

Non-operatively Managed Proximal Humerus Fracture

Seyyed Morteza Kazemi^{1,2}, Siamak Shabani¹, Mehdi Aarabi^{3,4}, Meysam Panahi¹, Sahab-Sadat Tabatabaei⁵ and Seyyed-Mohsen Hosseinienejad^{1,3*}

¹ Bone, Joint and Related Tissue Research Center (BJRTrc), Shahid Beheshti University of Medical Sciences, Tehran, Iran

² Associate Professor of Orthopedic Surgery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

³ Golestan Rheumatology Research Center, Golestan University of Medical Sciences, Gorgan, Iran

⁴ Departments of Orthopedic Surgery, Toronto East General Hospital, 825 Coxwell Avenue, Toronto, ON M4C 3E7, Canada

⁵ Resident of Internal Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran

*Corresponding author

Seyyed-Mohsen Hosseinienejad, Orthopedic Resident, Bone, Joint and Related Tissue Research Center (BJRTrc), Shahid Beheshti University of Medical Sciences, Tehran, Iran; hosseinienejad.s.mohsen@gmail.com

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The management of proximal humerus fractures includes a wide range of non-operative, reconstructive and prosthetic replacement options in adults. Around 80% to 90% of cases with proximal humeral fractures could be managed non-operatively.

The treatment of elderly patients and those with displaced three or four part fractures remains uncertain. The decision of whether surgical treatment is indicated is based on four key factors: age, bone quality, fracture pattern and timing of surgery.

The combination of a clinical history, examination findings and radiographic studies has a decisive role in management [1,2]. Good outcomes are highly dependent upon appropriate management decisions.

As our case was an old 74 year old female with co-morbid conditions and low bone quality, we decided to non-operatively approach her with closed reduction and manipulation under fluoroscopy in the operating room; the reduction was acceptable and patient was discharged on 3rd admitted day with abduction pillow and asked to return for follow-up visit next week.

References

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Figure 1: Initial presentation of a 74-year-old female with right proximal humeral fracture



Figure 2: Shoulder X-ray of the patient after closed reduction and manipulation

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