

Journal of Pharmaceutical Research International

33(49B): 101-104, 2021; Article no.JPRI.72175 ISSN: 2456-9119 (Past name: British Journal of Pharmaceutical Research, Past ISSN: 2231-2919, NLM ID: 101631759)

Functional Outcome of Shaft of Humerus Fractures Managed Surgically by Dynamic Compression Plating Technique

Midhun Krishnan^{1*}

¹Sree Balaji Medical College & Hospital Affiliated to Bharath Institute of Higher Education and Research, Chennai, Tamil Nadu, India.

Author's contribution

The sole author designed, analyzed, interpreted and prepared the manuscript.

Article Information

DOI: 10.9734/JPRI/2021/v33i49B33345 <u>Editor(s):</u> (1) Mohamed Fawzy Ramadan Hassanien, Zagazig University, Egypt. <u>Reviewers:</u> (1) Rahul K. Jaiswal, West Bengal University of Health Sciences, India. (2) Shubhashree V, India. Complete Peer review History: <u>https://www.sdiarticle4.com/review-history/72175</u>

Original Research Article

Received 02 August 2021 Accepted 09 November 2021 Published 12 November 2021

ABSTRACT

The study analyzed 20 cases of fracture shaft of hummers treated with Dynamic Compression Plate. There was a male preponderance in our study 17 (85%). Almost Also 13% of patients treated by functional bracing end up with cosmetically unacceptable angulation of>15%, whereas all operative procedures achieve good alignment of the fractured bone was observed. The rate of union in Plate osteosynthesis is 93% and the time of union is 16 - 20 weeks, and more than 90% united in 18 weeks and 7% went for non union.

Keywords: Osteosynthesis; dynamic compression plate.

1. INTRODUCTION

Fractures of humeral shaft have traditionally been regarded benign, with high percentage of primary healing with conservative methods, using either a hanging arm cast or a functional brace. Plating is better option but it involves a lot of dissection process, meticulous radial nerve protection. To over come this disadvantage ,nailing was an appropriate method but still interlocking with long bone was not yet reported and so later humeral shaft fractures than

*Corresponding author: E-mail: vidhu0805sn@gmail.com;

dynamic compression plating was used. Hence the purpose of this study is to understand the outcome of the dynamic compression plating technique for the fracture shaft of humerus.

2. MATERIALS AND METHODS

A prospective study will be done on patients with shaft of humerus fractures in Sree Balaji Medical College and Hosp ital, Chromepet, Chennai. Method of collection of Data (including sampling procedures if any)

- a) Detailed history about the trauma and mode of injury.
- b) Clinical examination.
- c) Investigations including X-rays of the humerus- anteroposterior and lateral views.
- d) A minimum of 20 cases will be studied without any sampling procedure.

3. RESULTS

The majority of patients 17(85%) were males and only 3(15%) were females. Right side was involved m 11(55%) patients and left side m 9(45%) patients. The commonest mode of injury for fracture shaft of humerus in this series is road traffic accident accounting for 60 % of all cases. Most of the fracture in our series were present at mid / 3rd of the humerus and constituted 55%. In our study of 20 patients shoulder function was excellent in 17(85%) patients, moderate in 2(10%) patients and poor in 1(5%) patient. Elbow function was excellent was in 18(90%) patients and moderate in 2(10%) patients. The overall functional results were excellent in 85% patients, moderate in 10% patients and poor in 5% patients. One patient had Transient Radial nerve palsy after surgery which improved with in 3 patients. Two patients had shoulder joint



a) pre-OP



b) 3 weeks post OP



C)Union at 13 Weeks

Fig. 1.

cock up splint and electrical stimulation of wrist extensors. Late complications were encountered stiffness probably because the patient had undergone native treatment with massage and attempted reductions and surgerv was performed one month after 1njury both of them recovered after physiotherapy. 12 (60%) patients said that may had no pain and 5 (25%) patients had only mild pain,2 (10%) patients had pain after unusual activity and pain at rest inl (5%) patients. No patient had disabling pain. Twelve (60%) of the patients had good functional results. 8 (40%) had fair functional results and no patients had poor functional result. Eighteen (90%) patients had normal muscle strength in all the muscle groups evaluated and one patient had good muscle strength and one patient had fair muscle strength. : Active forward elevation was defined as the angle between the humerus and upper part of thorax in the sagittal plane. External rotation was measured with arm at patient side. Internal rotation was measured as the posterior segment that could be reached by the thumb with the elbow in a flexed position. From the study of the twenty cases 16 (80%) patients had excellent result. 3(15%) satisfactory, and 1(5%) unsatisfactory results. There was no failures in our study. In our study internal fixation using dynamic compression plating techniques achieved union in nineteen of twenty fractures (95%). These results are comparable with those obtained by R Vander Griend et al open reduction and internal fixation using AO plating techniques (97%) [1-10].

