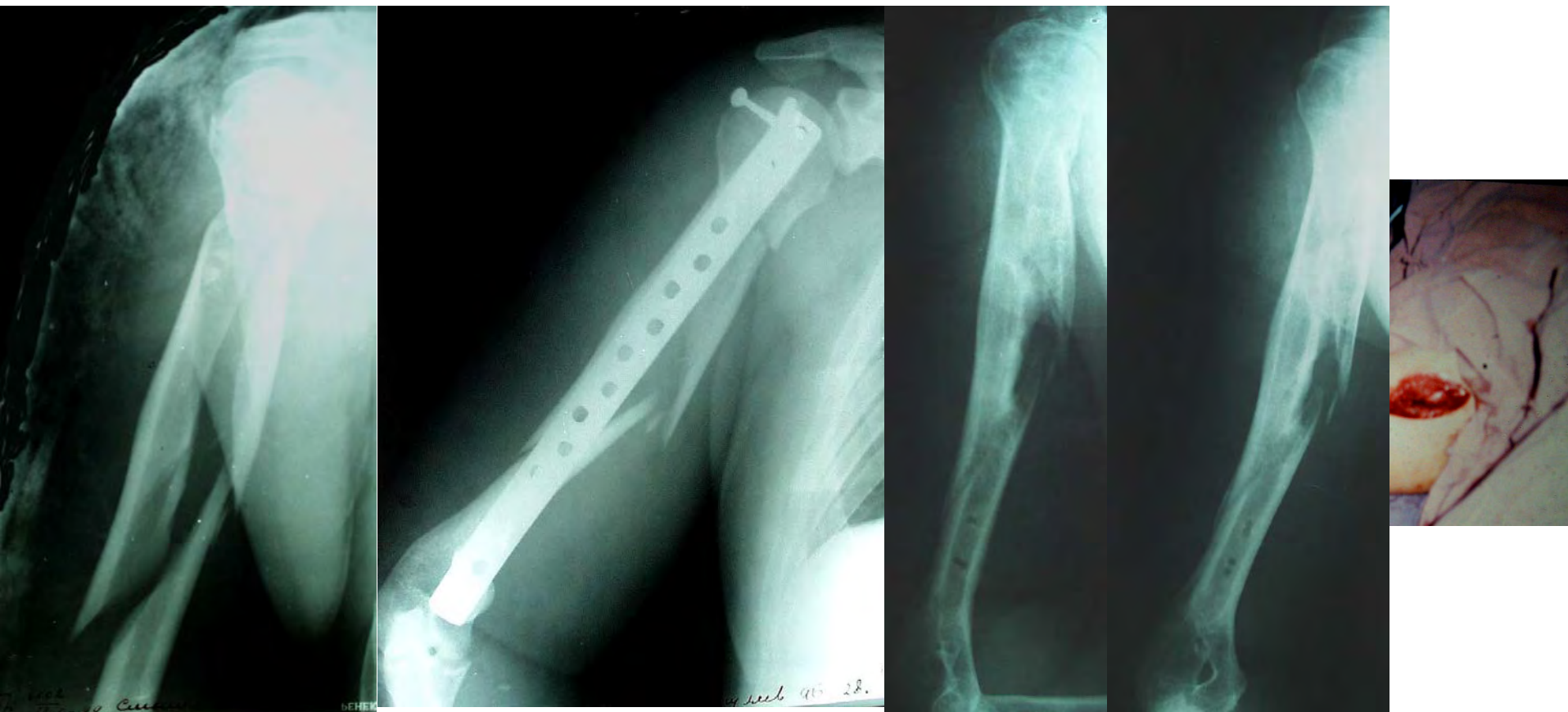


- Antegrade approach
- There are no routine indications for retrograde approach
- Current nail generation “X-mas Tree Nails” (long version)

Extramedullary splinting (plating)

- Surgical approach?
- Plate function –
bridging
- Plate design?

