





Teaching Center

Akuta axelskador

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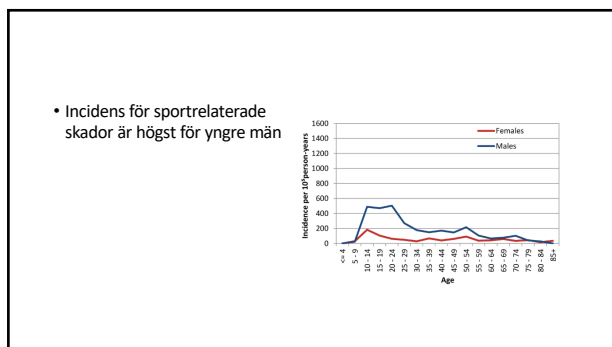




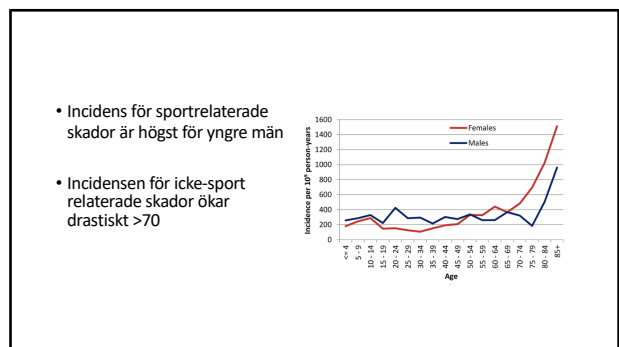
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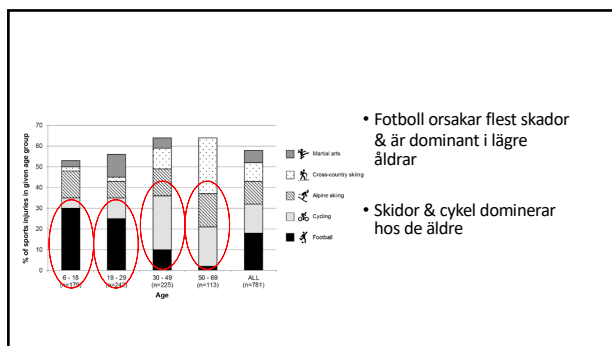
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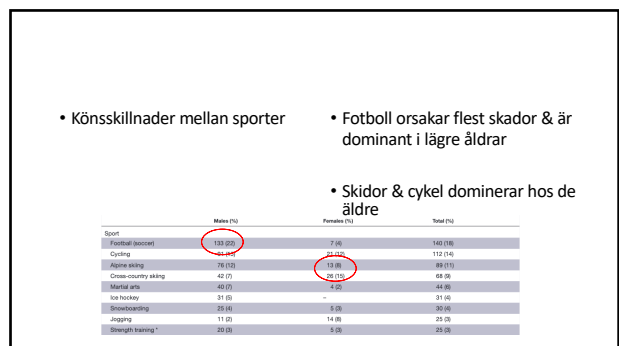
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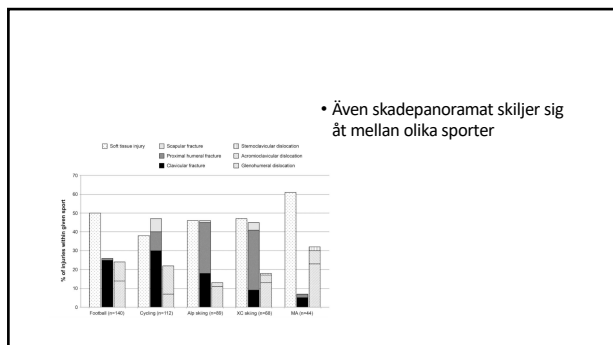
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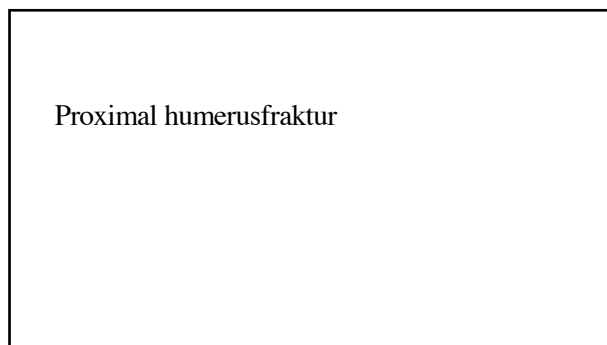
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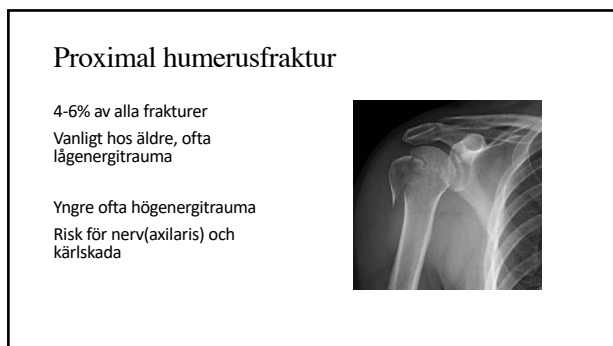
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Klavikelfraktur

