

35 th Congress of
S.I.T.E.M.S.H
March 13th to 17th, 2016
Inawashiro, Japan



Proximal Humeral Fracture Surgical Treatment



Zuckerhütl 3507 m
Stubai Tirol

A. Genelin, Austria
Department of traumatology
General Hospital Hall i. Tirol



SPINE
7,6%

HEAD
7,2%

ARM
7,7%

CHEST
11,1%

SHOULDER
20,5%

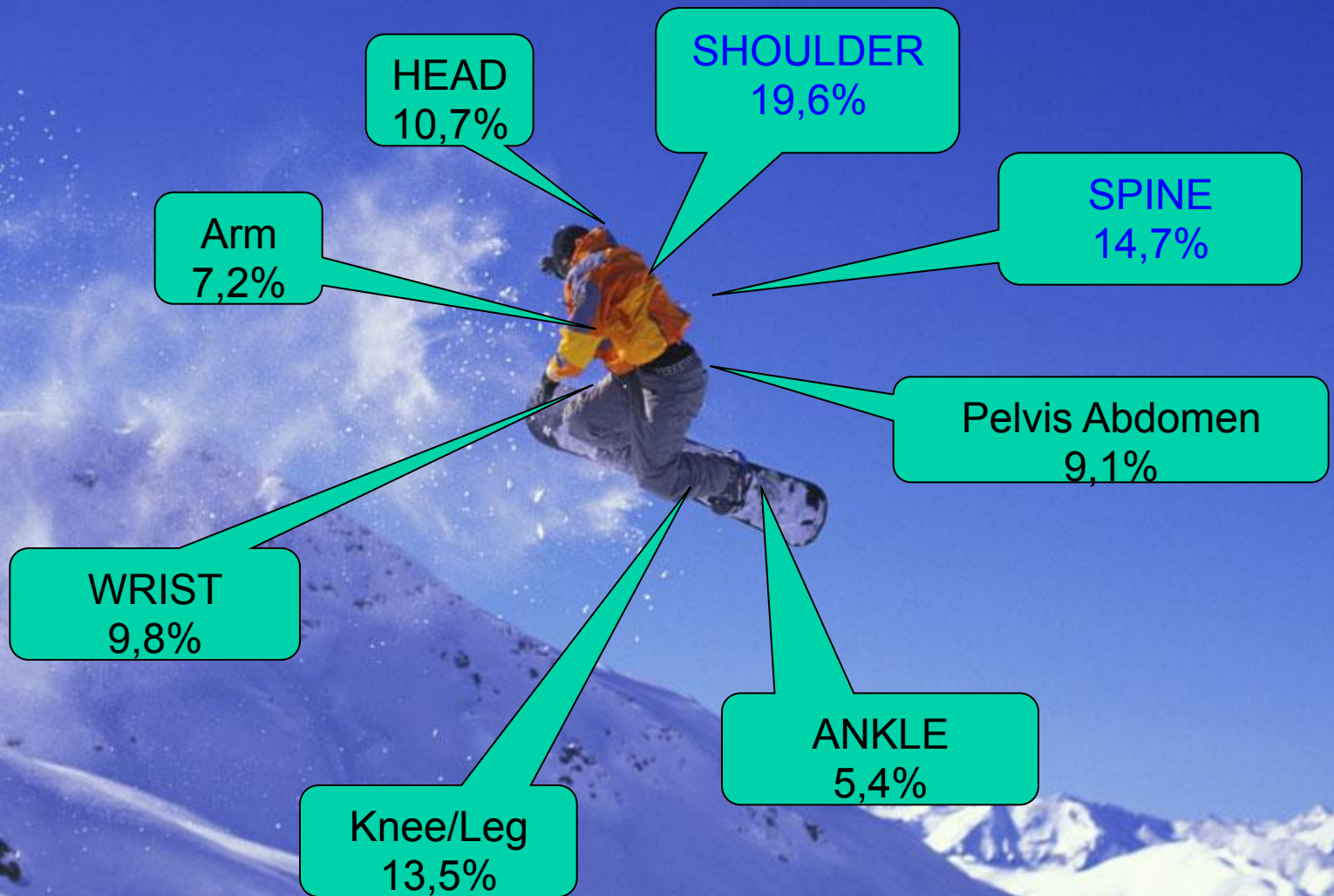
WRIST
10,1%

LOWER LIMB
without KNEE
5,6%

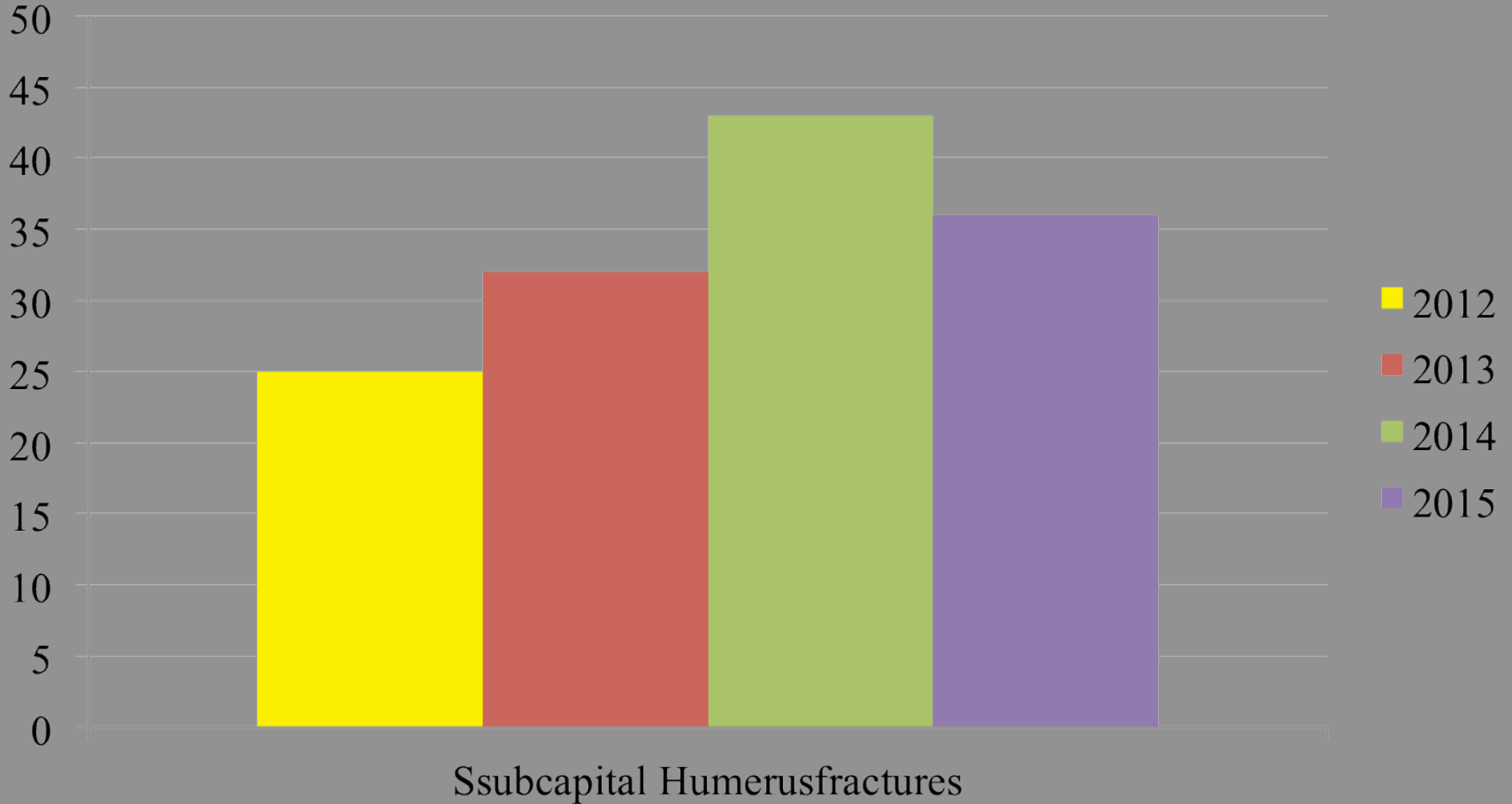
KNEE
30,2%

Injury Pattern in Skiing

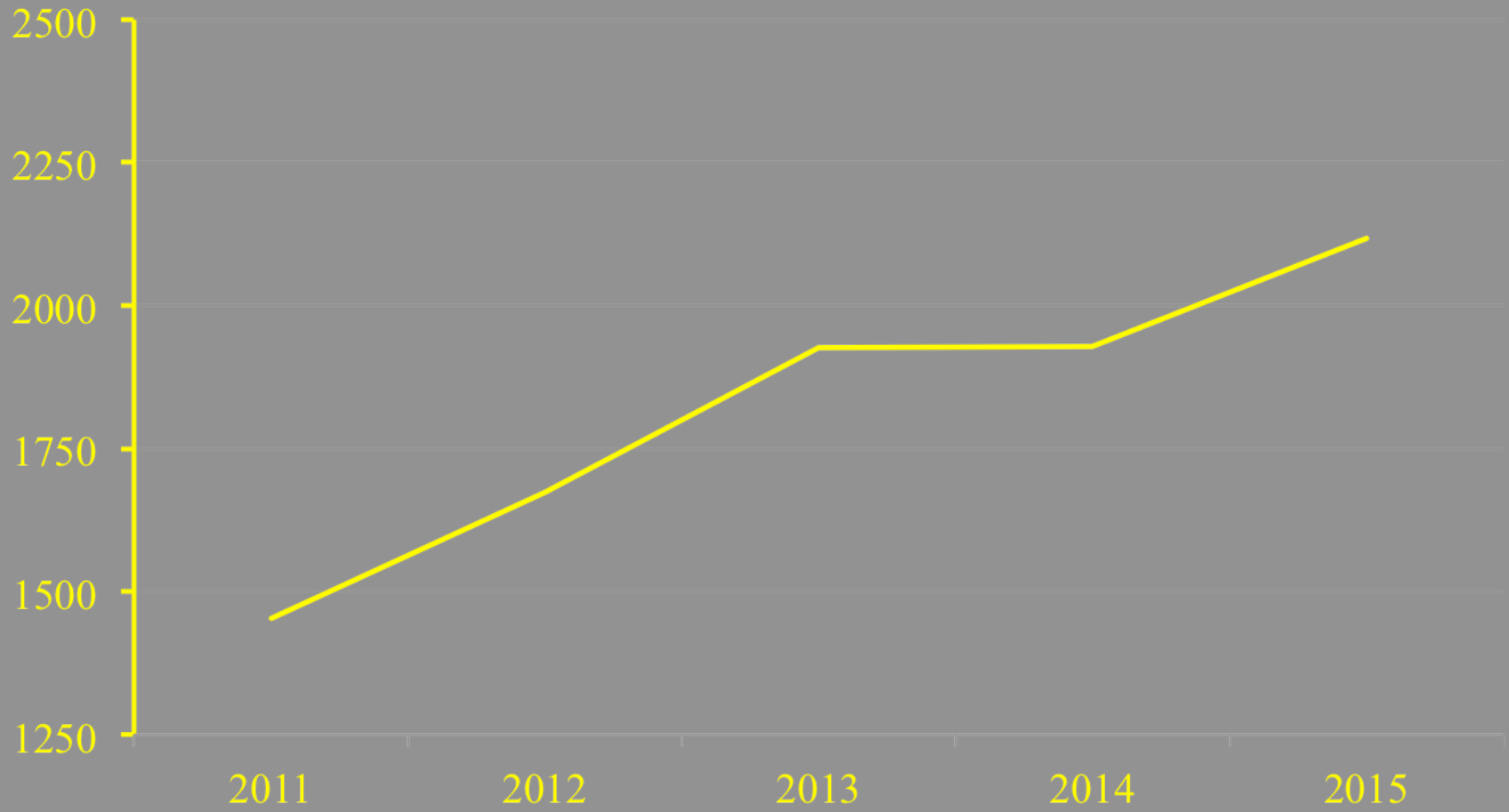
Injury Pattern in Snowboarding



subcapital Humerusfractures in skiing over the years 2011 - 2015



Increase in Shoulder injuries



Shoulder injuries still a challenge

- Implant:
K-wire, IMC, Plate, Nail, Shoulder prosthesis
- Timing:
immediate or planned surgery
- Outcome:
? correct anatomy & good function ?

treatment opportunities

- Conservative (cast, mitella retelast fixation)
- Pins/Screws
- Humeralplate
- Humeral Nail Antegrad
- IMC/ Flexnail

conservative

advantage:

- no additional risk
- cheap

disadvantage:

