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Aplasia of the posterior arch of the atlas

Tlili N, Saadaoui F.

Joint Bone Spine. 2013 Jul;80(4):430.

Dislocation of the hip with ipsilateral femoral neck fracture: A case report

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Journal of Clinical Orthopaedics and Trauma, Volume 4, Issue 3, September 2013, Pages 143-146

Obturator dislocation of the hip associated with ipsilateral femoral neck fracture is an unusual injury. We report a case of a 40-year-old man with such a combination of injuries which was treated with an open reduction and internal fixation. He has a good follow-up result. There was no evidence of avascular necrosis on radiographs after 3 years.

Peroneal nerve entrapment at the fibular head: Outcomes of neurolysis

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Revue de Chirurgie Orthopédique et Traumatologique, Volume 99, Issue 6, October 2013, Pages 595-8

BACKGROUND

Common peroneal nerve (CPN) entrapment at the fibular head is the most common nerve entrapment syndrome at the lower limbs. Motor deficits predominate and the risk of persistent functional impairment is the main concern. The objective was to evaluate outcomes of neurolysis and to evaluate the benefits of performing surgery early.

MATERIALS AND METHODS

We retrospectively reviewed the medical charts of 15 patients (mean age, 32 years) treated with neurolysis. The diagnosis was idiopathic CPN entrapment in ten patients, indirect nerve injury with CPN paralysis due to an ankle injury in three patients, and postural CPN compression in two patients. Mean time to management was 7 months (range, 2–18 months).

RESULTS

Mean follow-up after neurolysis was 42 months (range, 25 to 62 months). The outcome was considered excellent in seven cases, good in five cases, and fair in three cases. Mean time to functional recovery was 2.5 months (range, 2 weeks to 6 months). Of the ten patients with idiopathic CPN entrapment syndrome, nine had excellent or good outcomes. The three patients with fair outcomes had ankle injuries or polyneuropathy.

DISCUSSION

Spontaneous recovery can take time and remain incomplete. We prefer to perform surgery between the third and fourth months in patients with persistent symptoms or incomplete recovery, even in forms confined to sensory dysfunction documented by electrophysiological testing. Time to recovery is shorter after surgical decompression than with rehabilitation therapy.

Coracoid fracture combined with distal clavicle fracture without coracoclavicular ligament rupture: A case report

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Distal clavicle fracture accompanied by coracoid process one is a rare injury. Surgical and/or conservative treatments are proposed. We report the case of a 49-year-old woman presenting a distal clavicle fracture associated with a coracoid process one due to a fall on the left shoulder. Both injuries are treated surgically. Per operatively, and through an anterior "strap" approach, the coracoclavicular ligament was seen intact. The distal clavicle fracture was fixed with K-wires and cerclage and the coracoid process was secured by a screw. Active-assisted rehabilitation of the shoulder was initiated 3 weeks after surgery. At the last follow-up of twelve months, the patient had painless full shoulder functions and X-rays show bony union. Early recovery to normal life is possible with surgical treatment in patients with distal clavicle fracture combined with coracoid fracture.

Acute osteomyelitis of the clavicle in the newborn infant: A case report

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Archives de Pédiatrie. In Press, Available online 26 November 2013

Acute osteomyelitis of the clavicle accounts for less than 3% of osteomyelitis cases, with its usual location in the middle third. It may be hematogenous, due to contiguity, or secondary to catheterization of the subclavian vein or neck surgery. The diagnosis is often delayed, and clinical symptoms may simulate obstetric brachial plexus palsy in young children. We report a new case of osteomyelitis of the clavicle in a 30-day-old newborn.