

Ipsilateral Clavicle Fracture With Acromioclavicular Joint Dislocation: A Rare Injury

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INTRODUCTION:

Isolated injuries of acromioclavicular joint and clavicle shaft fracture are very common. However, the combination injury of clavicular fracture with acromioclavicular dislocation is rare. We present a case of fracture midshaft clavicle with acromioclavicular dislocation treated with contoured recon plate and tightrope stabilisation of the acromioclavicular joint.

CASE:

A 22 year old right hand dominant male presented to us following a road traffic accident. Upon attending, he complained of pain around the right shoulder. On examination, the right shoulder is swollen with no wound. Lateral third of clavicle was not palpable. There was tenderness at acromioclavicular joint, and neurovascular status are grossly intact. Radiographs revealed a displaced fracture of the midshaft clavicle with acromioclavicular joint dislocation. Surgery was planned and he was positioned in a beach chair position. Intraoperatively, the distal part of clavicle is displaced posteriorly and the coracoclavicular ligaments were torn. Despite open reduction-internal fixation of the clavicle with a contoured recon plate, the AC joint was still unstable with superior and posterior displacement evident under stress. AC joint is then stabilised with tightrope technique using fiber tape.

RESULTS:

At three months, the patient is able to do his daily chores without any difficulties. The fracture has healed well, acromioclavicular joint is not prominent and not tender. There is also no residual acromioclavicular separation on weight-bearing views.



Figure 1

Figure 2

CONCLUSION:

Midshaft clavicle fracture with acromioclavicular dislocation is a significant bone/soft tissue injury with disruption of the acromioclavicular and coracoclavicular ligaments. Satisfactory outcome depends upon restoring the stability of clavicle as well as the acromioclavicular joint to achieve optimal results. The use of 'Tightrope' technique to stabilise the acromioclavicular joint has an advantage of being simple, technically easy and not needing the removal of implants.

REFERENCES:

1. Rajeshkumar G, Lisa J. Fracture clavicle with acromioclavicular dislocation : a complex injury, British Elbow and Shoulder Society. Shoulder and Elbow 2011 3, PP 31-33.
2. Peter C. Yeh, Seth R. Miller. Midshaft Clavicle fracture and acromioclavicular dislocation : A case report of a rare injury