

MANAGEMENT OF SCAPULAR FRACTURES IN MULTIPLE TRAUMA OF THE SHOULDER GIRDLE

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Background. Scapular fractures are rare and occur in 1-2% of all closed fractures, 5% of the shoulder girdle. Many injuries are missed in multiple trauma. Instability of the shoulder girdle after conservative treatment leads to prolonged disability of this region. **Objective of the study.** To improve the treatment of scapular fractures. **Material and methods.** The treatment outcomes analysis was performed in 21 patients with scapula fractures. There were fractures of the articular cavity – in 11 patients, combined with clavicle fractures in 4, multiple scapula body fractures-8, the lower angle-3. Initial management consisted of paravertebral anesthesia and immobilization by Desault bandage. Surgical treatment was indicated in case of intraarticular fractures and in ineffective conservative treatment. **Results.** The respiration was normalized, partial mobility was restored after paravertebral blockade and immobilization by Desault

bandage in most of cases. A good reduction was achieved by a roller in the axilla in 14 patients, immobilization was for 6 weeks (11 cases). The thoracic-brachial bandage was applied with posterior deviation of the shoulder and abduction (3 cases). For the intra-articular displaced scapular fractures an open reduction and internal fixation was performed by plate-5, Kirschner wires-2. Internal fixation of the clavicle was done in 4 cases. Early and late outcomes of the treatment in all patients were good: there were no complaints, movements in the shoulder joint were restored, and there were no neurovascular disorders. **Conclusions.** Early fixation (by a bandage or by metallic implants) of the scapula (and clavicle) stabilizes bone fragments and improves the treatment results in patients with multiple trauma. Surgery is still rare and has limited indications. **Keywords.** Scapula, fracture, immobilization, surgery.

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