Extramedullary splinting (plating). Minimal access surgery (antero-lateral approach)



Extramedullary splinting (plating). Minimal access surgery (antero-lateral approach)

- **Indications:**

- ✓ Proximal and midshaft complex fractures (proximal two-third of humerus)

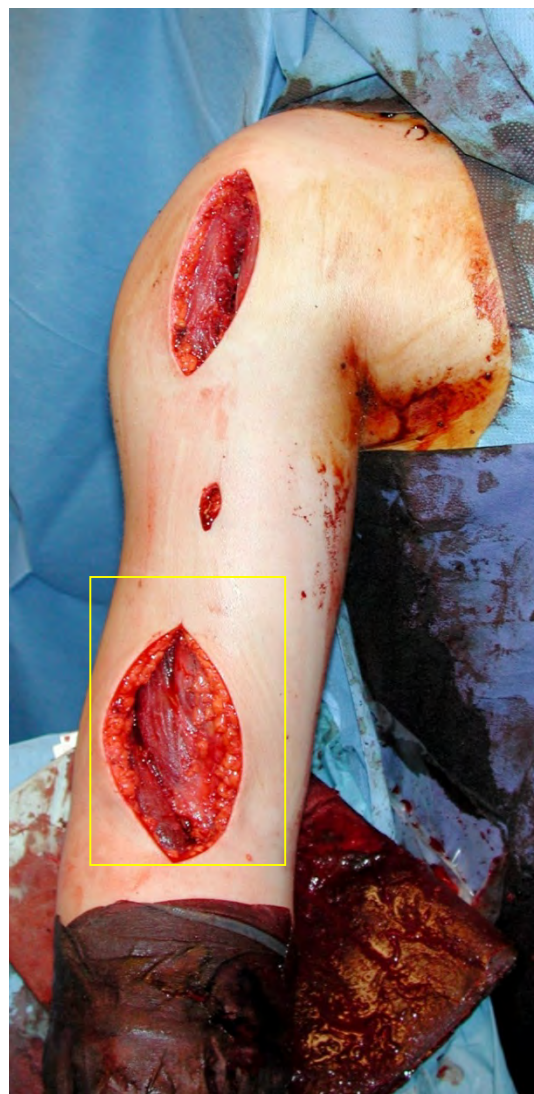
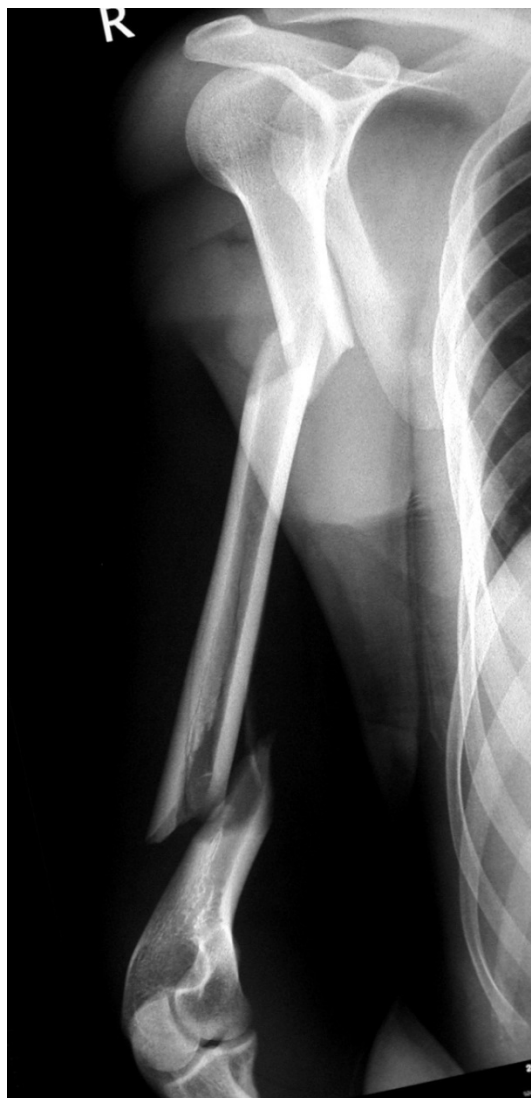
- **Disadvantages:**

