

Upper Extremity Fractures

Upper Extremity Injuries:

1. Shoulder dislocation.
2. Humeral Fractures.
3. Supra Condylar Fracture.
4. Forearm Fracture.
5. Colles Fracture.

General Facts

- Fracture description:
 - Site.
 - Direction.
 - Displacement.
 - Angulation.
 - Intra-articular.



- surrounding soft tissue
 - Closed Fracture.
 - Open Fracture.
- Mechanism of Injury.

Multiple trauma patient

- Critical.
- ABC/ATLS.
- Management.

Management of Fractures:

- Reduction.
- Immobilization.
- Restore Function.

1. Shoulder dislocation

- X.R (A.p - Scapular - Axillary)
- Types:
 - Anterior.
 - Posterior.
 - Inferior.

Anterior shoulder dislocation:

- Commonest.
- Mechanism of injury.
- Pathology (Capsular - Labrum).
- Clinically.
- Treatment (Reduction Immobilization Rehab).
- Complication → young > 20 y → 85% recurrence
→ Old > 40 y → cuff tear

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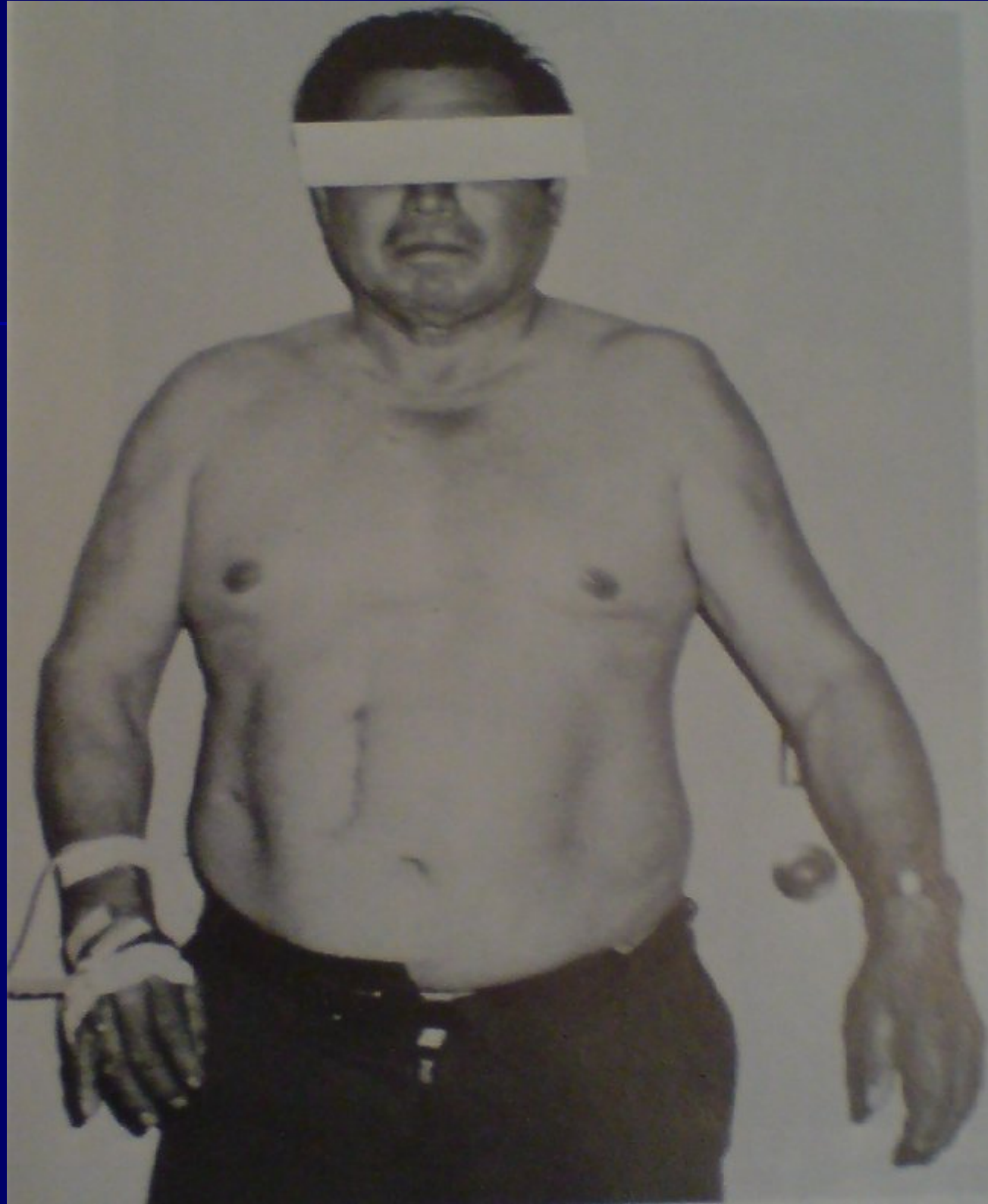