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Klavikelfraktur

2-4% av alla frakturer

<30 år, oftast män

80% mittclaviculära

Direkttrauma eller fall mot axel

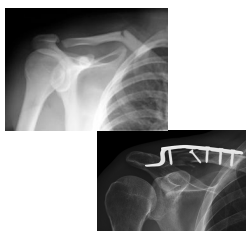


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Oftast konservativ behandling

Indikation för kirurgi;
>2cm dislokation
Risk för hudpenetration

Komplikationer;
Non-union (upp till 15%)
Malunion (oftast inga symptom)



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RTP;

- ca 8-12v läkningstid
- 6-12 v progressiv ROM-träning
- Belastning efter läkning (~6 v)
- Risk för refraktur om för tidig återgång till idrott
- Kirurgi kan minska RTP-tid

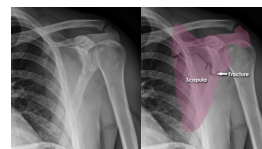
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Scapulafraktur

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Scapulafraktur

- Ovanlig!
- Oftast högenergitrauma, men ses ibland vid idrott
- Oftast konservativ behandling



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AC-ledsluxation



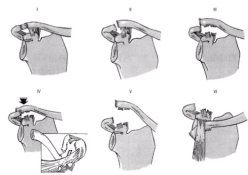
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AC-ledsluxation

- 17% of all shoulder injuries during sports
- Direct blow to the shoulder
- Up to 18% concomitant lesions e.g. SLAP lesions



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Rockwood 1984



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Review > J Orthop Trauma. 2018 Jan;32(1):1-9. doi: 10.1097/BOT.0000000000001004.

Operative Versus Nonoperative Management of Acute High-Grade Acromioclavicular Dislocations: A Systematic Review and Meta-Analysis

Nicholas Chang ¹, Andrew Fung, Anton Kardin

Meta-analysis 2018

- 954 patients
- Better cosmetic & radiographs w. surgery
- Equal DASH & RTS
- Slightly better constant score w. surgery
- Complications & infections still a problem
- OLDER TECHNIQUES



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> Am J Sports Med. 2016 Oct;44(10):2667-2674. doi: 10.1177/0363546516643721. Epub 2016 Apr 22.

Epidemiology of Acromioclavicular Joint Sprains in 25 National Collegiate Athletic Association Sports: 2009-2010 to 2014-2015 Academic Years

Elizabeth E Hibbard ¹, Zachary Y Kerr ², Karen G Roos ³, Aristarque Djoko ³, Thomas P Drompler ³

- 25 sport, 844 ACJ-injuries
- Men's football, ice hockey, wrestling
- 1% surgery
- Usually, RTP <6w



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What are we measuring?

ASES – 50/50 function and pain



Case: Failed conservative Treatment Type IIIb (Type IV)



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Treatment decision (my approach – Level 5)

Grade I-II;
Conservative treatment, OK to inject and play

Grade III;
Start conservative for 3m, unless cosmetically unacceptable or unhappy patient. Don't wait forever!

Grade 4-6;
Surgery

Higher risk
- Heavy manual workers
- Overhead athletes
- Males
- Young and middle age



Lower risk
- Contact athletes (Ice hockey)
- Not heavy workers
- Female
- Older age

Capio
Get a better knee

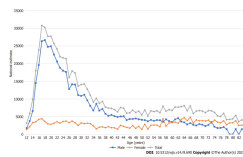
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GH-luxation

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GH-luxation

- 29/100.000 person/year
- 2.64:1 Male:Female
- 16-18 years
- Kan vara både anterior (95%) och posterior (5%)



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Ålder spelar roll!