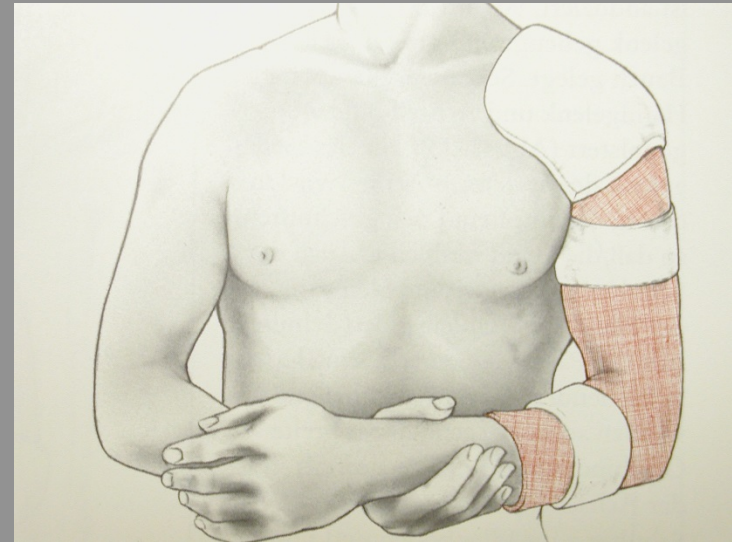
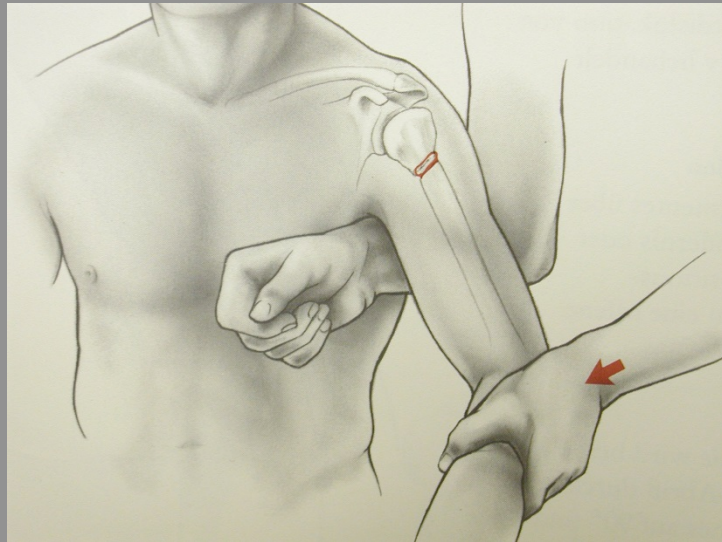
- immobilisation needed
- loss of correction possible
- no anatomical reduction



Proximal Humeral Fracture

Conservative Treatment

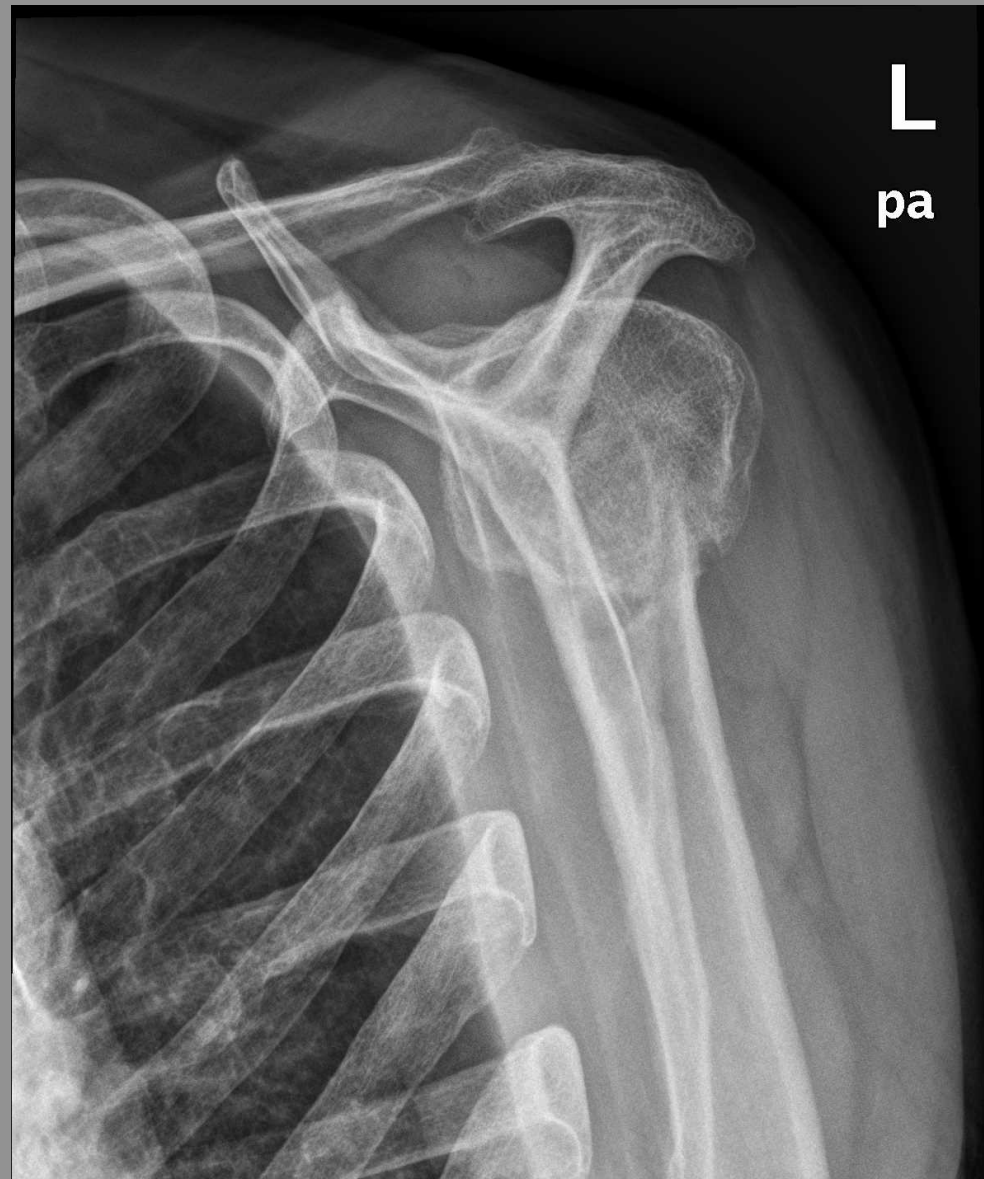
All none displaced Fractures (80 %)



Desault- or Gilchrist Fixation



Skiing accident 80a male



3D
Ex: 15122

SPR

Se:4
Volume Rendering No cut

DFOV 20.0 cm
STND/SS50 No Filter



No VOI
kV 120
mA Mod.
Rot 0.80s/HE+ 39.4mm/rot
0.6mm 0.984:1/0.62sp
Tilt: 0.0 HR
01:46:09 PM
W = 2000 L = 450

IAL

Hussl Burkhard Dr.
LKH Hall i. Tirol
M 79 2001551801
DoB: Oct 03 1934
Ex: Sep 04 2014

3D
Ex: 15122

Se:4
Volume Rendering No cut

DFOV 20.0 cm
STND/SS50 No Filter



L
S
A

R
P
I

450/6

No VOI
kV 120
mA Mod.
Rot 0.80s/HE+ 39.4mm/rot
0.6mm 0.984:1/0.62sp
Tilt: 0.0 HR
01:46:09 PM
W = 2000 L = 450

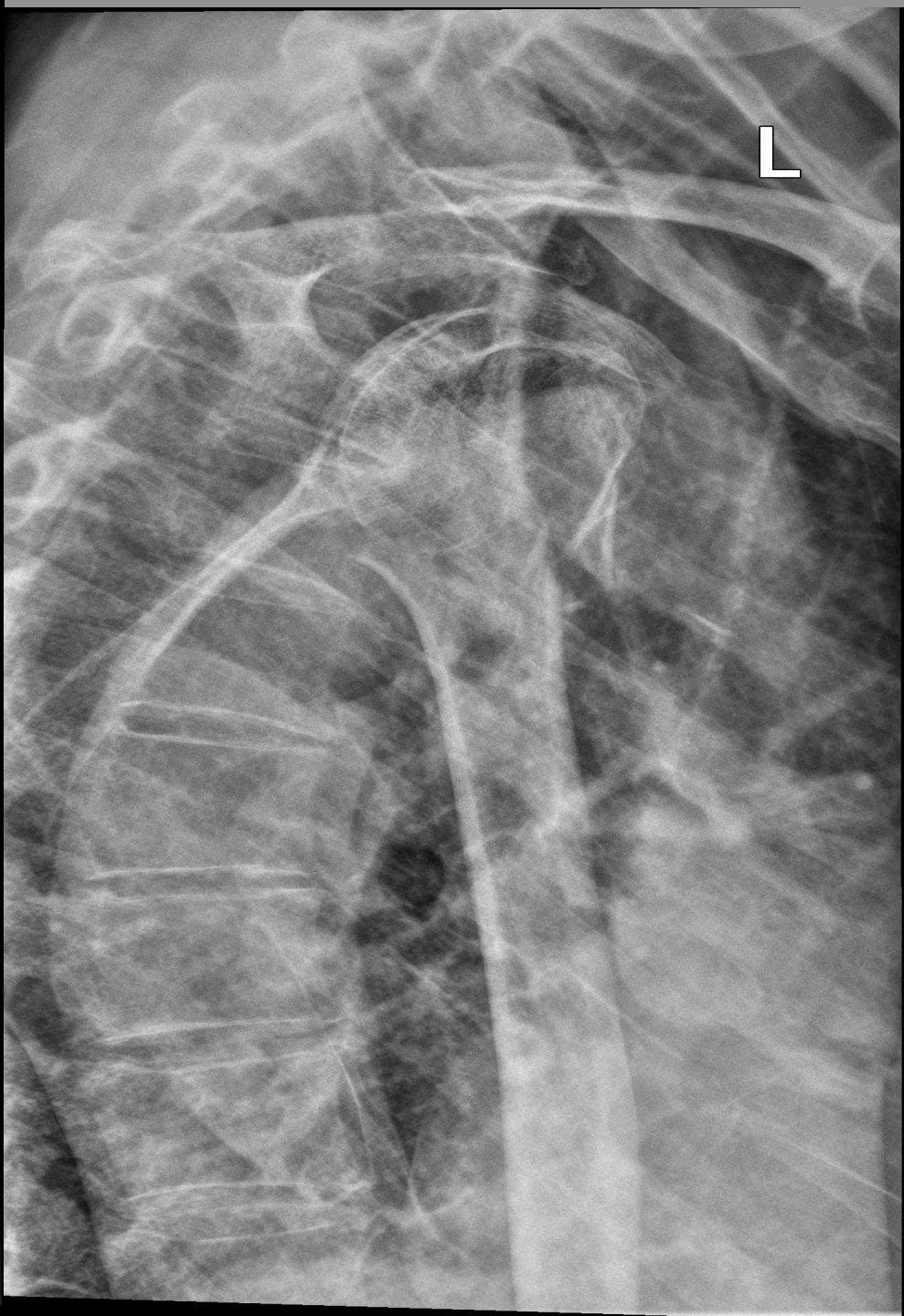
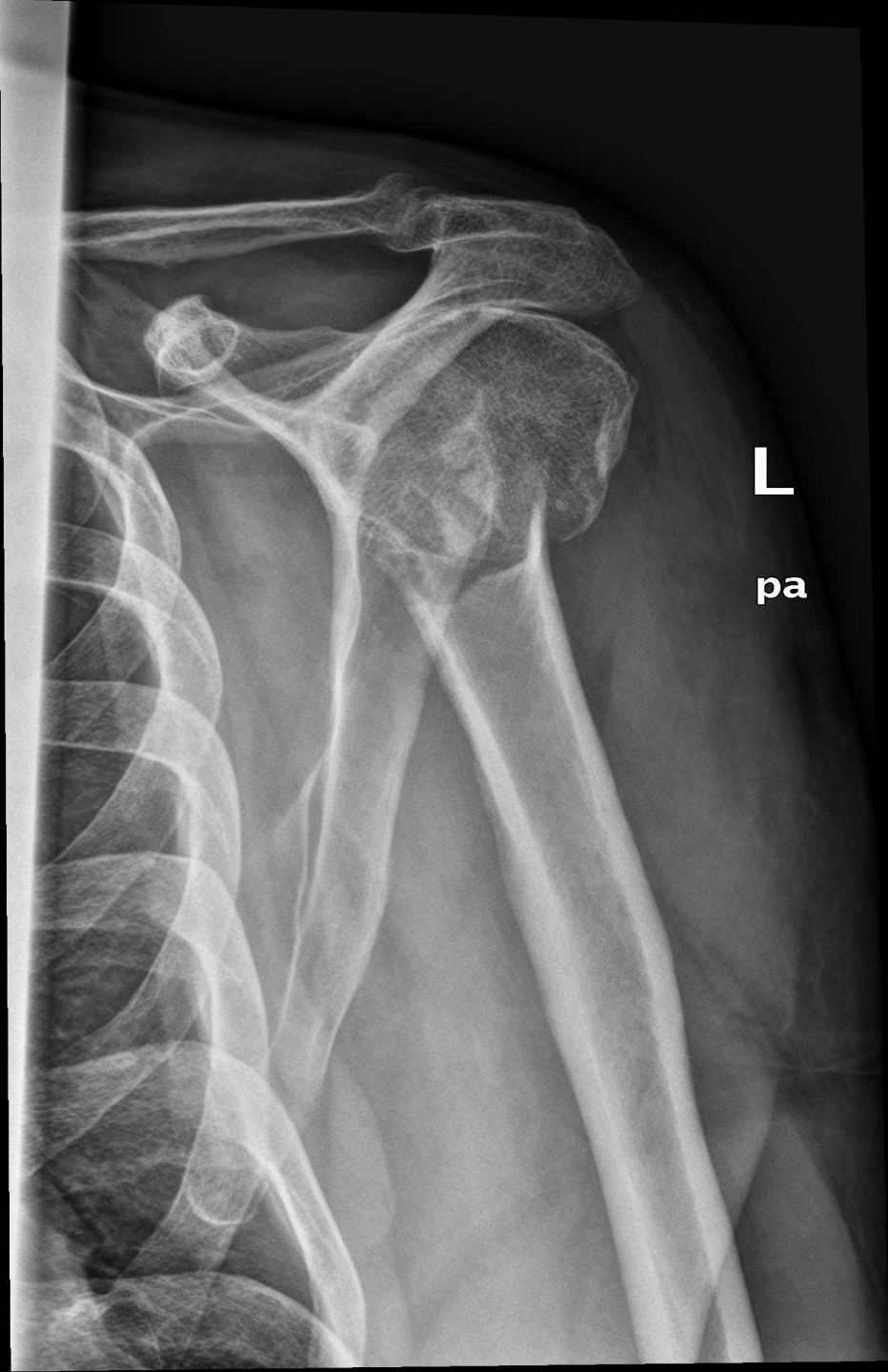
SPL