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Posterior Shoulder Dislocation:

- Rare < 5%.
- Frequently missed.
- Aetiology (Seizures, Electric Shock).
- Clinically.
- Treatment (Reduction + Immobilization 4/52).

Inferior Dislocation:

- Extremely rare.
- Clinically Abducted Arm
 - Inability to lower it.
- ↑ Incidence of N/V complications.

2. Humeral Fractures

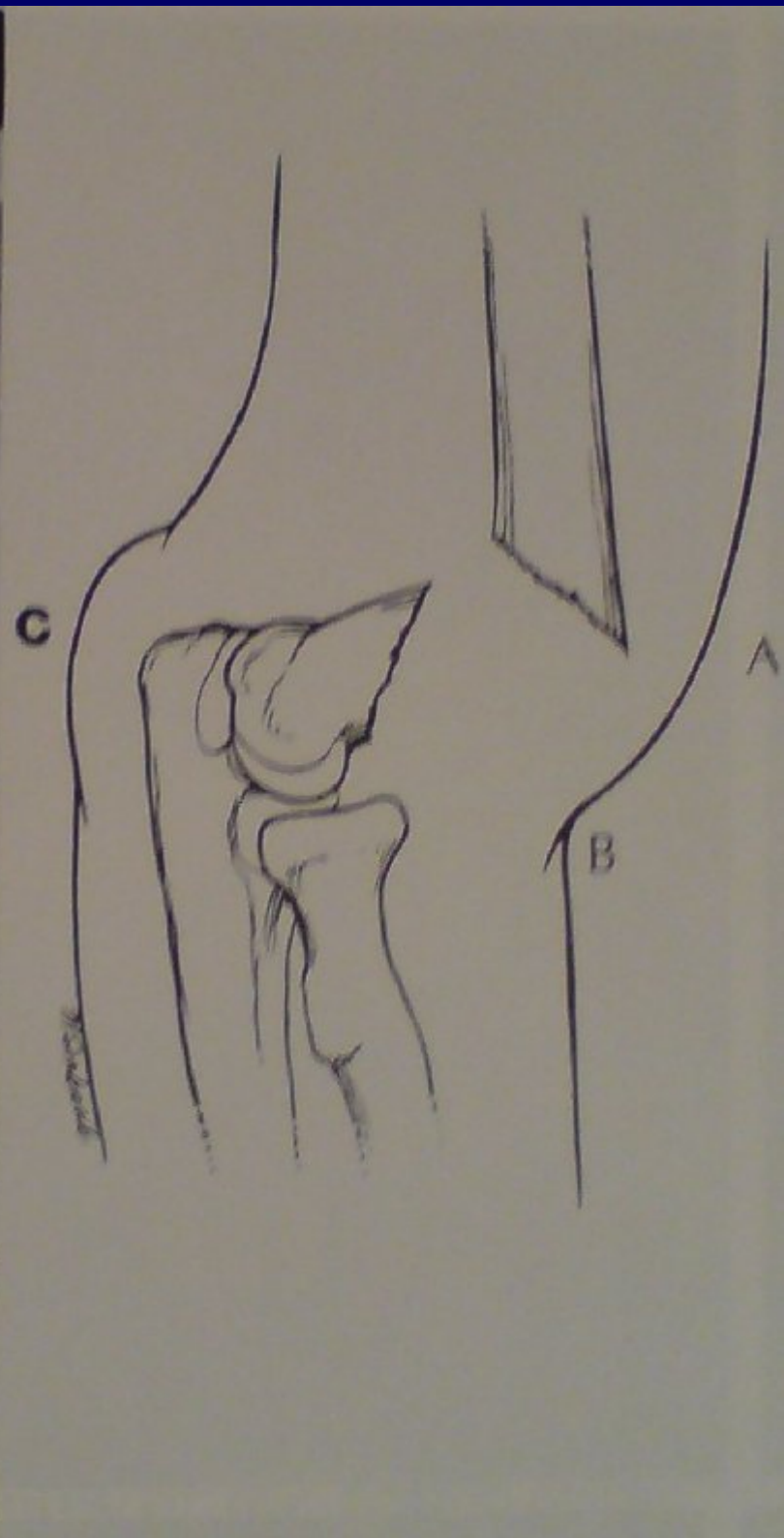
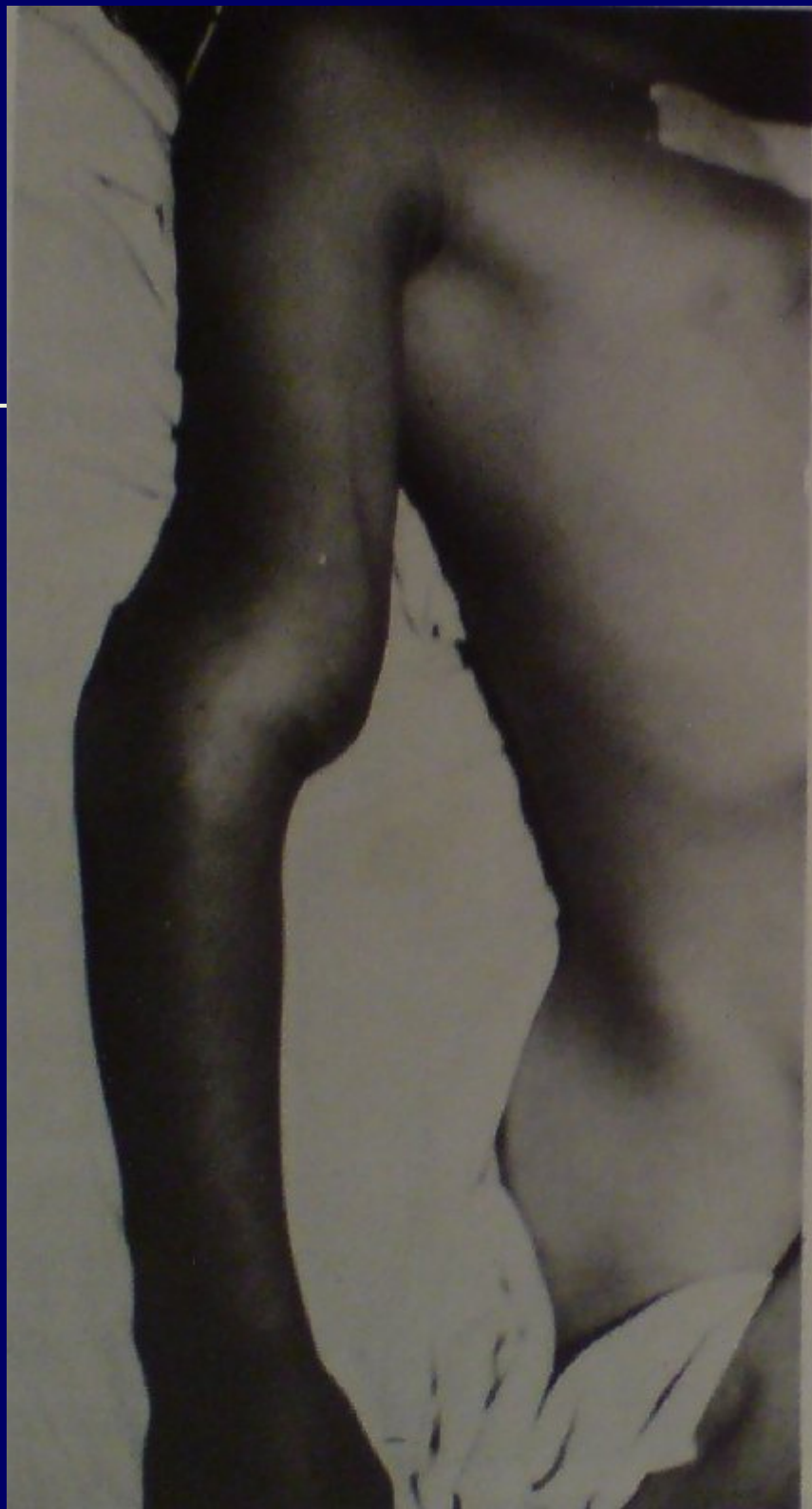
- Mechanism.
- Classification: Type 1, 2, 3.
- Complications.