- Yngre – Stor risk för relaxation
- Äldre – Stor risk för RC-skada
 - 41% 40-55yo
 - 71% 56-70yo
 - 100% >70yo

Article	Incidence and Age
McLaughlin (Am J Surg '50)	90% in < 20 y/o
Rowe (JBJS '84)	94% in < 20 y/o
Kralinger (AJSM '02)	61% in 21-30 y/o
Robinson (JBJS '06)	87% in 15-20 y/o
Hovelius (JBJS '08)	50% in < 26 y/o
	72% in < 23 y/o

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- Axeln hålls utåtroterat & abducerad
- Kolla puls och uppenbara frakturer
- Förstagångsluxation → röntgen



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Evidence surgery?

12 studies (Level I, II)

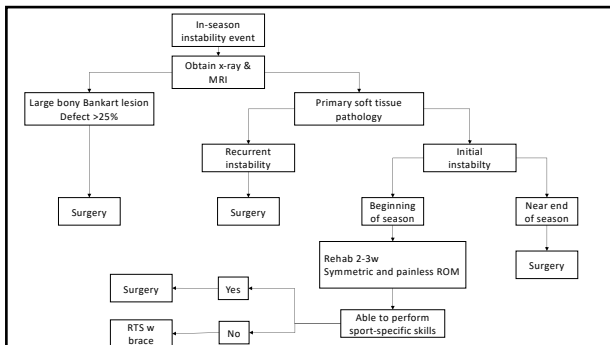
87% men, 21.7y

Outcome scores higher across the board in arthroscopic stabilization

Arthroscopic Bankart repair versus conservative treatment for first-time traumatic anterior shoulder dislocation: a systematic review and meta-analysis
Bui Ha T, R, Jangoo-Hong T, R, Harnao Zhu T, R, Shiga Yoo T, R, Haebe Yu T, R

	Bankart	Conservative Treatment
Recurrent dislocation	7.5%	53.0%
Further surgery	5.6%	37.8%
RTP (same level)	83.5%	66.0%

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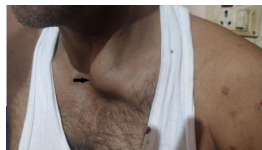
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SC-ledsluxation

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SC-ledsluxation

- Ovanligt, men förekommer vid "high impact"-sports
- Direkt trauma
 - anteromedial clavicle --> posterior dislocation (potentiellt livshotande)
 - Posterolateral shoulder force --> anterior dislocation (ofta kvarvarande instabilitet)



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RTP;
Slynga el liknande 3-6v
Påbörja fysoterapi 3v

Successiv återgång till idrott 3m

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Rotatorkuffskada

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Rotatorkuffskada

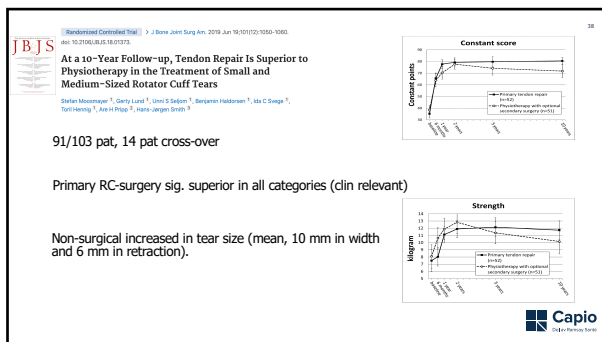


- Symptomatisk vs. asymptomatisk (30% >60 år har asymptomatisk RC-skada MR)
- Traumatisk vs. Degenerativ
- Genomgående vs. Partiell
- Vilken/vilka senor

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- Svaghet, nattlig värk och ev utslagen kraft
- MR/Ultraljud
- Behandling beror på många faktorer -> remiss till ortoped!

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'Stinger'

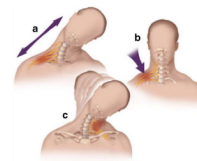
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'Stinger'

Uppkommer ofta i high-impact-idrott

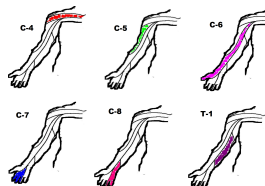
Neuropraxia av brachial plexus

- traktion
- kompression
- direkt trauma



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- Dead-arm syndrome
- Ofta skarp smärta eller stickningar i en arm, ej dermatombundet
- Övergående svaghet C5-C6



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RTP;

Om symptomen försvinner och normal status (återfått styrka)

Kontraindikation;

- Flera i samma match
- Neurologiska symtom
- Inskränkt ROM el nacksmärta
- Bilat symptom
- Misstanke om nack/huvudskada

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Tack!