Hussl Burkhard Dr.
LKH Hall i. Tirol
M 79 2001551801
DoB: Oct 03 1934
Ex: Sep 04 2014

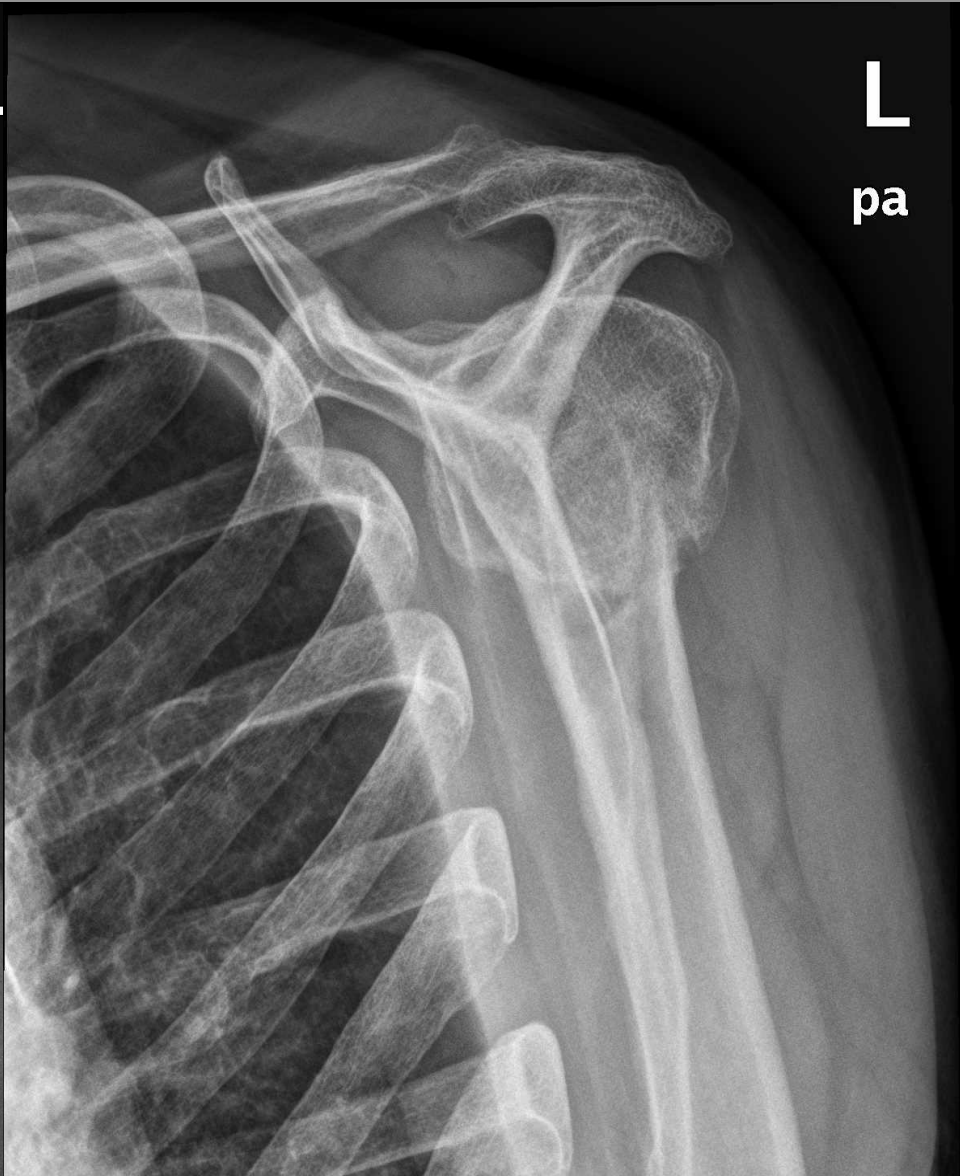
L
A
S

450/142

IAR



Result: 8 months post op.



Conservative Treatment



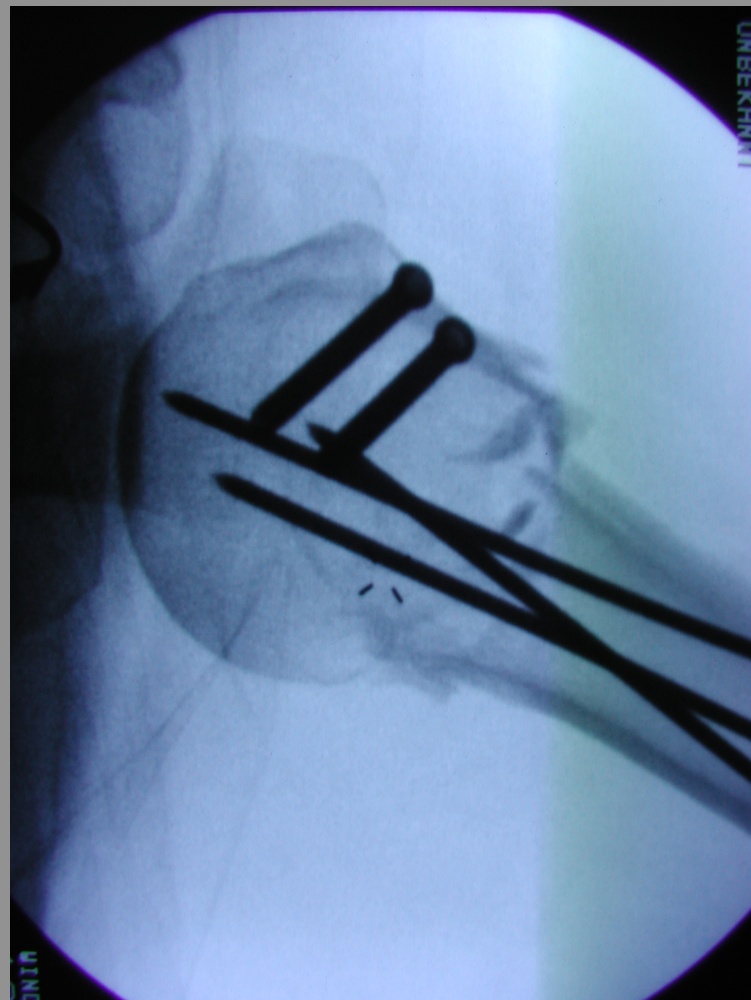
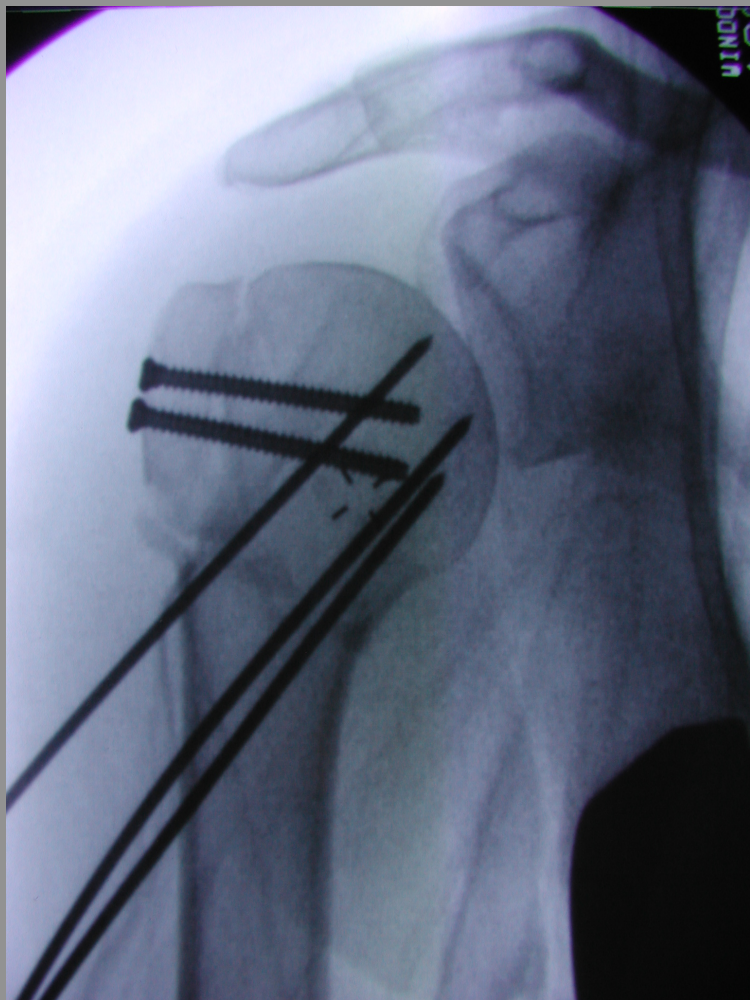
Operative Treatment

All none sufficient reducible fractures

Percutaneous techniques



Pins and Screws



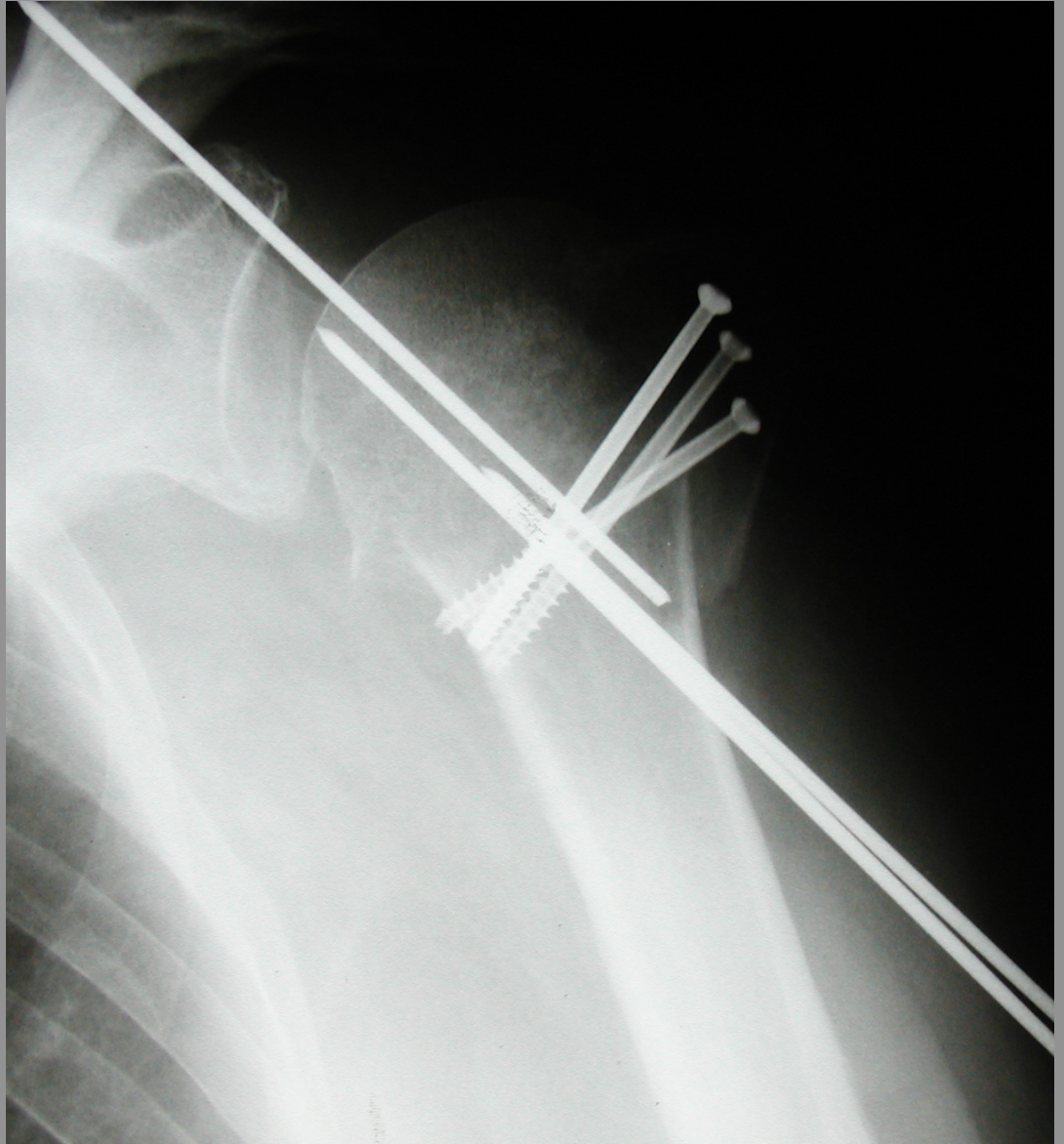
pins

advantage:

- easy procedure
- one surgeon only
- cheap

disadvantage:

- immobilisation post op
- questionable stability
- pin migration



platesystems

advantage:

- stable construct
- fits almost every fracture
- anatomic solution

disadvantage:

- invasive procedure
- post op immobilisation
- long rehab time



nailing antegrad

advantage:

- minimal invasiv
- one surgeon
- no immobilistaion necessary

disadvantge:

- no dynamic compression on fracture
- rotatory cuff injuries



IMC

advantage:

- easy technique
- intramedullary splinting
- early mobilisation
- cheap

disadvantage:

- immobilisation
- no absolute stability
- loss of correction
- *not apt for calcar fractures and four part fractures*