- ✓ Difficult plate pre-contouring
- ✓ Difficulties with radial nerve protection

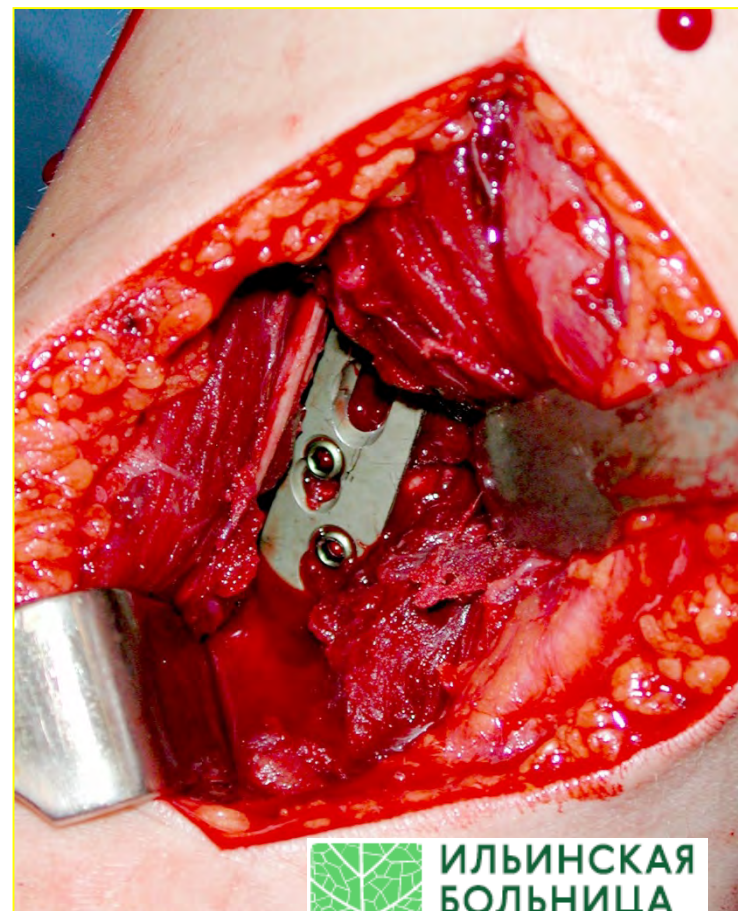
Extramedullary splinting (plating). Minimal access surgery (anterior approach)



Extramedullary splinting (plating). Minimal access surgery (anterior approach)



