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Case Report

Neonatal Displaced Epiphysiolisis of Humeral Head: Case Report

Tabet Al-Sadek[1*], A Al-Sadek[2], G Dimitrov[3], K Marinov[4]

[1]Department of Orthopedics and Traumatology, Belhoul European Hospital, Dubai, UAE

[2]Medical University of Sofia, Bulgaria

[3]Department of Orthopedics and Traumatology, Medical University of Pleven, Bulgaria

[4]Department of Special Surgery / Thoracic Surgery, Vascular Surgery, Pediatric Surgery and Orthopedics and Traumatology University Hospital, Stara Zagora, Bulgaria

[*]**Corresponding author:** Tabet Al-Sadek, Belhoul European Hospital, Dubai, UAE. Tel: +971551503964; Email: drthabet@abv.bg

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Abstract

Purpose: In our case, we present a 1-day old baby girl, without complications during delivery reported, presented left shoulder deformity and flaccid paralysis in her left upper limb.

Methods: A closed reduction was performed under general sedation in Neonatal Intensive Care Unit. Control radiography and sonography showed a good reduction.

Results: Despite Humeral head ossification nucleus asymmetry, at 6 months, the patient was asymptomatic and recovered full range of movement.

Conclusion: Early closed reduction looks to be a good method of treatment for these types of deformities.

Keywords: Displaced; Epiphysiolysis; Neonatal

Introduction

Neonatal traumatic epiphysiolisis of the humeral hear is rare, and only a few cases are reported in the literature. [1,2]. Incidence of bone injury during the process of delivery is 1 per 1000 live births [3]. In a matter of frequency, the clavicle is the most common bone fractured (45,7%) followed by humerus (20%), femur (14,3%) and depressed skull fracture (11,4%) [3]. Lack of antenatal care, malpresentation often leading to obstructed labor and operative deliveries were found to be risk factors for bone injuries [3].

Case Presentation

In our case, we present a 1-day old baby girl, without complications during delivery reported, presented left shoulder deformity and flaccid paralysis in her left upper limb (Figure 1&2).

Figure 1: 1-day old infant presented with left shoulder deformity and flaccid paralysis in her left upper limb.

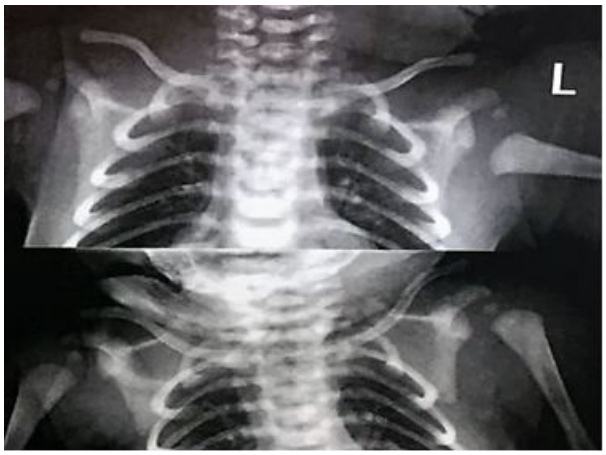

Figure 2: Diagnostic radiographs showing and displaced epiphysiolysis.

Materials and Methods

A closed reduction was performed under general sedation in Neonatal Intensive Care Unit. Control radiography and sonography showed a good reduction. The patient was immobilized for 3 weeks with a velpeau, except for physiotherapy exercises. Radiography and Electromyographic (EMG) controls were performed at 1,3 and 6 months (Figure 3&4).

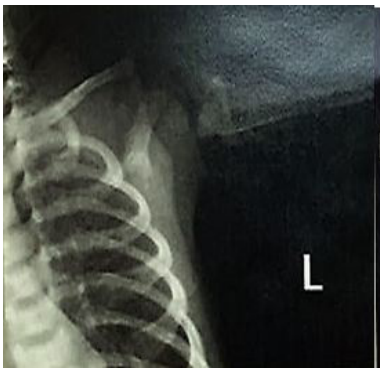

Figure 3: 1-month control radiographs.

Figure 4: 3 months control radiographs

Results

Despite Humeral head ossification nucleus asymmetry, at 6 months, the patient was asymptomatic and recovered full range of movement (Figure 5).

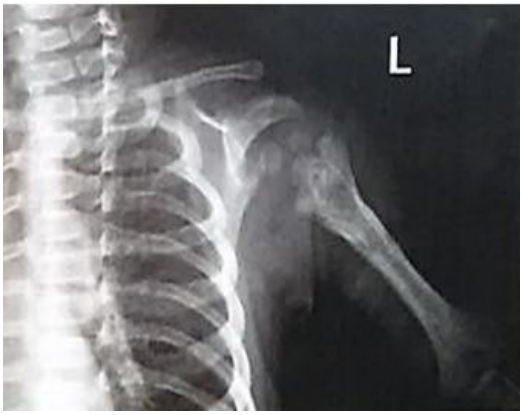

Figure 5: 6 months control radiographs.

Discussion and Conclusion

- Are MRI and EMG necessary to obtain a complete diagnosis and improve our final results?
- Early closed reduction looks to be a good method of treatment.
- For how long is immobilization mandatory?
- Long term evolution of gleno-humeral articulation will be affected by humeral head ossification nucleus asymmetry observed?

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