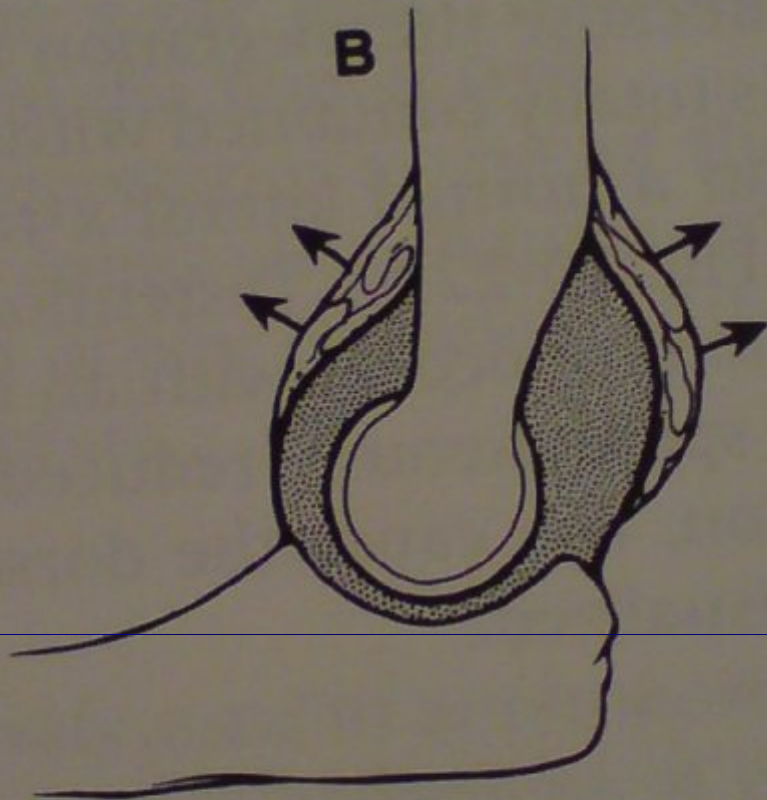


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3. Supra Condylar H.Fr.





