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Purpose: Radiographic examination at 3 months after operation showed that the right shoulder fracture block did not heal, and the suspension function of the upper scapula was not restored.

Methods: During the operation, the anterior superior iliac spine was cut into the proximal end 8 cm along the lateral malleolus, and the subcutaneous tissue of the skin was cut to reveal the sputum. Take 3 cm × 6-cm sacral bone block, stop bleeding, suture layer by layer. From the right thigh to the distal end of the greater trochanter, the distal end was cut open 8 cm, the skin subcutaneous tissue was cut, the fascia was revealed, and the 3 × 6-cm fascia was taken out to stop bleeding and suture layer by layer. The patient was placed in the right lateral position, and 13 cm of subcutaneous tissue was cut along the original surgical incision (shoulder scapula of the right scapula) to reveal the scapular and T-shaped plates. See the distal end of the shoulder bone displacement, the end of the hardening. Scar hyperplasia around the shoulder joint, a large number of displaced ossification. The T-shaped bone plate was taken out, and the fracture piece at the distal end of the shoulder was taken out, and the hypertrophic scar and the heterotopic ossification lesion were removed, and the shoulder joint was released.

Results: After 6 months of follow-up, radiographic films and CT were reviewed. The results showed that the shoulders were healed, the shoulder joints were in place, the clavicle and the proximal humerus were healed, and the brachial plexus was partially restored.

Conclusion: Intraoperative fixation is beneficial to the early start of shoulder joint function exercise, reduces the occurrence of joint adhesions, and prevent the occurrence of shoulder deformities, pain, and other sequelae. The key to treatment is a good reduction of the fracture and repair of the ligament around the shoulder joint. The 3-dimensional-printed steel plate was used to repair the skeletal structure at the shoulder, and the sandwich technique was used to repair the huge defect of the rotator cuff. At the same time, the problems of bony structure and soft-tissue defect were solved to achieve good results in the treatment of such fractures.