Case 1: 44 male



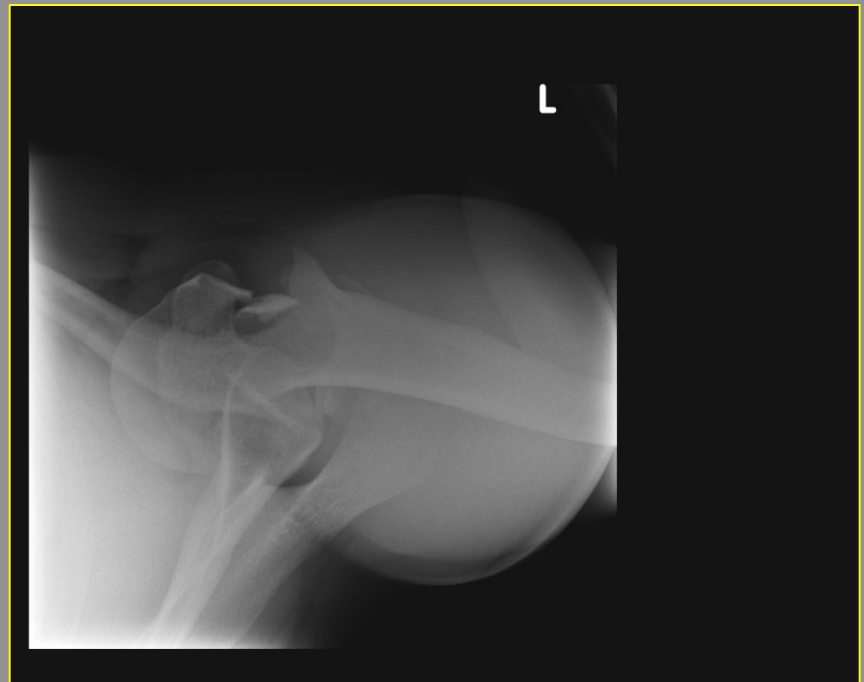
post surgery



result



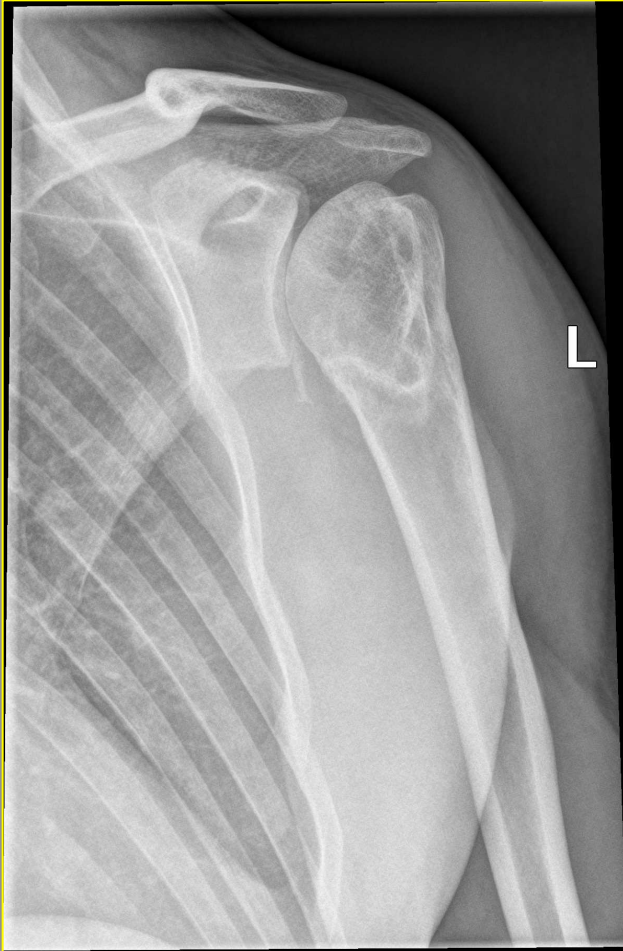
Case 2: 35 male



post surgery



result



Case 3: 60 male



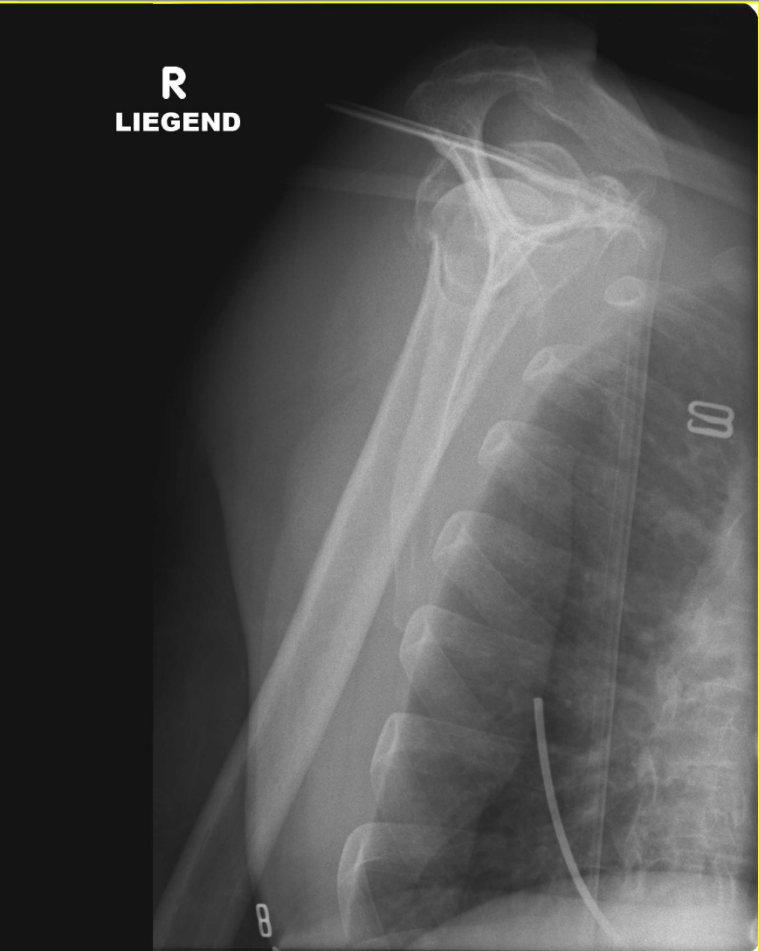
surgery images



result

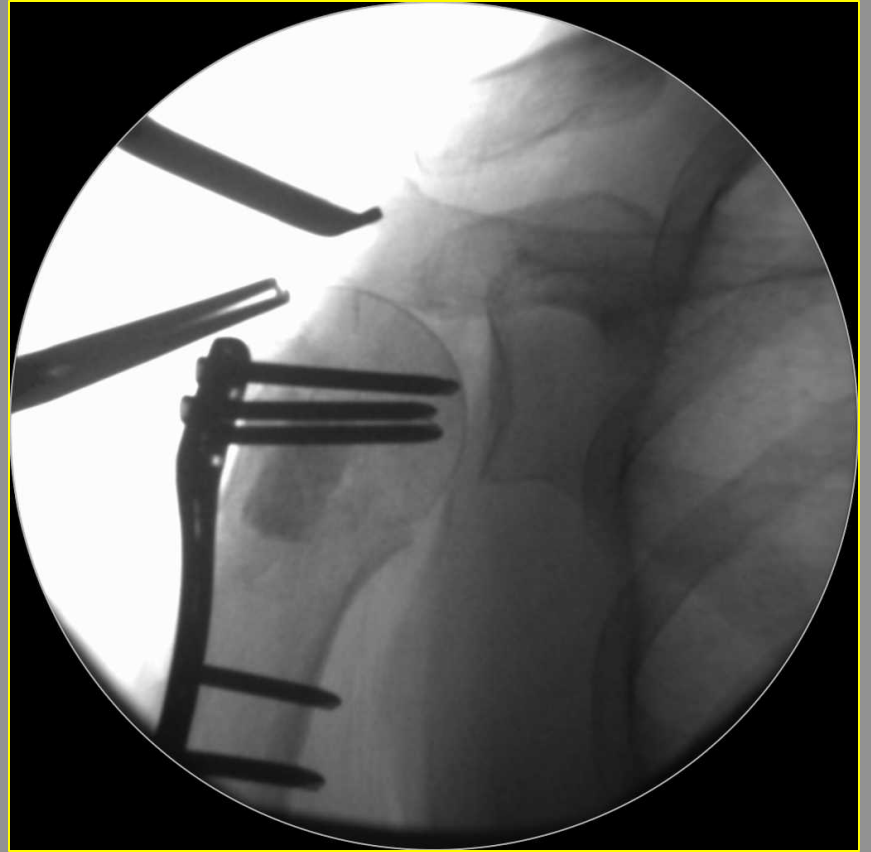


Case 4: 55 female



surgery images





after surgery



3 months post surgery



6 months post surgery

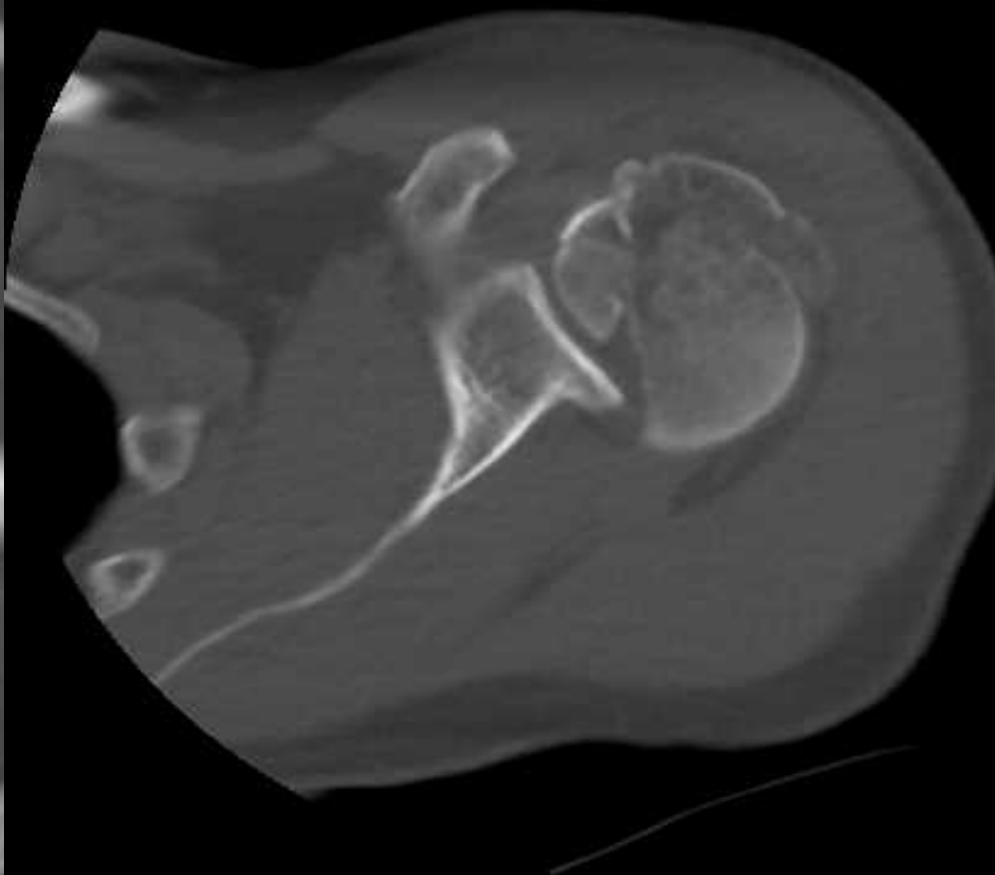


result



Case 5: 40a male





3D
Ex: 13828

SPL

Langenstein Klaus-Dieter
LKH Hall i. Tirol
M 60 2203656257
DoB: Jan 18 1954
Ex: Jul 13 2014

