

22M s/p fall onto shoulder while
playing sports; mid clavicle
tenderness

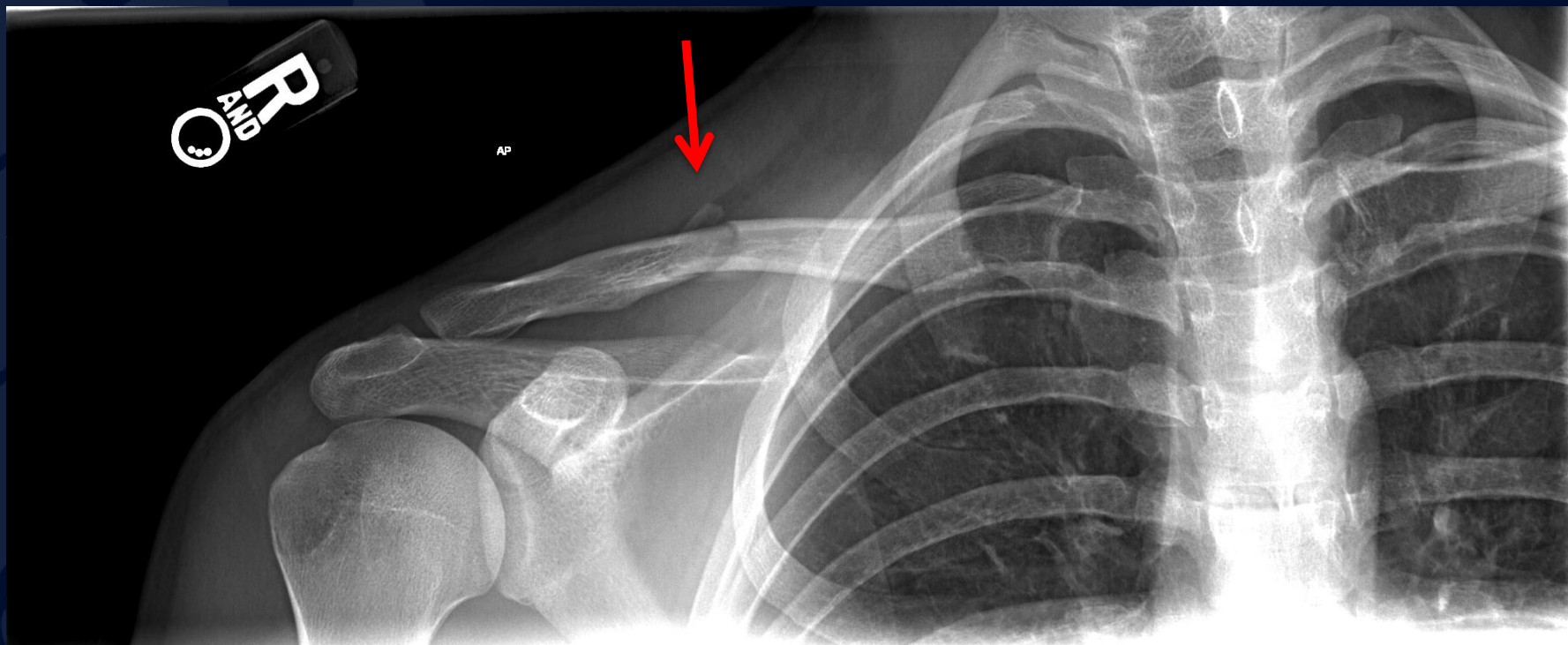
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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

