

# Isolated fracture of the coracoid process

陳啓仁

Lim KE;Chin KC;Wang CR;Chen CJ;

摘要

## Abstract

Because isolated simple fracture of the coracoid process is seen infrequently, the following case report is presented. A housewife, who was five months' pregnant, slipped while carrying a two-year-old child and slid down a flight of twenty-two steps on her back. She arrived at the bottom of the stairs in a sitting position, with the child uninjured in her arms. Because of fear of an abortion, she reported to the Obstetric Clinic, in spite of the fact that she was suffering severe pain in the left shoulder and that movements of the left arm were painful. When seen in the Orthopaedic Clinic, examination revealed ecchymosis and moderate swelling in the left mid-infraclavicular region; this region was extremely tender to pressure. She held the left arm acutely flexed at the elbow, and she supported it against her side with the right arm. Attempts to extend the forearm actively or passively produced severe pain in the region of the coracoid. All motions of the shoulder produced pain. The only bone injury of the shoulder noted roentgenographically was a fracture through the base of the coracoid process, with complete separation of the coracoid from the scapula (Fig. 1). Treatment consisted of immobilization of the acutely flexed arm against the chest with a muslin Velpeau dressing, reinforced with adhesive tape. After two weeks, the arm was transferred to a triangular sling, and careful active motion of the elbow and shoulder was encouraged. The sling was discarded two weeks later; at that time all pain had disappeared and roentgenograms showed union of fragments. Final roentgenograms taken two months after injury, when physical therapy had been discontinued, showed solid union of the fragments in anatomical position (Fig. 2).