

# Fractures of the scapula

**Fractures of the scapula** they are mostly caused by direct mechanism (impact on the scapula from behind), or indirect side impact on the shoulder. They are often associated with fractures of the proximal humerus, lateral clavicle, or ribs.

## Classification according to the affected part of the bone

**Type I** – fractures of the body of the scapula (stable, do not dislocate thanks to the surrounding muscles)

**Type II** – apophyseal fractures (stable) – proc. Coracoid, acromion

**Type III** – superior external angle fractures – neck (stable), glenoid fossa (unstable)

## Clinical symptoms

- relief position in adduction;
- pain during shoulder movement (especially abduction - rotation and elevation) and palpation ;
- sometimes significant subcutaneous hematoma.

## Diagnosis

- X-ray – in an anteroposterior and axial (transthoracic) projection, possible. Tangential projection on the scapula;
- in the case of unclear CT (especially intra-articular fractures with damage to the labrum).

## Therapy

### Conservative

- most fractures (including non-dislocated neck fractures);
- immobilization (Desault, Gilchrist for 2-4 weeks);
- then gradual mobilization of the arm in a sling;
- full elevation of the limb at 6 weeks;
- in non-dislocated fractures of the acromion and proc. Coracoideus is enough to rest on a scarf for 2 weeks.

### Operating

- displaced fractures of the neck, intra-articular fractures with impaired congruence of the glenoid fossa, fractures of the acromion with injury to the acromioclavicular joint;
- screws, plates.

## Links

## Source

- PASTOR, Jan. *Langenbeck's medical web page* [online]. [cit. 2010]. <<http://langenbeck.webs.com>>.



Non-dislocated fracture of the body of the scapula associated with a fracture of the clavicle