



A CASE OF POST TRAUMATIC PROXIMAL HUMERUS FRACTURE TREATED BY INTERNAL FIXATION WITH PHILOS PLATE

Orthopaedics

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ABSTRACT

The PHILOS plate is used in the management of fractures of the proximal humerus. 22 year old male patient presented with an alleged history of trauma and severe pain and inability to move the left upper limb. X-ray of the left arm was taken which showed a fracture of the proximal humerus classified as Neer 2 part fracture. Patient was treated surgically with PHILOS plate after satisfactory reduction was achieved under C-arm.

KEYWORDS

proximal humerus fractures, PHILOS plate

INTRODUCTION:

Proximal humerus fractures always remained a challenging problem due to high rates of complication. It is the most common fracture affecting the shoulder girdle in adults. In young individuals high velocity trauma is the cause of these fractures whereas simple fall can be the cause in older individuals due to osteoporosis. Proximal humeral internal locking system (PHILOS) has the following advantages, which are that it improves fracture fixation in elderly osteoporotic bones and it minimizes soft tissue dissection and gives both axial and angular stability, thus, reducing the risk of fracture displacement.

CASE PRESENTATION:

22 year old male patient presented with an alleged history of trauma and severe pain and inability to move the left upper limb. On examination, there was swelling and tenderness present over the lateral aspect of the left shoulder. Range of movement was painful and restricted. There was no neuro-vascular deficit. X-ray of the left arm was taken which showed a fracture of the proximal part of the humerus classified as Neer 2 part fracture.

SURGICAL INTERVENTION:

Anaesthetic fitness was obtained and the patient was posted for PHILOS plating of left proximal humerus. Under general anaesthesia, patient in supine position. Parts painted and draped. Through deltopectoral approach, a 12 cm incision was made extending from the coracoid process to the shaft of the humerus. Skin and subcutaneous tissue were cut and retracted. The deltoid was retracted laterally and the pectoralis major was retracted medially. Incision was made over the clavipectoral fascia and the fracture site was identified. Reduction was done and then checked under the C-arm. Reduction was found to be satisfactory. The fracture site was fixed with a PHILOS plate. Fracture reduction and plate position were checked under C-arm and were found to be satisfactory. The wound was closed over a suction drain and sterile dressing was done.

DISCUSSION:

PHILOS plating combines the principles of fixation with a conventional plate with those of locking screws. The plate is pre-shaped and contoured for the proximal humerus.

The benefits of this implant are that there is no loss of reduction or any varus/valgus angulations. Moreover, the locking screws into the plate provide angular and axial stability of the construct and it is a low-profile plate.

CONCLUSION:

PHILOS plate plays a very important role in the management of the fractures of the proximal humerus. It provides stable fixation and early mobilization. It gives excellent radiographic and functional results with minimal complications.

CASE ILLUSTRATION:



PRE-OP X-RAY



POST OP X-RAY

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