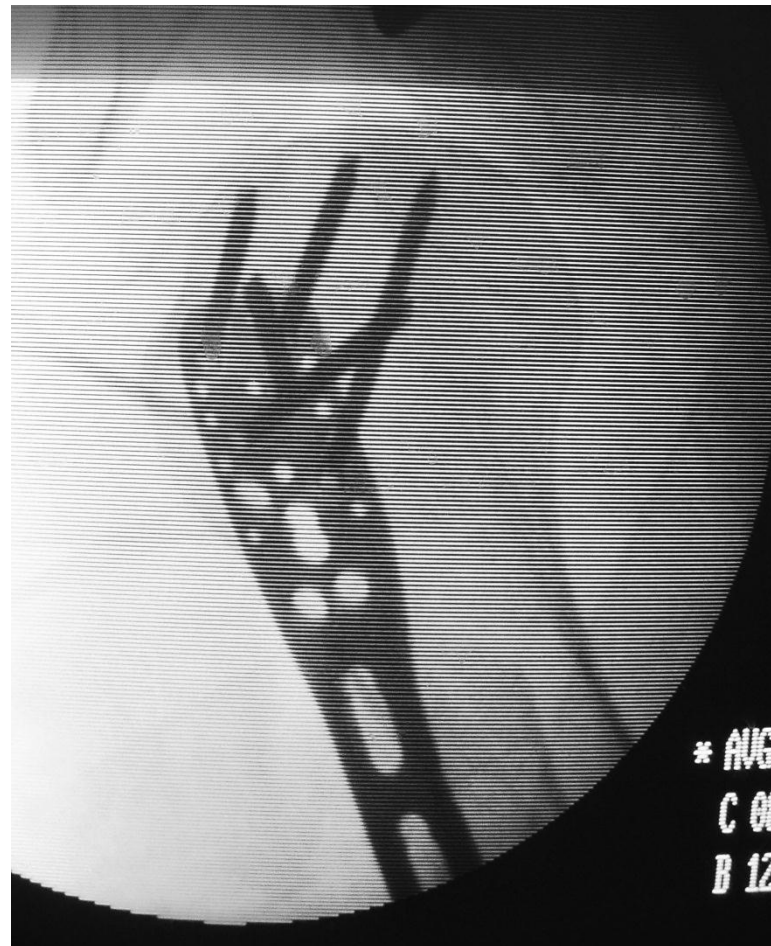
Credit M. Wagner



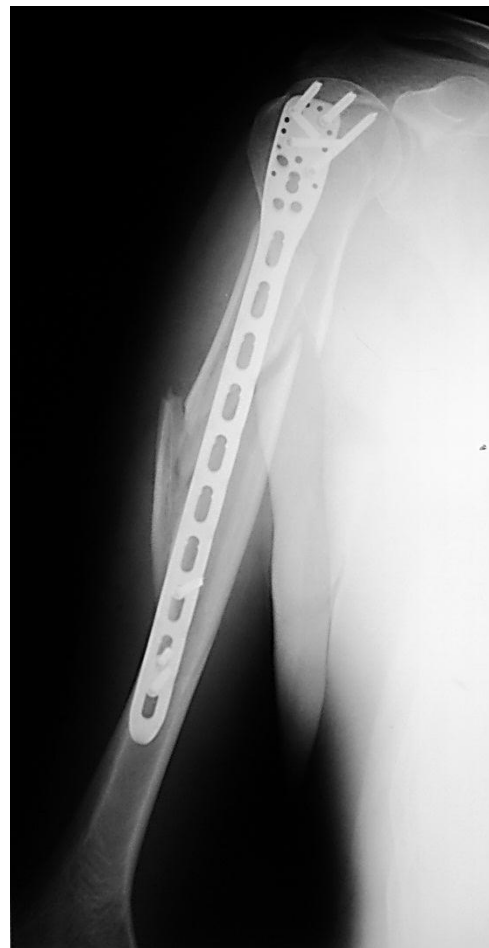
Extramedullary splinting (plating). **Minimal access surgery (anterior approach)**



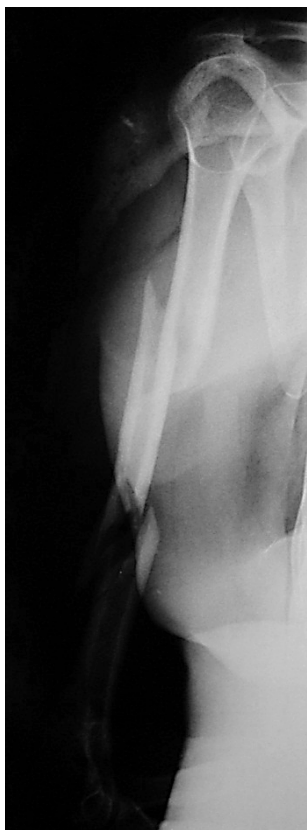
Extramedullary splinting (plating). Minimal access surgery (anterior approach)



Extramedullary splinting (plating). **Minimal access surgery (anterior approach)**



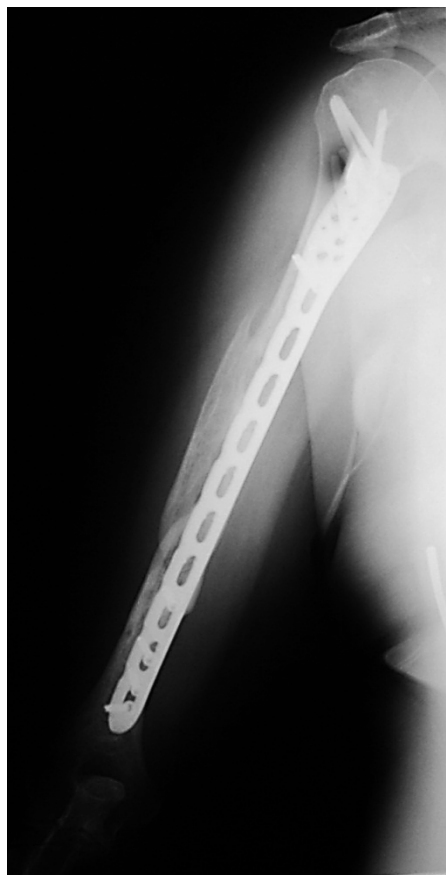
Extramedullary splinting (plating). **Minimal access surgery (anterior approach)**



Extramedullary splinting (plating). **Minimal access surgery (anterior approach)**



