

Shoulder injuries in an urban population—with special reference to fracture of the clavicle

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In a prospective, population-based study of all shoulder injuries sustained by the citizens of Malmö in 1987, 269 fractures of the proximal end of the humerus, 147 clavicle fractures, 14 scapular fractures, 55 shoulder dislocations and 19 acromioclavicular dislocations were recorded. In children a fracture of the clavicle was the dominant injury, most frequent in boys and related to activity. In the elderly the most frequent injury was a fracture of the proximal end of the humerus, generally seen as a fragility fracture with a female preponderance. In adults a shoulder trauma may with equal frequency result in a fracture of the clavicle—most often in a male patient—or in a fracture of the proximal end of the humerus—female predominance. In adults 25% of the shoulder injuries were primary glenohumeral or acromioclavicular dislocations, most frequently seen in men and resulting from traffic or sports activities.

In order to analyse the etiological importance of alcohol abuse in patients with shoulder injuries, 413 patients \geq 18 years with a shoulder injury, as well as 826 age- and gender-matched controls were found documented at the Department of Alcohol Diseases. Twelve per cent of all patients were alcoholic, as compared with 3% of the controls. The differences was no more obvious in men than in women. In men, 30-64 years of age, almost half of the proximal hu-

merus fractures, one third of the mid-clavicular fractures and two thirds of all lateral clavicle fractures were sustained by alcohol abusers. This emphasizes the importance of alcohol abuse in the etiology of shoulder injuries. The age- and gender-specific incidences of 2,035 fractures of the clavicle were calculated. 1,550 fractures were located mid-clavicularly, 427 laterally and 58 medially. Mid-part fractures were most common in children and young adults – patients with undisplaced fractures were younger than those with displaced fractures. Lateral fractures were frequent among the middle-aged, medial fractures in the elderly.

The long-term outcome of 225 mid-clavicle fractures in adults and of another 110 non-operatively treated fractures of the lateral clavicle was analysed. In 185 mid-clavicular and 95 lateral fractures the outcome was classified as good. Malunion was common after displaced and comminuted fractures. Four per cent of the mid-part fractures and 11% of the lateral ones had failed to unite which was, nevertheless, compatible with a favourable outcome. Neurological symptoms and severe, persisting disability were rare.

In a 5-year follow-up of 85 patients with a non-operatively treated clavicle fracture, 41% had healed with at least a 5 mm shortening. Also these fractures usually healed with normal, painfree function.