

عنوان مقاله:

Outcomes Following Different Fixation Strategies of Neer Type IIB Distal Clavicle Fractures

محل انتشار:

مجله استخوان و جراحی عمومی، دوره 10، شماره 2 (سال: 1401)

تعداد صفحات اصل مقاله: 6

نویسندگان:

Michael Gutman - *Department of Orthopaedic Surgery, Rothman Orthopaedic Institute at Thomas Jefferson University Hospital, Philadelphia, PA 19107, USA*

Christopher Joyce - *Department of Orthopaedic Surgery, Rothman Orthopaedic Institute at Thomas Jefferson University Hospital, Philadelphia, PA 19107, USA*

Manan Patel - *Department of Orthopaedic Surgery, Rothman Orthopaedic Institute at Thomas Jefferson University Hospital, Philadelphia, PA 19107, USA*

Mark Lazarus - *Department of Orthopaedic Surgery, Rothman Orthopaedic Institute at Thomas Jefferson University Hospital, Philadelphia, PA 19107, USA*

John Horneff - *University of Pennsylvania, Department of Orthopaedic Surgery, Philadelphia, PA 19104, USA*

خلاصه مقاله:

Background: Multiple surgical techniques for fixation of Neer type IIB distal clavicle fractures have been described without consensus on optimal treatment. The purpose of this study is to compare functional and radiographic results with surgical management of Neer type IIB distal clavicle fractures at a single institution. Methods: Sixty-three patients with acute Neer type IIB fractures treated operatively were evaluated. Patients with a minimum of two year follow up were included. Functional scores included American Shoulder and Elbow Surgeons (ASES), Single Assessment Numeric Evaluation (SANE), Simple Shoulder Test (SST), and Likert patient satisfaction (1 to 5). Radiographs were assessed for osseous union and coracoclavicular (CC) distance. Results: Thirty-eight patients met inclusion with a mean follow-up of 5.3 years. Patients were divided into five groups based on fixation technique: suture-only CC fixation (n=6), CC screw fixation only (n=3), open reduction internal fixation (ORIF) without CC fixation (n=8), hook plate fixation (n=4), and ORIF with suture CC reconstruction (n=12). Outcome scores for the entire cohort were 91.8 for ASES, 90.2 for SANE, and 10.8 for SST. Patients with hook plates had significantly lower SANE score ($p=0.016$), but no other significant differences in functional, satisfaction, or radiographic outcomes were found between groups. Sixteen patients (42.9%) required reoperation. Conclusion: Treatment of Neer type IIB fractures via suture-only fixation, plate-only fixation, or a combination of both demonstrated satisfactory mid to long term outcomes. While implant removal was more common in the CC screw and ORIF groups, no fixation technique proved functionally superior. Level of evidence: IV

کلمات کلیدی:

clavicle fracture, Neer IIB distal clavicle fracture, acromioclavicular separation, Hook plate, Locking Plate, Bosworth screw, suture repair