Extramedullary splinting (plating). **Minimal access surgery (anterior approach)**



Extramedullary splinting (plating). Minimal access surgery (anterior approach)

- **Indications:**
 - ✓ Complex humeral shaft fractures
- **Disadvantages:**
 - ✓ Difficulties with radial nerve protection

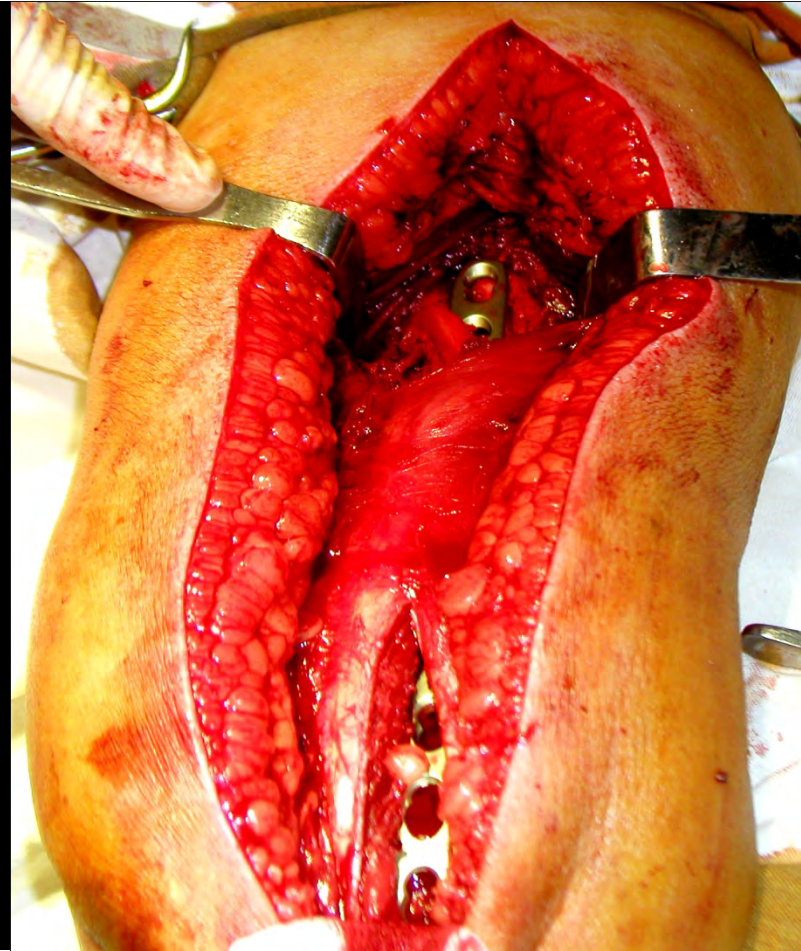
Extramedullary splinting (plating). **Minimal access surgery (anterior approach)**



