

Case conference

General data

- 66 y/o
- Male
- Married
- Occupation: nil
- Past history:
 - Hypertension under medical control
 - Gastric tumor s/p excision
 - AC dislocation of right shoulder s/p ORIF with CC screw

Chief complaint

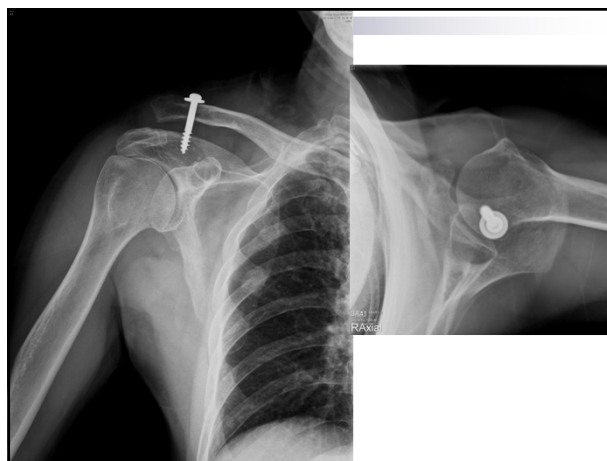
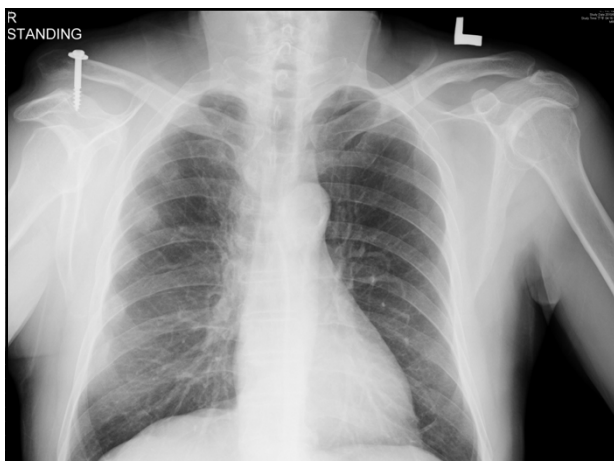
- Right shoulder pain after traffic accident for 5 months

Present illness

- hit by a car when riding a motorcycle 5 months ago
- Bump his right shoulder on the floor
- Right shoulder pain, ROM limited
- Underwent ORIF with CC screw

PE finding

- Stable vital sign
- Clear cons.
- One palpable mass at right shoulder
 - Indurated, movable, and tenderness
 - Local tenderness, no erythematous skin
- Pain when abduct right shoulder



Impression

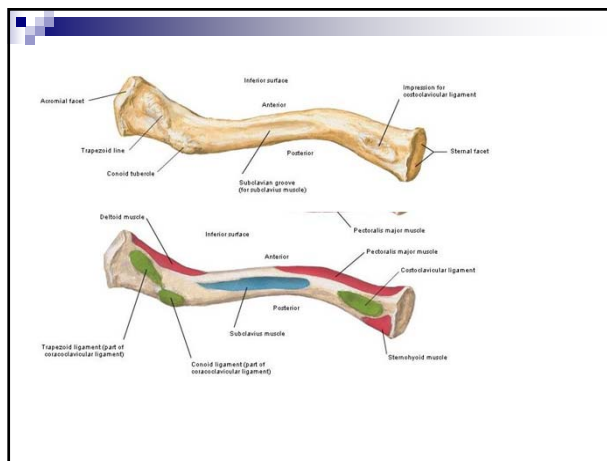
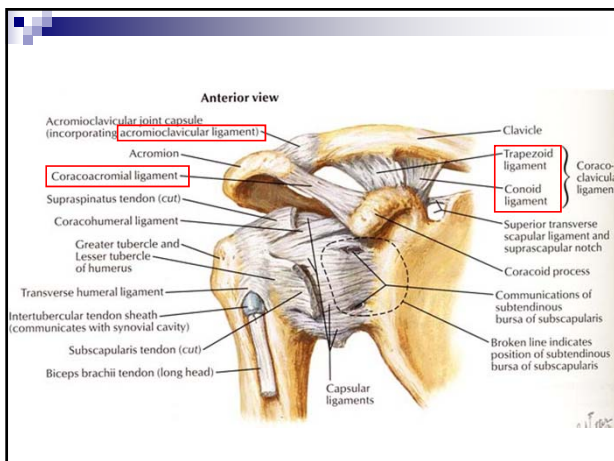
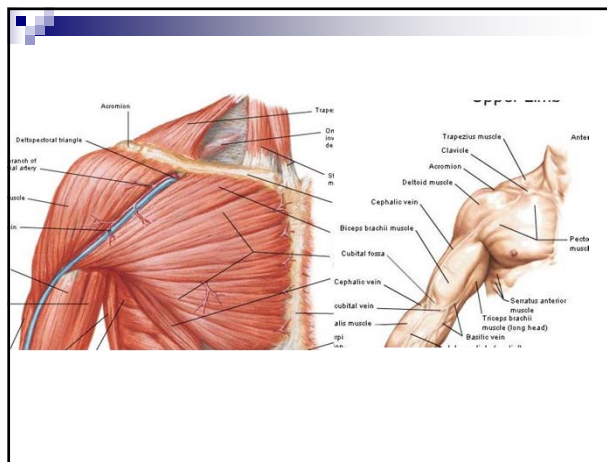
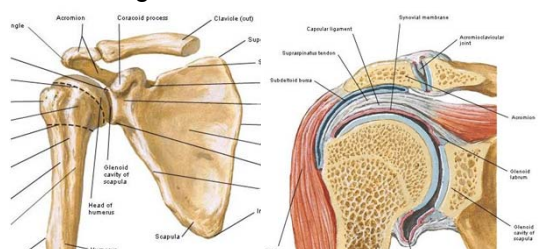
- Acromio-clavicular dislocation of right shoulder s/p ORIF with CC screw
- Hypertension
- Gastric tumor s/p excision

