INTRODUCTION

Proximal humeral fractures represent the most common humeral fractures (45%) in the study by ***Rose and colleagues 1982,*** in adults older than 40 years of age, the percentage of proximal humeral fractures increases to 76% . [***Rose , et al 1982***], and the amount of trauma responsible for the fracture was significantly less in the older age group. [***Horak & Nilson, 1975***]

Concerning the epidemiologic features of humeral fractures in Rochester, Minnesota. They have previously been reported to account for 4% to 5% of all fractures, but this figure may be low. [***Neer et al., 1970 & Lind et al., 1989***].

Steady and significant increase in the incidence of proximal humeral fractures was reported and explained by ***Lind, 1989*** who believed that the increased average lifespan was partially responsible. Based on the epidemiologic data available, it was concluded that most proximal humeral fractures are primarily related to osteoporosis and, like hip fractures, represent an important source of morbidity among the elderly population.

Also, a higher incidence of proximal humeral fractures was noted in women than in men, by a rate of approximately 2 to I. [***Rose , et al 1982***].

Horak and Nilsson, 1975 have also reported increased incidence with age and in females and the same frequency as fractures of the proximal end of the femur. The patients with proximal humeral fractures had an increased incidence of alcoholism and prior gastric resection. Furthermore, prevalence of other fractures was approximately doubled in patients who have had proximal humeral

In our study, the percutaneous reduction and external fixation of displaced humeral fractures by Hoffmann external fixator have been used as an alternative to open reduction and internal fixation in two, three, and four- part fractures and in management of one case with head splitting fracture as an alternative to hemiarthroplasty.