Posterior. Bio-logical approach



Posterior. Bio-logical approach

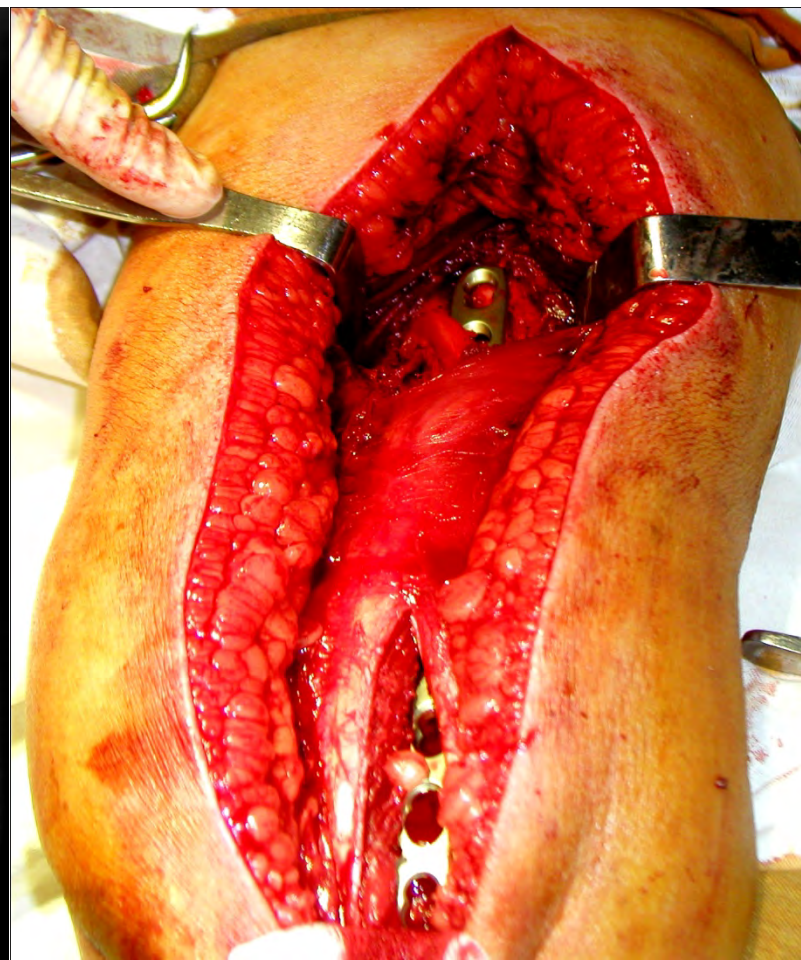


Deeper to lateral triceps

septum

between brachialis/radiobrachialis

Posterior. Bio-logical approach



Posterior. Bio-logical approach

- **Indications:**

- ✓ Distal and midshaft complex fractures (distal half of humerus)

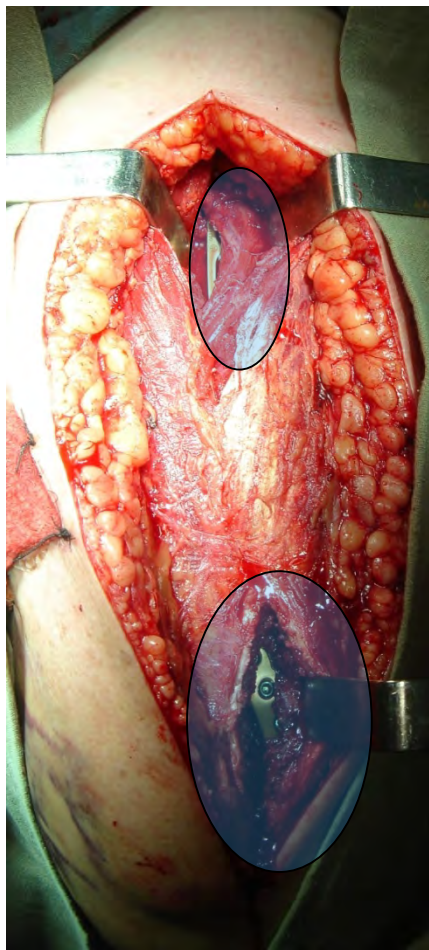
- **Disadvantages:**

- ✓ Long skin incision

Posterior. Bio-logical approach



Posterior. Bio-logical approach



Posterior. Bio-logical approach





Hospital N31, 2010 – 2011 :

METHOD:

- Internal splinting of complex humerus fractures (29 nailing, 18 plating – 9 anterior, 9 posterior app)

MATERIAL:

- 47 patients, 47 fractures (11 women, 36 men)
- mean follow-up 24 months for 32 patients

RESULTS:

- . 5 cases of RNP after plating, spontaneous recovering
- **NO** nonunion, 11 cases of delayd union (8 IMN, 3 pl)

CONCLUSIONS

There is no difference in long term outcomes IMN vs Plating

M., 21



M., 21



M., 21



M., 21, 1m



M., 21, 2ms



M., 21, 5ms



M., 21, 5ms



M., 21, 5ms



Summary

- The best way for surgical treatment of complex humerus fractures is achievement of relative stability with splinting fracture zone
- There is no difference between nailing and plating in long term outcomes in case of complex humerus fractures.
- Different surgical approaches can be used to obtain functional reduction and fixation depending on the location of the fracture.
- Mini-invasive anterior or bio-logical posterior surgical approaches are preferable for complex fractures (using plates).

Take-home message

Splinting – the best way to achieve relative stability for complex Humeral shaft fractures. It requires:

- preservation of blood supply
- acceptable reduction (Length, Rotation, Alignment)
- controlled movement