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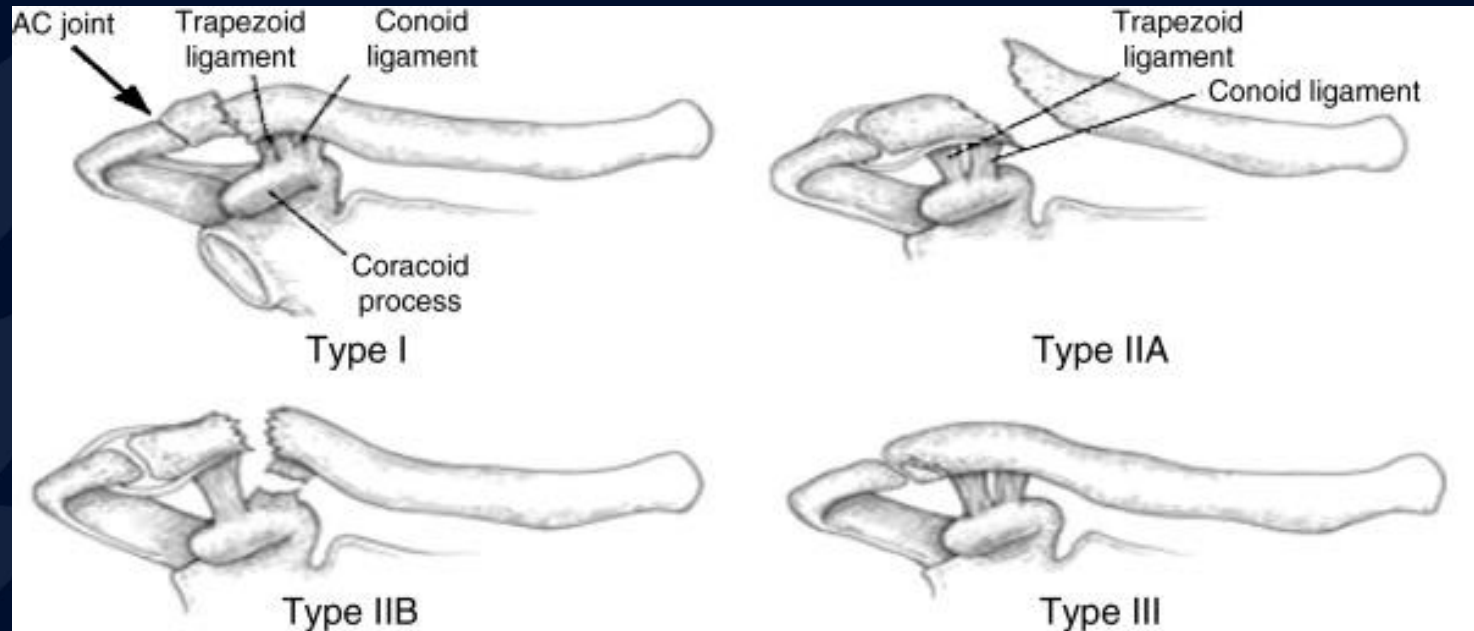
Clavicle Fracture



Radiographic findings

- Allman Classification:
 - Group 1: Middle 1/3 (80%)
 - Group 2: Distal 1/3 (15%)
 - Group 3: Medial 1/3 (5%)
- Anterior/inferior displacement of lateral fragment
 - “nondisplaced” < 1 shaft width
 - “displaced” > 1 shaft width \Rightarrow 5% nonunion rate

Neer Classification of distal clavicle fractures



Type I: b/w AC joint and CC ligament attachment

Minimal displacement, intact ligaments

Type II: unstable medial clavicle

IIA: Medial to CC ligaments

IIB: Lateral to ruptured CC ligaments (or between torn conoid and intact trapezoid part of CC ligament)

Type III: at AC joint

Clavicle Fracture

- Etiology: Direct fall onto shoulder (most common), direct blow to clavicle, or fall on outstretched hand; present with pain, swelling, palpable deformity.
- Associated abnormalities:
 - Rib fractures
 - Pneumothorax/hemothorax
 - AC or sternoclavicular disruption
 - Subclavian vessel or brachial plexus injury
- 5% of all fractures
- 50% in children <10yo
- M>F

Clavicle Fracture

- Rx: Immobilization; ORIF for painful nonunion/cosmetic deformity
- Complications:
 - Neurovascular sx from brachial plexus or subclavian vessel compression
 - Malunion => shortening => ugly
 - Posttraumatic OA in distal clavicle fracture

References

1. Statdx
2. Radiopaedia
3. <http://www.sciencedirect.com/science/article/pii/S2255497117300666>