Se: 4
Volume Rendering No cut

FOV 20.0 cm
Smooth 3D+

No VOI

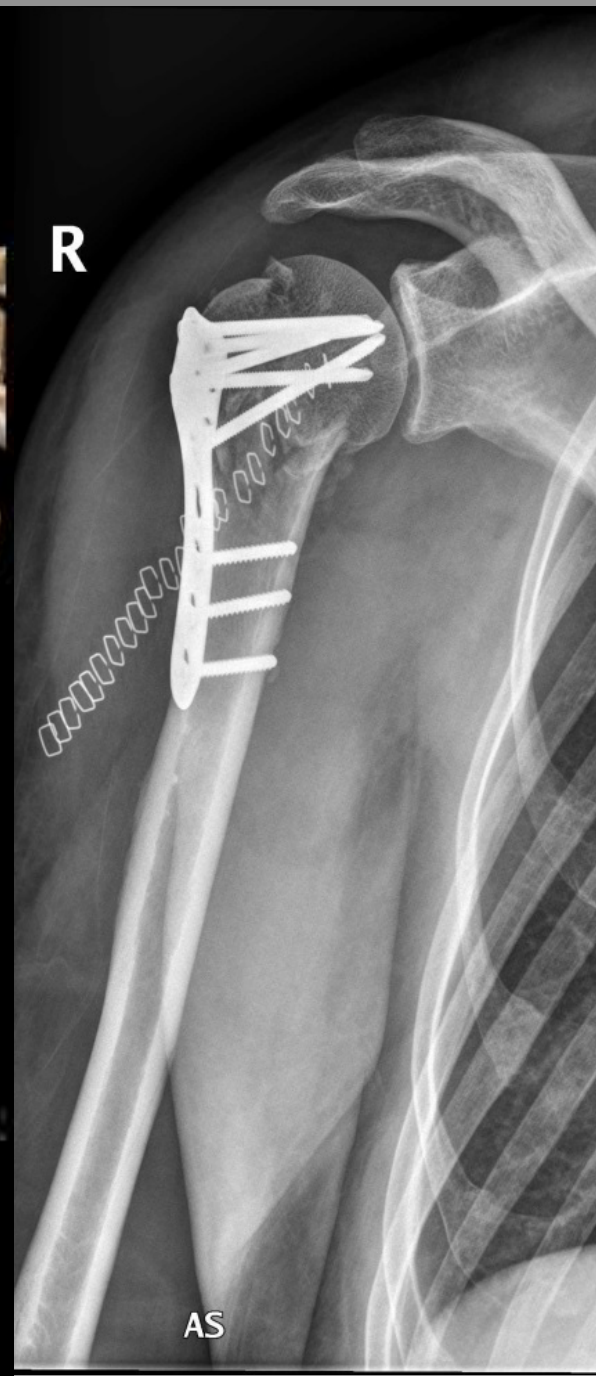
450/8

0.6mm 0.984:1/0.62sp

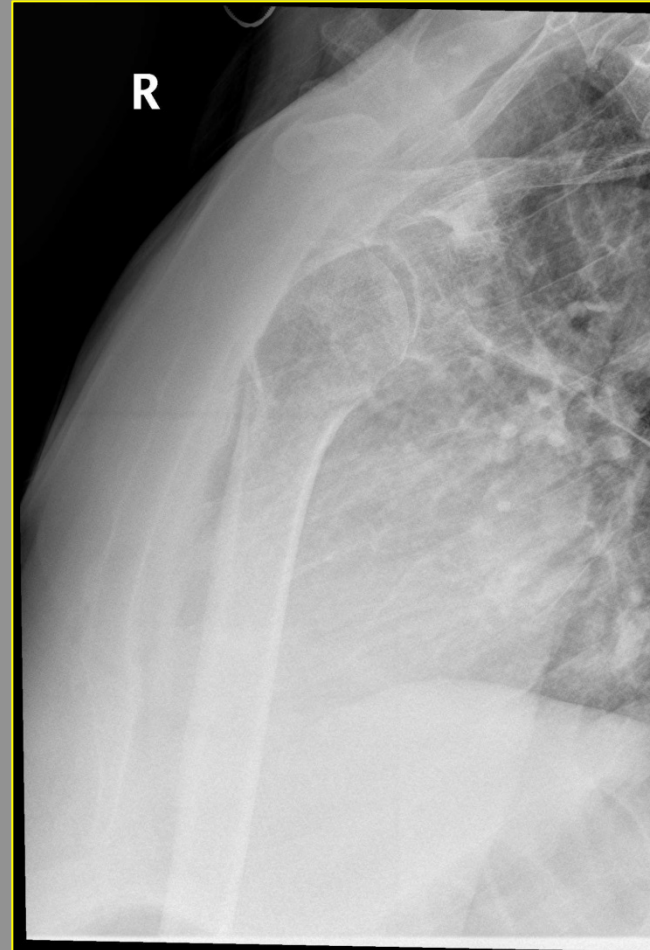
2:48:24 PM

W = 2000 L = 450

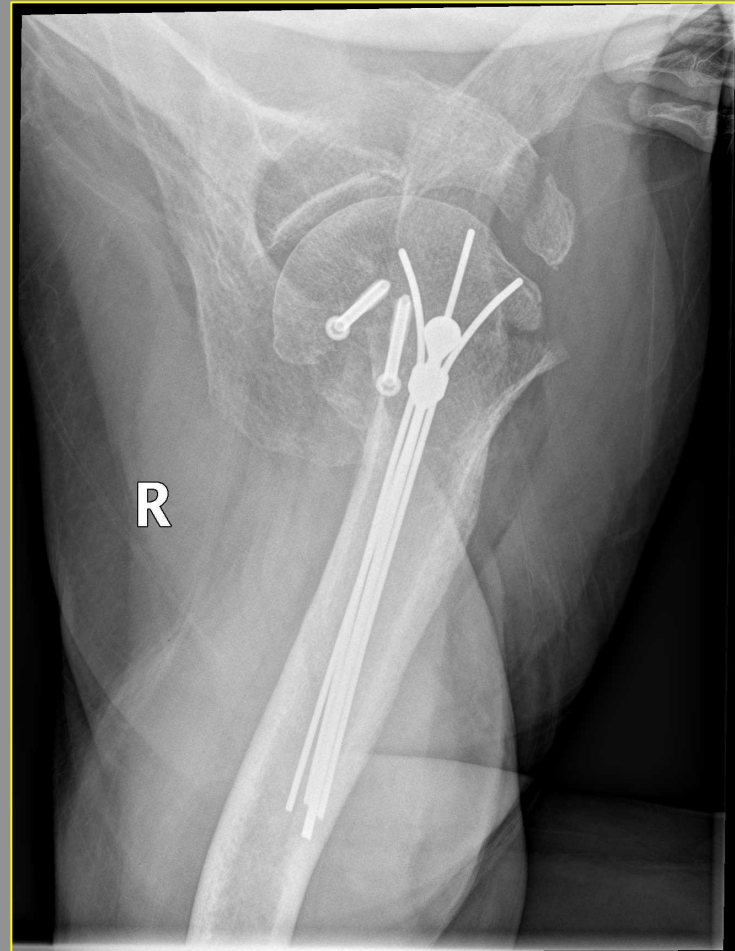
IAR



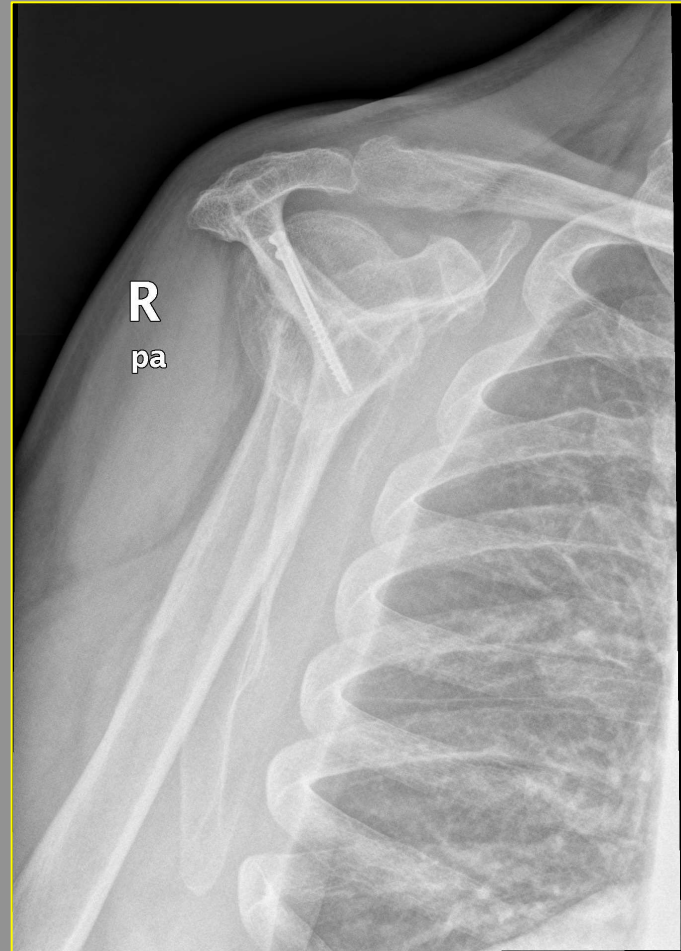
Case 6: 64 male



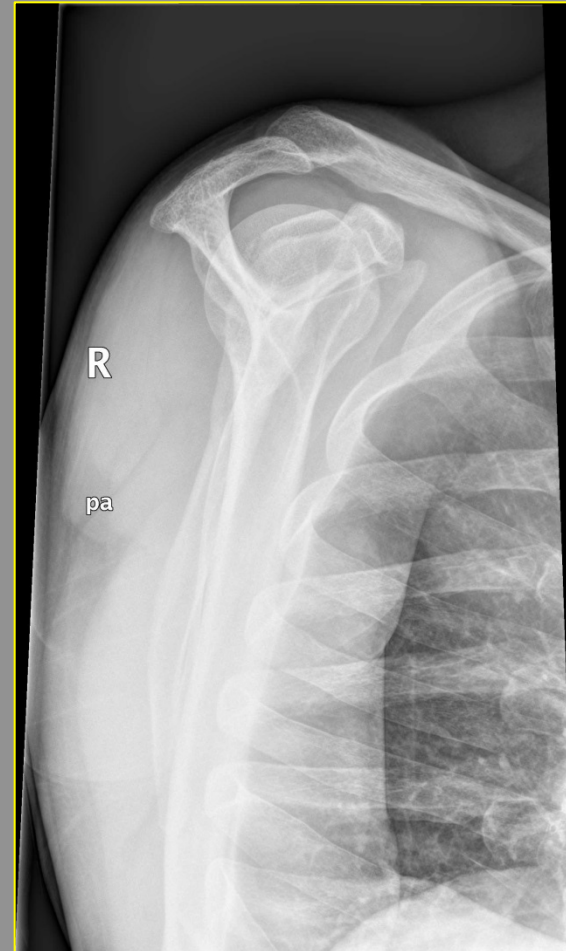
post surgery



result



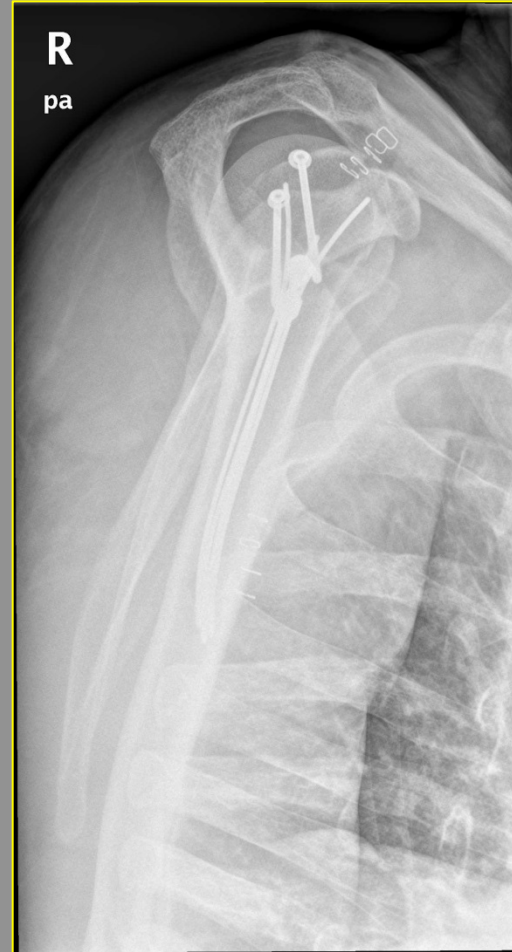
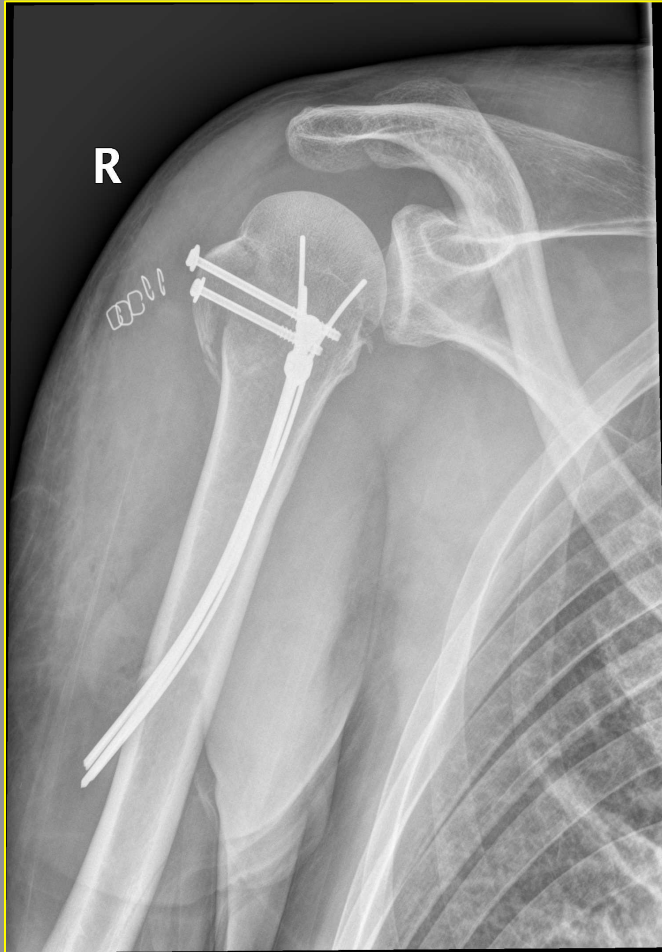
Case 7: 64 male