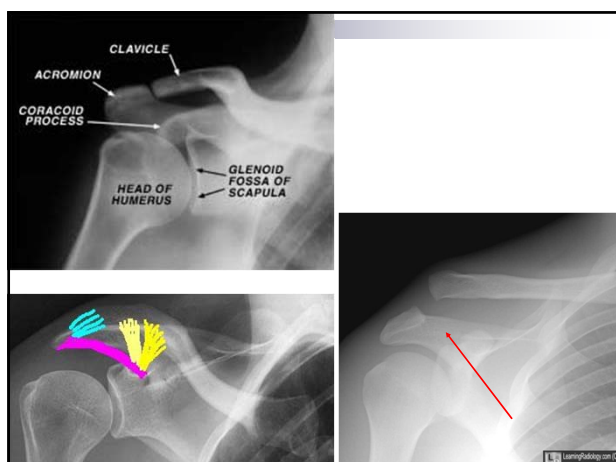
Operative finding

- Remove screw and washer
- Ligament reconstruction
- Open reduction with hook plate internal fixator

Acromio-clavicular (AC) joint

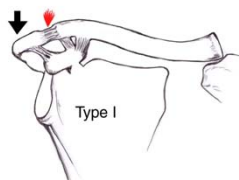
- Moveable joint
- fibrocartilaginous meniscal disk





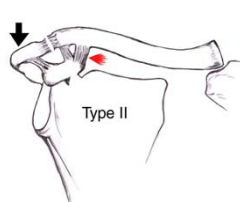
AC dislocation

- Rockwood classification – Type I
 - The most common
 - Sprain AC ligament
 - intact CC ligament
 - Conservative treatment



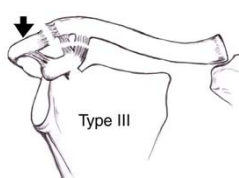
AC dislocation

- Rockwood classification – Type II
 - ruptured AC ligament
 - sprained CC ligament
 - Conservative treatment




AC dislocation

- Rockwood classification – Type III
 - Complete AC and CC tear
 - 25-100% CC interspace
 - Controversial
 - Surgery for patient need repetitive, heavy lifting work, or thin people



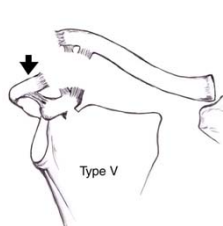
AC dislocation

- Rockwood classification – Type IV
 - Posterior dislocation
 - surgery



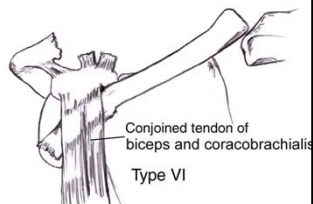
AC dislocation

- Rockwood classification – Type V
 - Complete AC and CC rupture
 - 100-300% CC interspace
 - surgery



AC dislocation

- Rockwood classification – Type VI
 - Inferior dislocation
 - surgery



Surgical treatment

- AC repair: K-pins, hook plate
- CC repair: CC screw, cerclage wire
- CC ligament reconstruction

Hook plate



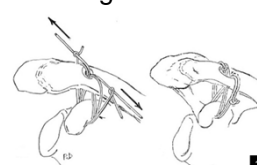
K-pin fixation



■ CC screw

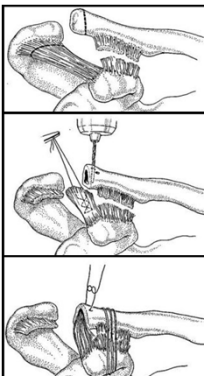


cerclage wire



Modified Weaver and Dunn Method

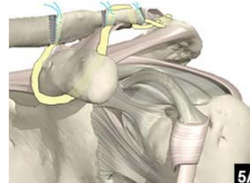
- Excision of distal clavicle
- Detach CA
- Fix CA in medullary canal



SHOULDER/ELBOW ORTHOPEDICS March 1, 2010

Anatomic Coracoclavicular and Acromioclavicular Ligament Reconstruction for High-Grade Acromioclavicular Separations: The Gracilis Weave

by Yuri M. Lewicky, MD, Catherine M. Robertson, MD, Jared R.H. Foran, MD

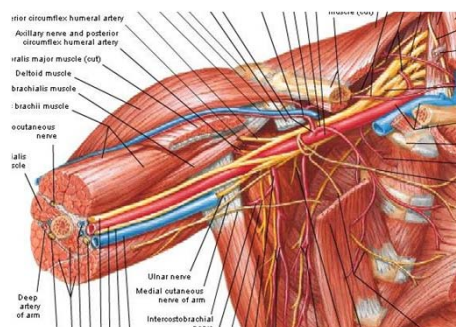


Our case

- Hook plate + ligament reconstruction

Complication of AC surgery

- Loss of reduction
- Implant failure
- Clavicle fracture
- Infection
- Deltoid / trapezius muscle detachment
- Neurovascular injury



Hook plate

- AC dislocation
- distal clavicle fracture
- Remove after 6-12 months
- Complication
 - Impingement
 - Implant failure
 - Re-dislocation
 - Acromial erosion



- Thank you