Proximal Humeral Fractures: How to Avoid Intra-articular Screws

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Intra-articular screws

What is the magnitude of the problem?

• Do we even describe it correctly?

• How do I select patients to minimize this problem?

Do I always need a locking plate?

What intra-operative techniques help?

Now that the screws have penetrated the joint, what do I do?

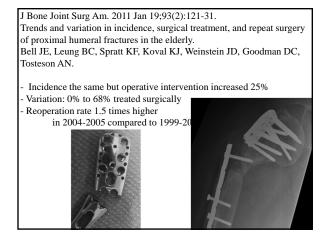
Locking plates – Intra-articular screws

 Voight C et.al. "Management of complications after angularly stable locking proximal humerus plate fixation" Chirurg. 2006 - Intra-articular screws 14%

- Owsley KC,Gorczyca JT "Fracture displacement and hardware migration after ORIF of proximal humerus fractures" JBJS 2008 - Intra-articular screws – 23%
- Frangen Et. al. "Proximal humerus fracturs with anglestable fixation - is everything better now?" Zentrabl Chir Feb 2007 - Intra-articular screws 26%

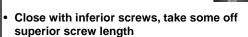
RCT's of Proximal Humeral Fractures Operative versus Non-operative

- Zyto 1997 40 pts, mean age 74, 4 yrs f/u
 Constant score Non-op 65, OR 60
- Olerud 2011 60 pts, mean age 74, 2 yrs f/u - Constant score Non-op 59, OR 61
- Fjalestad 2012 50 pts, mean age 73, 1 yr fu - Constant score Non-op 33, OR 35



My Technique

- Reduce the fracture no varus
- Calcar screw important
- Don't penetrate far cortex with drill



 "Near-far" fluoro in multiple planes before closure

Locking plates: Complications

Jost B, Spross C, Grehn H, Gerber C: Locking plate fixation of fractures of the proximal humerus: Analysis of complications, revision strategies and outcome. JSES 2013, 22;542-549

- 121 patients referred after failure of PHLP
- Mean 3 complications
- 1.5 revision surgeries per patient

limited the options of treatment"

Screw cut out in 57%, glenoid wear in 33%
"Glenoid destruction by locking screws was the most devastating and previous almost unseen complication, which



How to deal with intra-articular hardware

- 47 yr old female
- 2 yrs post #
- Pain
- Stiffness
- Weakness





Conclusions

Select operative candidates carefully

- You are putting in a rigid construct with no intrinsic "give"
- Technique is important
- Still a role for conventional plates in some patients
- Arthroplasty (HA, TSA, RSA) is a reasonable "bailout"