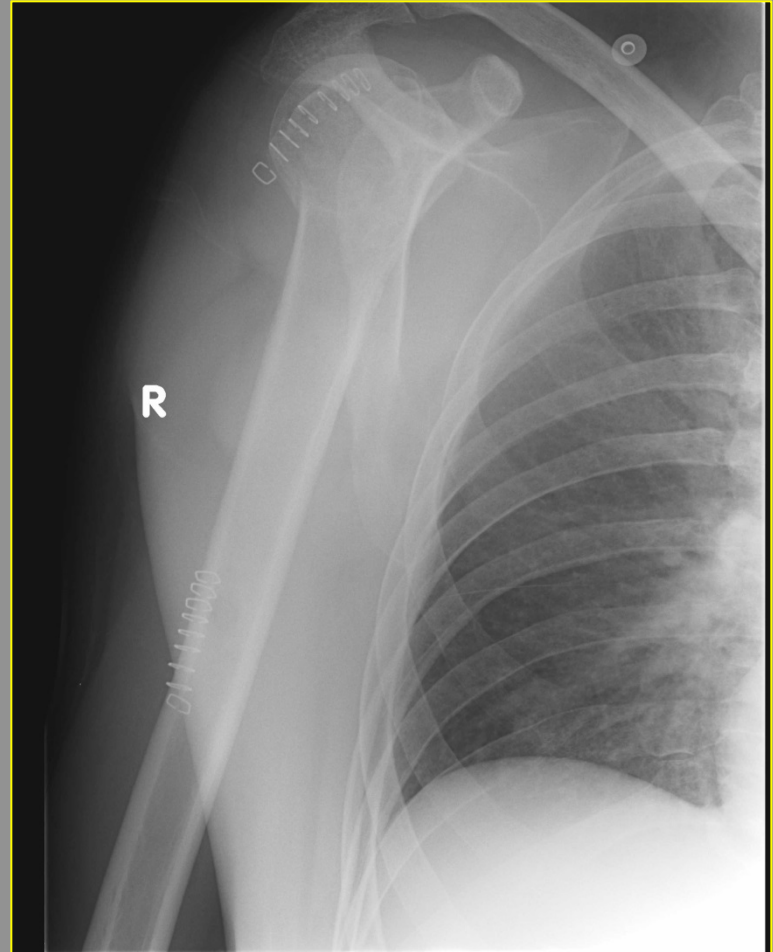
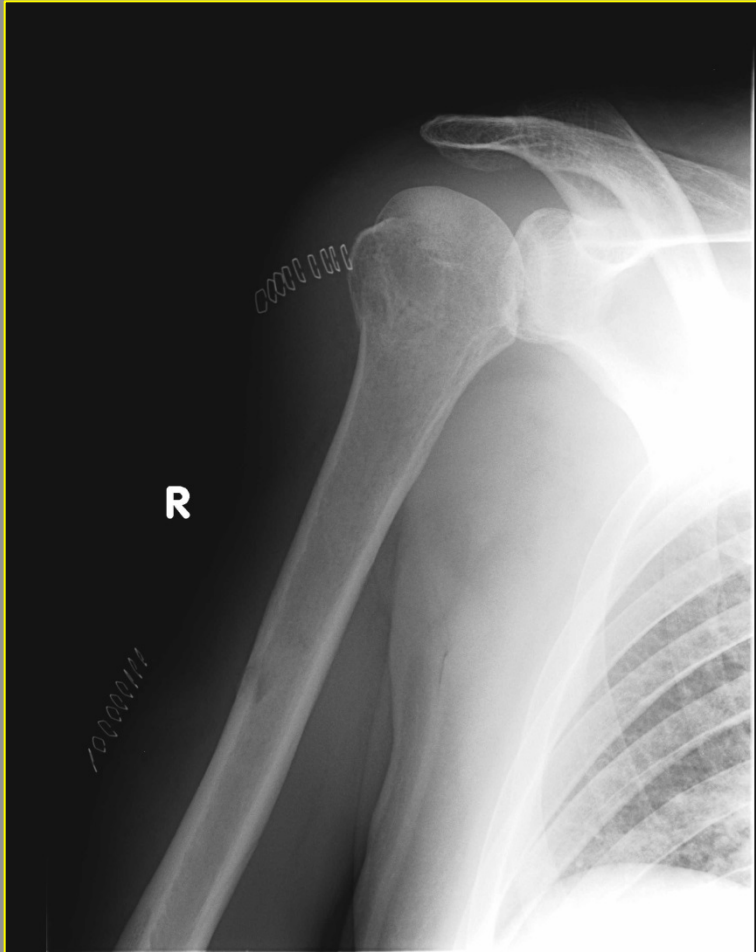
surgery images