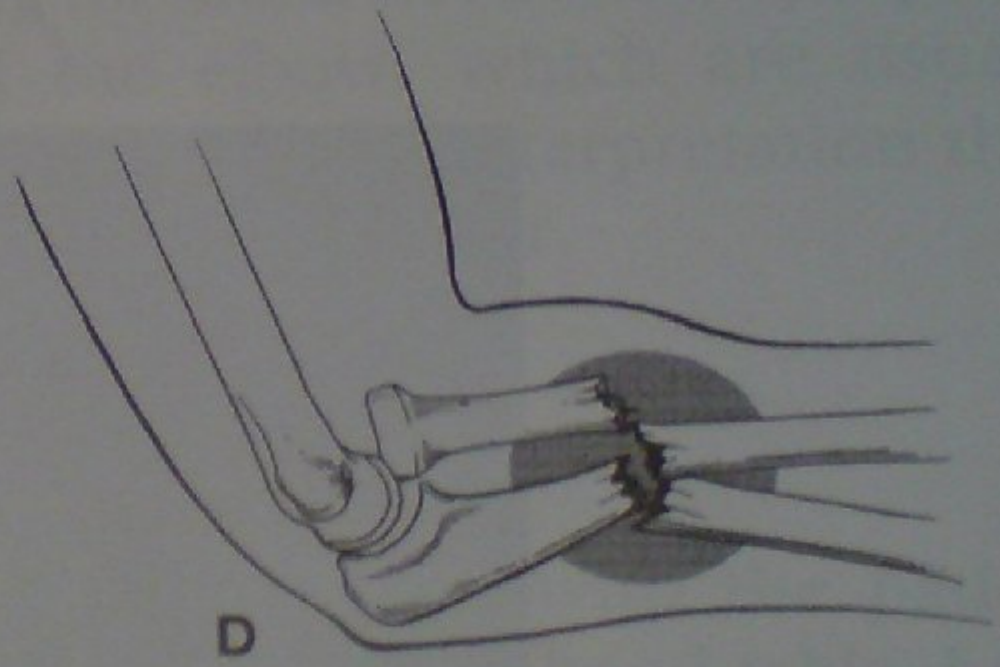
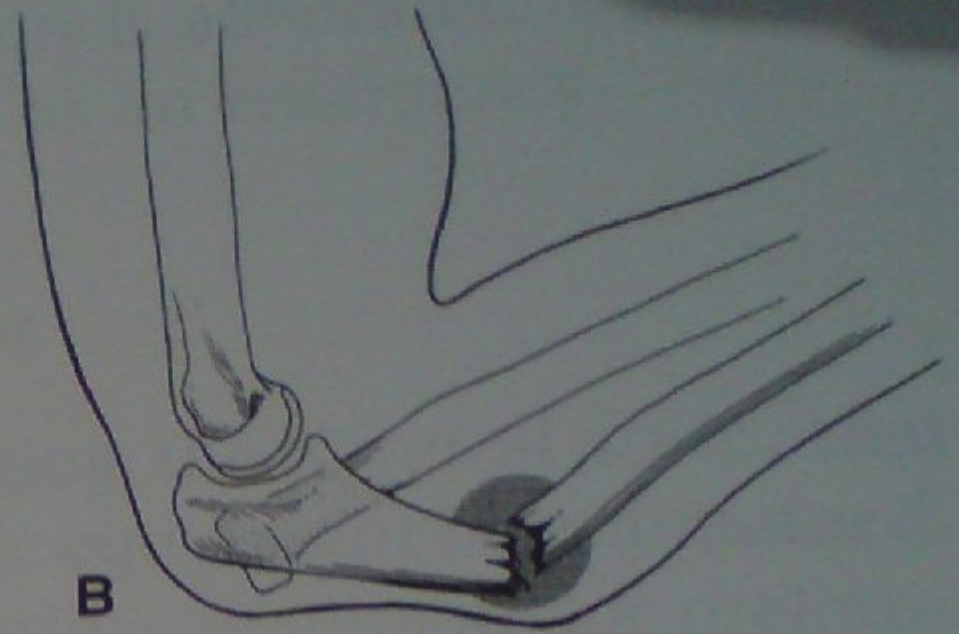
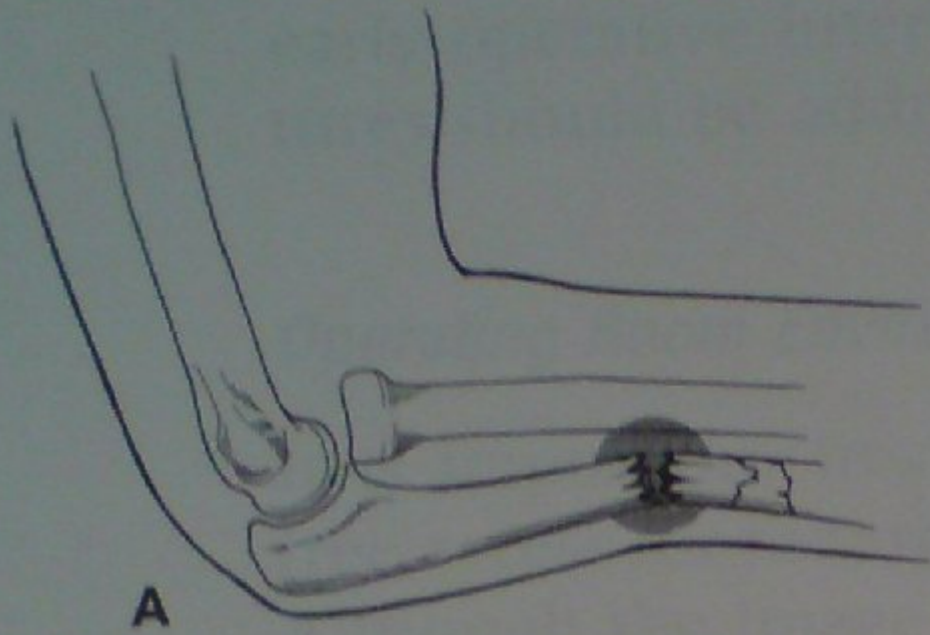






3. Forearm Fractures

- Usually ↑ energy trauma.
- X-ray Ap. - Lateral (include wrist and elbow).
- Classification:
 1. Monteggia (dislocation radial head + Fracture of ulna).
 2. Galeazzi (Fracture distal 1/3 radius + disruption of distal R-U joint)
- Treatment: Children → closed.
Adults → Sx.



4. Distal Radius Fracture

- Types:

- a. Colles Fracture (dorsal displacement).
- b. Smiths Fracture (volar displacement).
- c. Barton Fracture (dorsal volar).
- d. Chauffeurs Fracture (radial styloid).

- Classification:

- Intra articular.
- Extra articular.

- Treatment:

- Closed.
- ORIF.