4. DISCUSSION

There was a male preponderance in our study 17 (85%). This compares well with Rose SH. Melton et al study of 586 humeral fractures there was a male preponderance. Also 13% of patients treated by functional bracing end up cosmetically unacceptable with angulation of>15%, whereas all operative procedures achieve good alignment of the fractured bone. Non union (13%) also occurs fairly commonly in conservative methods. Long time of immobilization due to conservative methods of treatment, increases the rate of complications. Bell et al had similar results ie., union 1n 37 of 39 fractures. Tingstad et al. [11] had union in 78 of 83 fractures.

5. CONCLUSION

The rate of union in Plate osteosynthesis is 93% and the time of union is 16 - 20 weeks, and more Krishnan; JPRI, 33(49B): 101-104, 2021; Article no.JPRI.72175

than 90% united in 18 weeks and 7% went for non union.

CONSENT AND ETHICAL APPROVAL

As per international standard or university standard guideline patient's consent and ethical approval has been collected and preserved by the authors.

COMPETING INTERESTS

Author has declared that no competing interests exist

REFERENCE

- Mckee MD. Larson S. Humeral shaft 1. fractures. Rockwood and Green's Fractures in Adults. 7th ed. Philadelphia, PA: Lippincott Williams and Wilkins. 2010:999-1038.
- Lin J, Shen PW, Hou SM. Complications 2. of locked nailing in humeral shaft fractures. J Trauma. 2003;54:943-9.
- McCormack RG, Brien D, Buckley RE, 3. McKee MD, PowellJ, SchemitschEH. Fixation of fractures of the shaft of the humerus by dynamic compression plate or prospective. intramedullary nail. À randomised trial. J Bone Joint Surg Br. 2000;82:336-9.
- 4. Riemer BL, Foglesong ME, Burke CJ 3rd, Butterfield SL. Complications of seidel intramedullary nailing of narrow diameter humeral diaphyseal fractures. Orthopedics, 1994:17:19-29,
- Heim D, Herkert F, Hess P, Regazzoni P. 5. Surgical treatment of humeral shaft fractures-the basel experience. J Trauma. 1993;35:226-32.
- 6. An Z, He X, Zeng B. A comparative study on open reduction and plating osteosynthesis and minimal invasive plating osteosynthesis in treating mid-distal humeral shaft fractures. Zhongguo Xiu Fu Chong Jian Wai Ke Za Zhi. 2009;23:41-4.
- 7. Jiang R, Luo CF, Zeng BF, Mei GH. Minimally invasive plating for complex humeral shaft fractures. Arch Orthop Trauma Surg. 2007;127:531-5.
- 8. Tingstad EM, Wolinsky PR, Shyr Y, Effect of immediate Johnson KD. weightbearing on plated fractures of the humeral shaft. J Trauma. 2000;49:278-80. 9.
 - Singisetti K, Ambedkar M. Nailing versus

Krishnan; JPRI, 33(49B): 101-104, 2021; Article no.JPRI.72175

plating in humerus shaft fractures: A prospective comparative study. Int Orthop. 2010;34:571-6.

10. Changulani M, Jain UK, Keswani T. Comparison of the use of the humerus intramedullary nail and dynamic compression plate for the management of diaphyseal fractures of the humerus. A randomised controlled study. Int Orthop. 2007;31:391-5.

11. Tingstad EM, Wolinsky PR, Shyr Y, Johnson KD. Effect of immediate weightbearing on plated fractures of the humeral shaft. J Trauma. 2000;49:278-80.

© 2021 Krishnan; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history: The peer review history for this paper can be accessed here: https://www.sdiarticle4.com/review-history/72175