post surgery



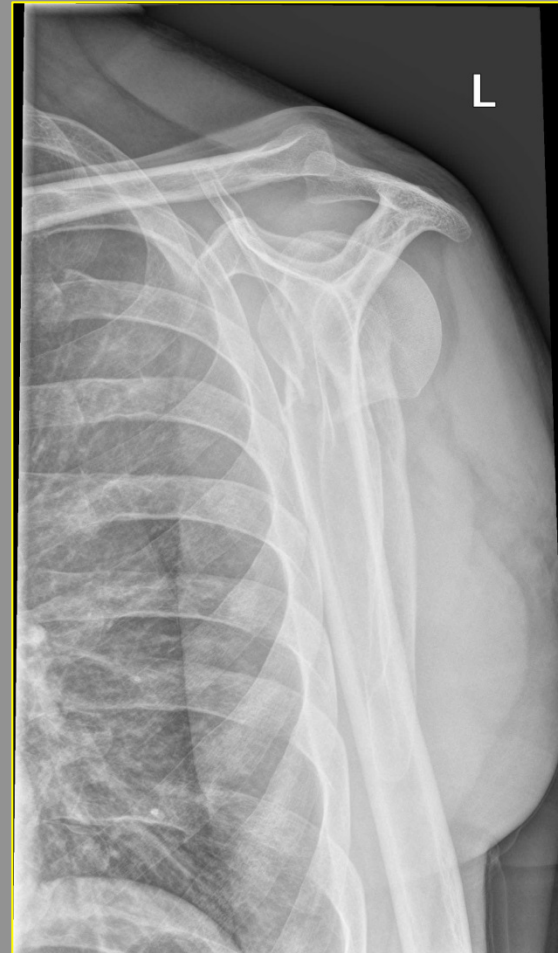
result



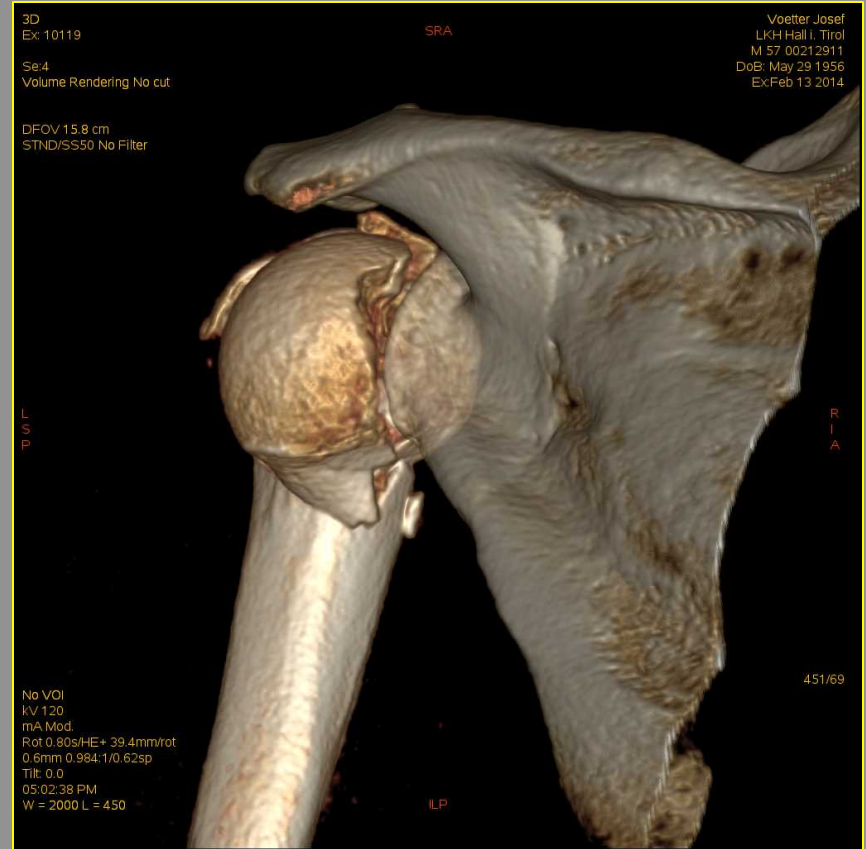
Case 9: 38a female



Case 9: 62 male



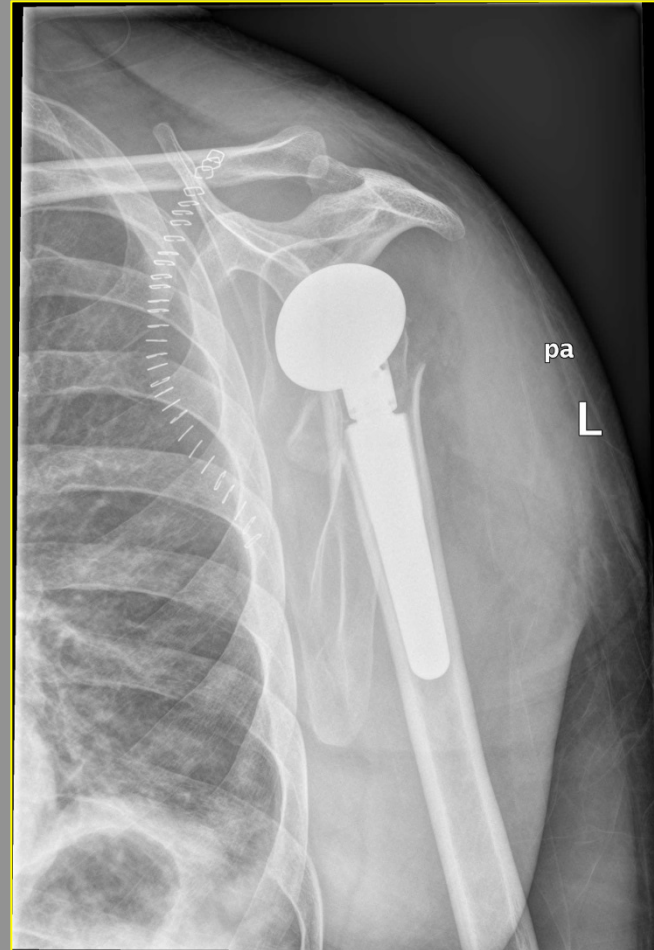
CT images



surgery images



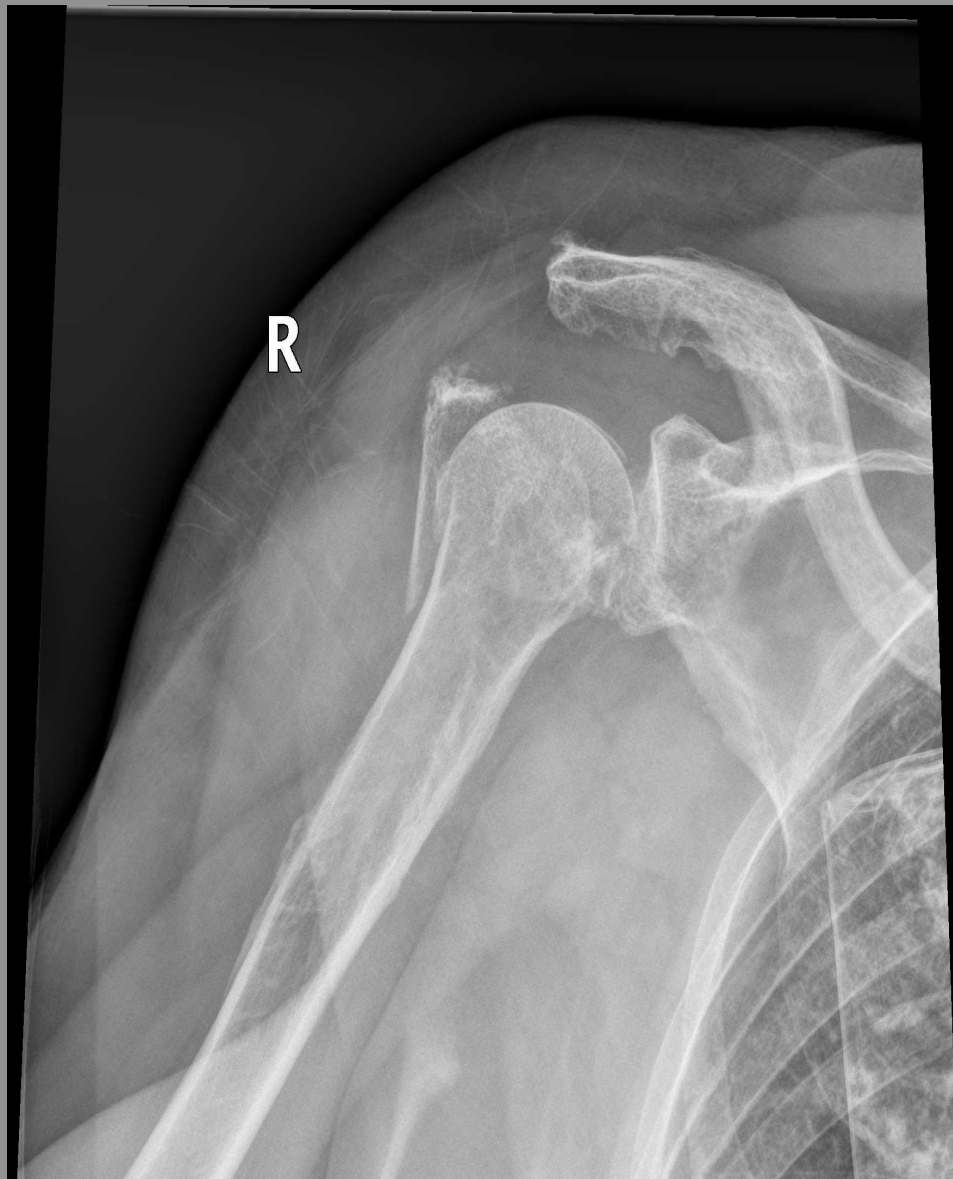
post surgery



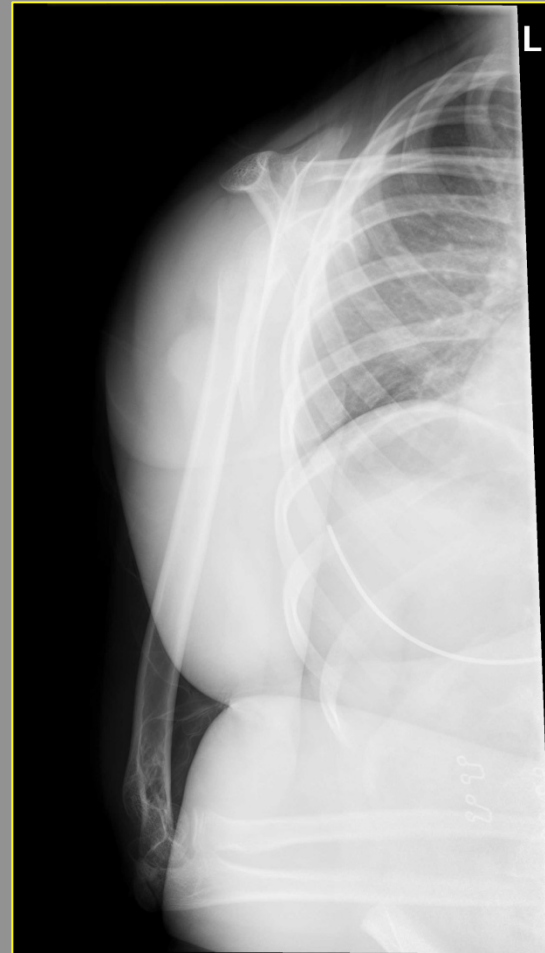
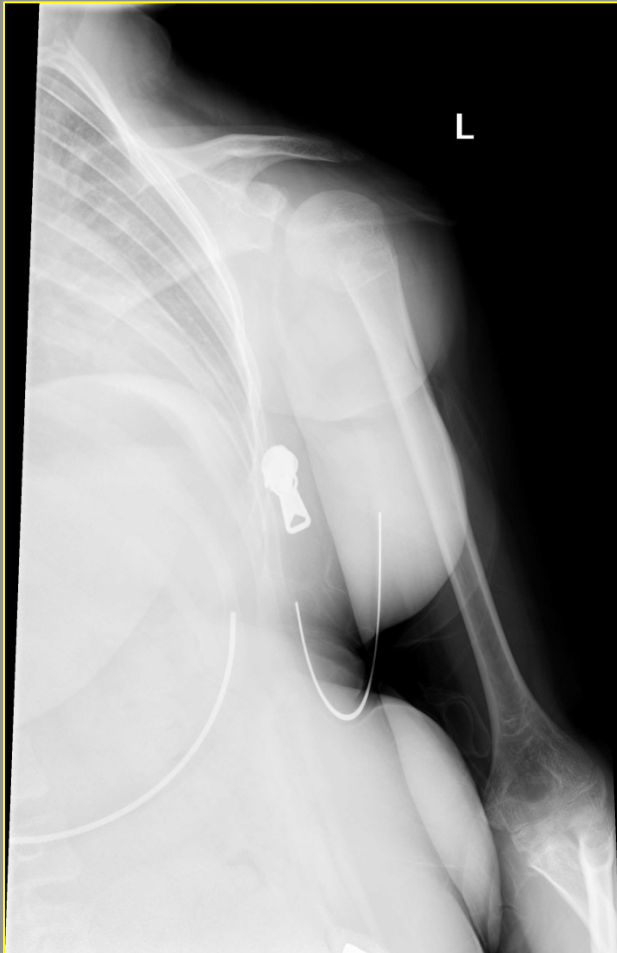
result



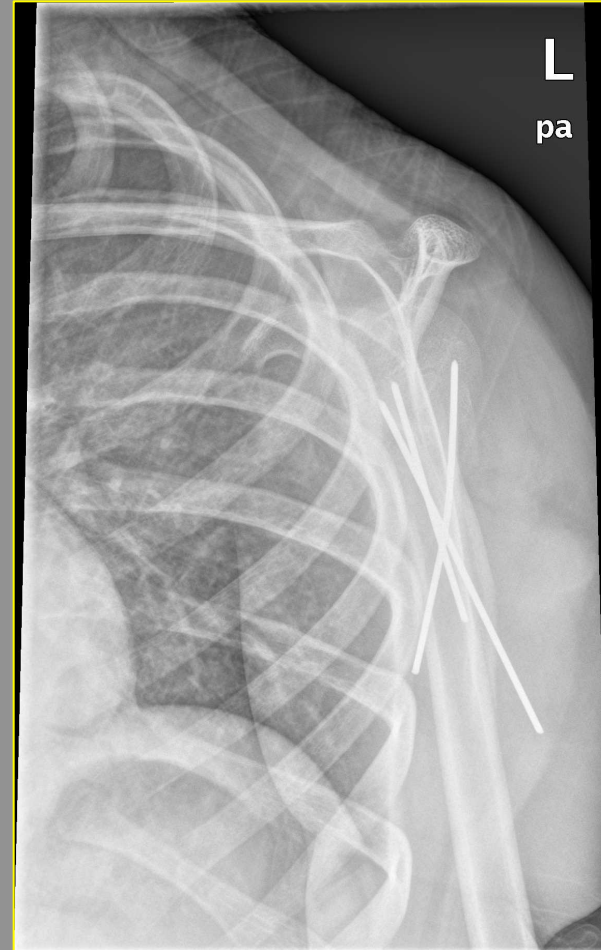
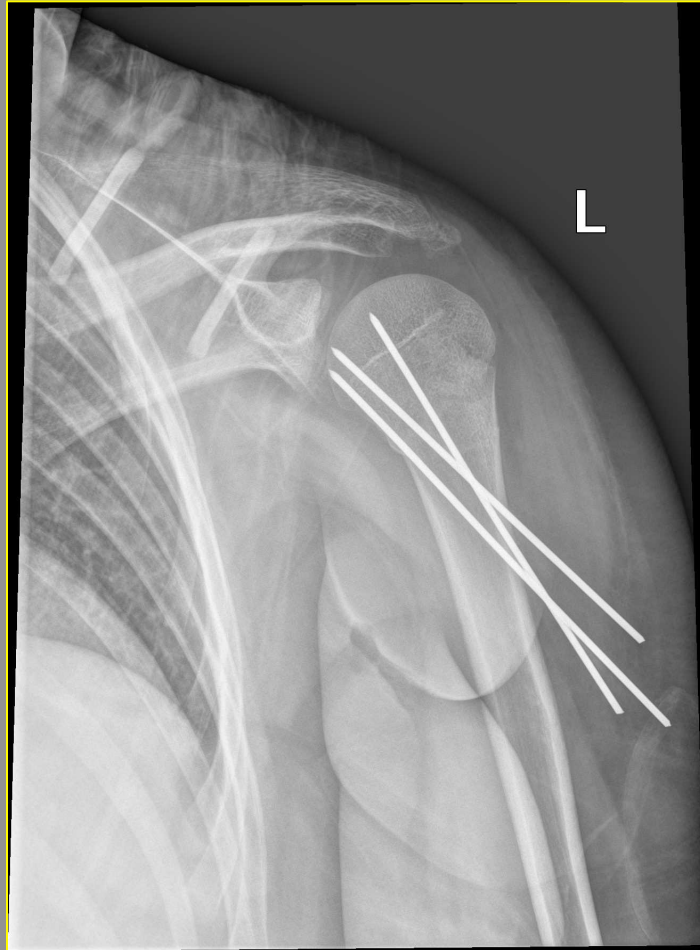
Case 10: 72a female



Case 11: 11a female



post surgery

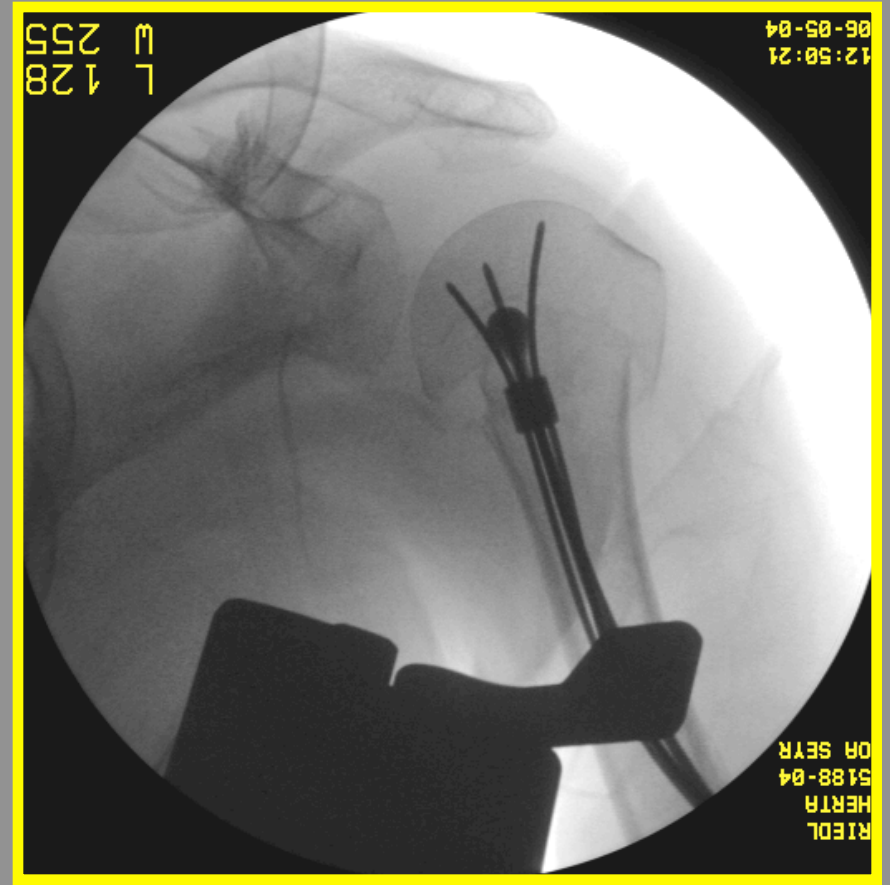
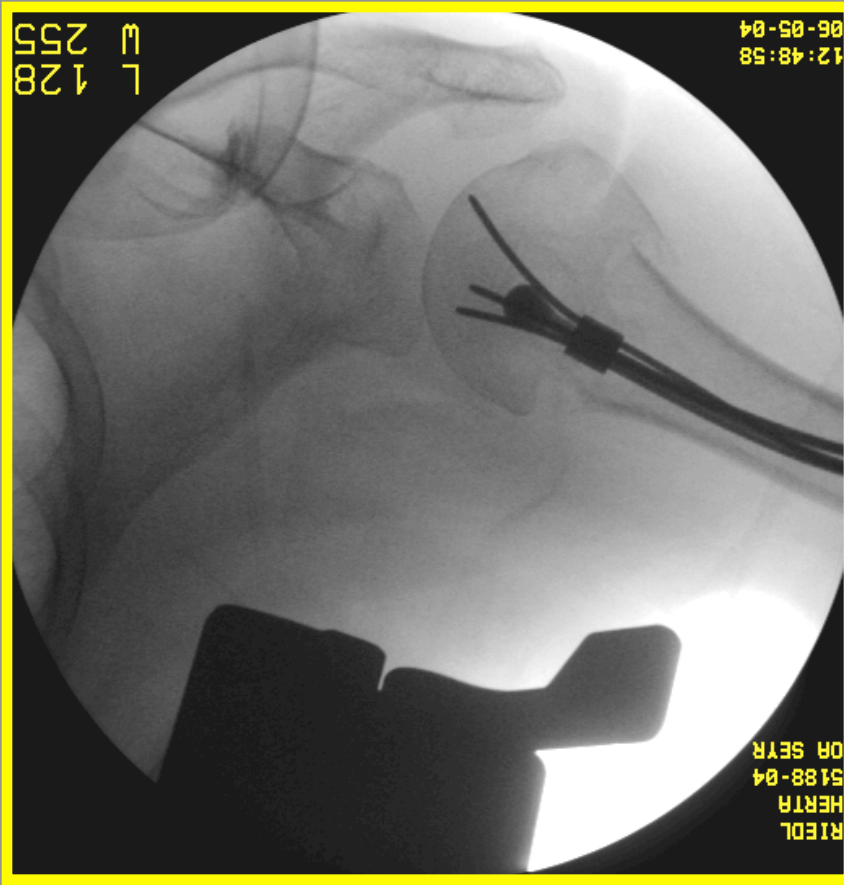


result



IMC

3-dimensional alignment of pins



SET UP



3D

SLA

Volume Rendering No cut

DFOV 16.9 cm
STND/SS50 No Filter

D
E
S



No VOI
kV 120

0.6mm 0.984:1/0.62sp

W = 2000 L = 450

IRP

3D

SLA

Volume Rendering No cut

DFOV 16.9 cm
STND/SS50 No Filter

R
A
S



No VOI
kV 120

0.6mm 0.984:1/0.62sp

W = 2000 L = 450

IRP

Oberdanner Hannes

Ex: Oct 28 2014

L
P
I

R

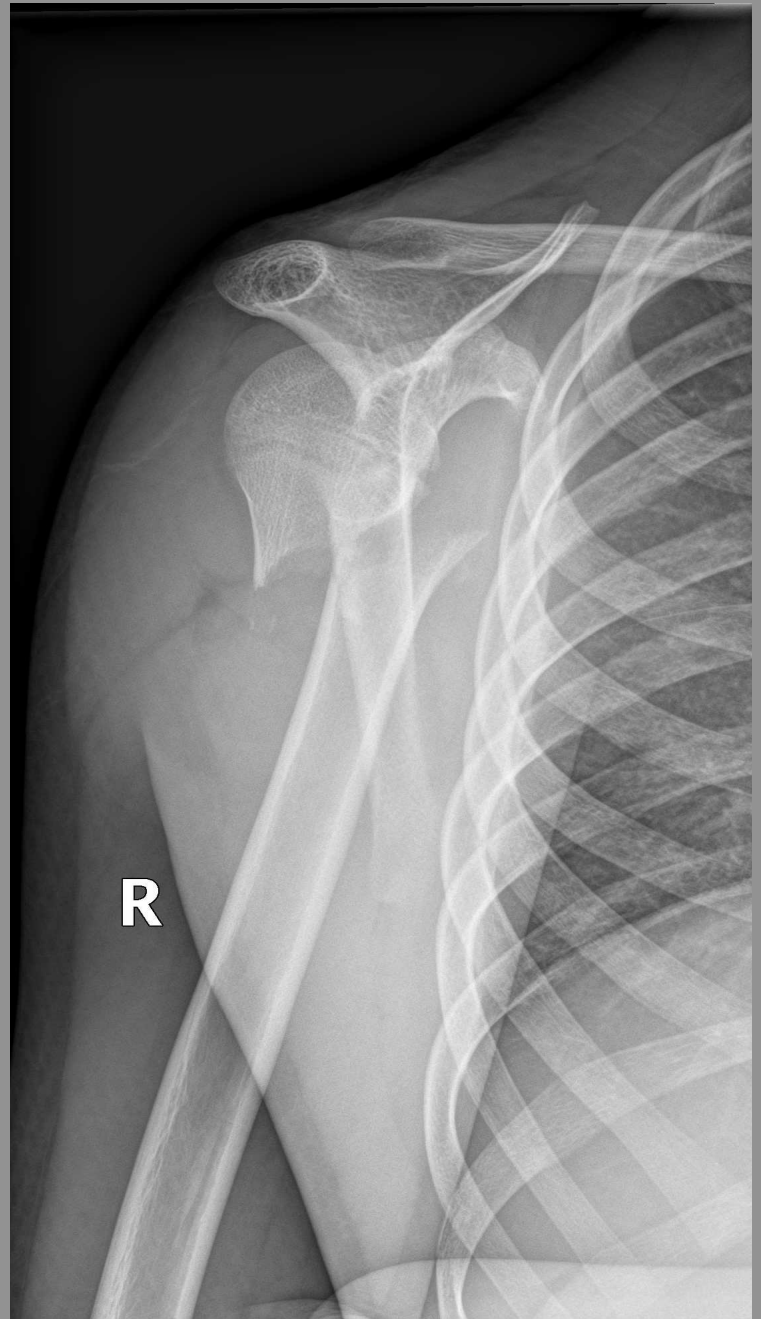
kn

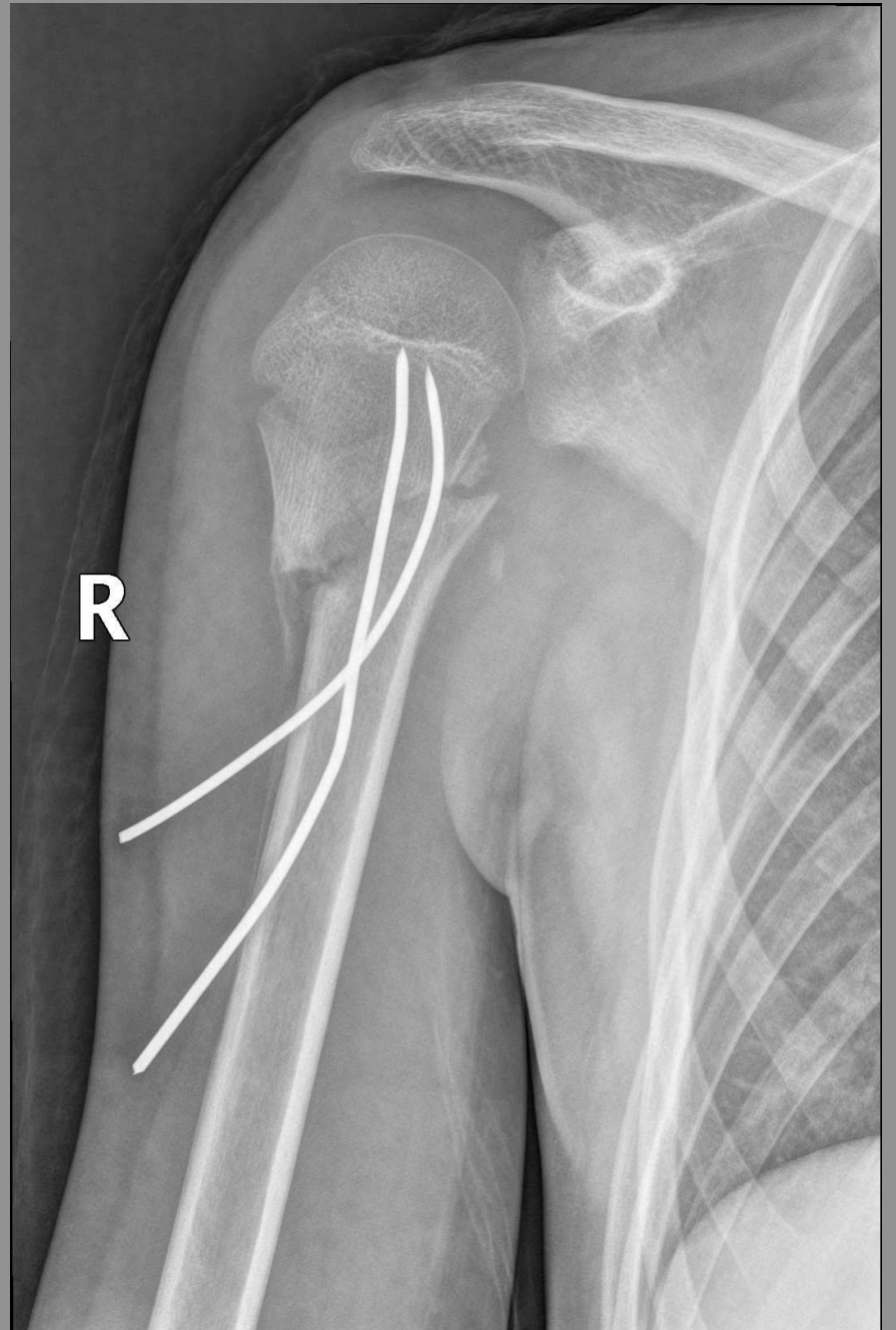
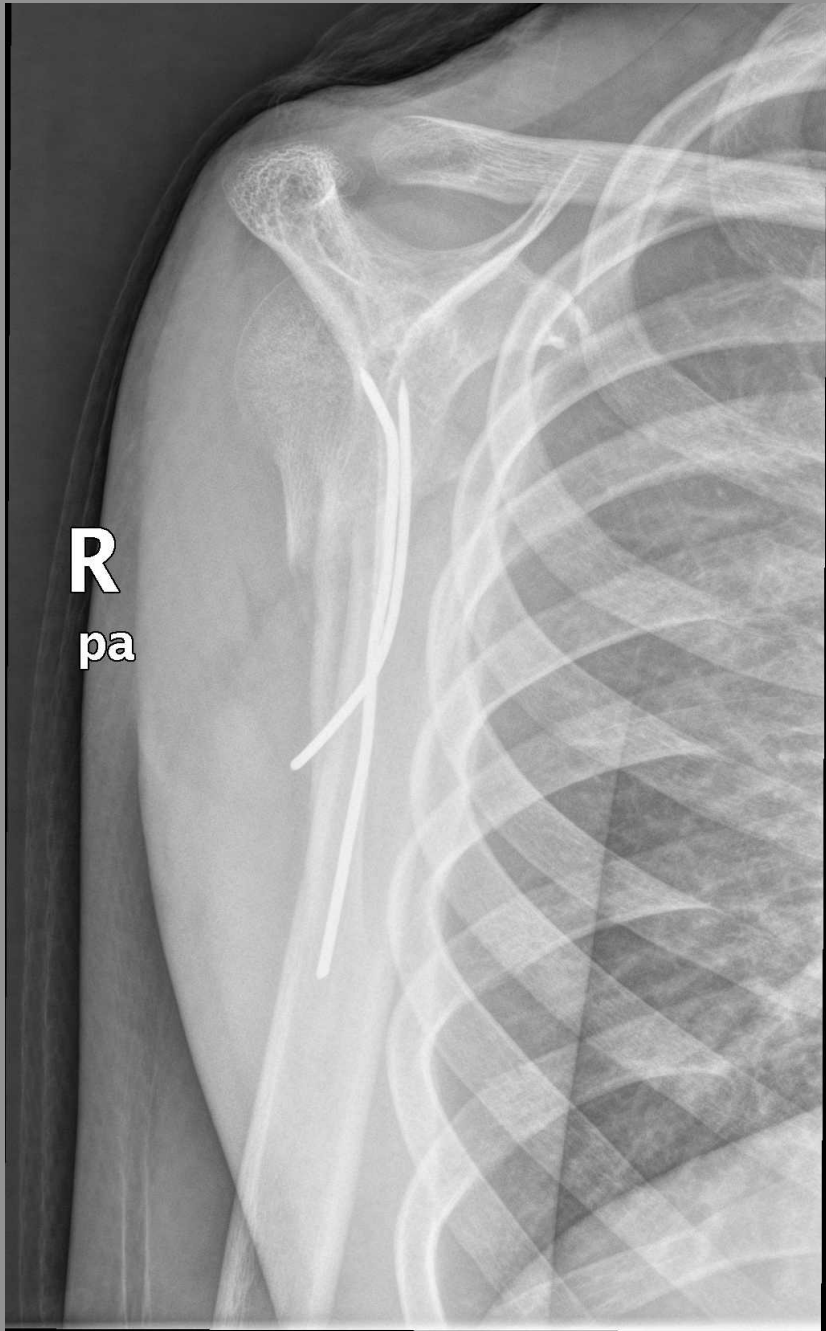


R

pa







conclusion

sometimes less can be more

Thank you



Alexander
50, M, 55Y
s
06

H

BKH Hall, Radiologie
Sensation 16
VB10B
H-SP
Genelin, Alexander
3659/06
*14-Aug-50, M, 55Y
11-Mar-06
22:10:42:06
5 IMA 34
SPO 2



AR

5cm

kV 120
mAs 158
ref.mAs 150
TI 1.0
GT 0.0
SL 3.0

W 1500
C 400
B60s S11C0 A

A
Alexander
M, 55Y

semicor
H

BKH Hall, Radiologie
Sensation 16
VB10B
H-SP
Genelin, Alexander
3659/06
*14-Aug-50, M, 55Y
11-Mar-06
22:10:41:18

H

BKH Hall, R
Sen

3



semicor
AR

5cm

W 1500
C 400

BKH Hall, Radiologie
Sensation
VB10B
H-SP-C

71456

Bankart Avulsion

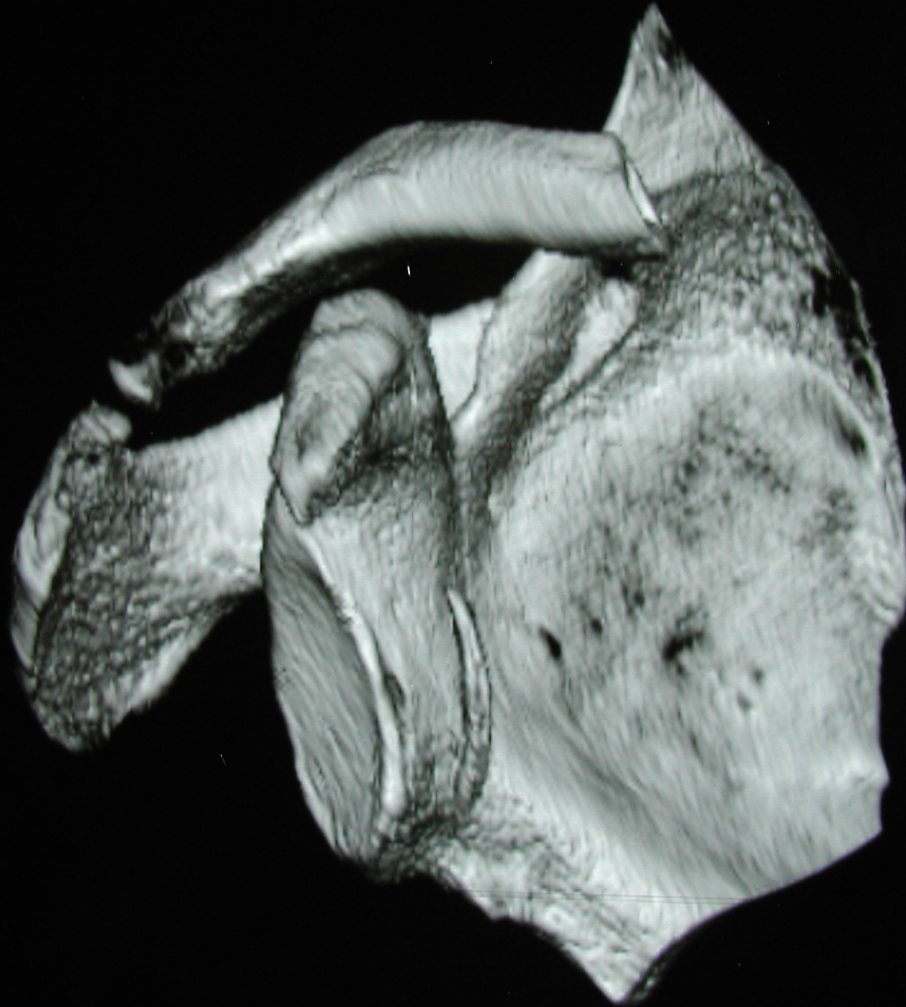
Alexander

M, 55Y

HLA

BKH Hall, Rad
Sensa

L



R

8



R

