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# Transcutaneous reduction and hoffmann external fixation of displaced fractures of the proximal humerus

**Mohamed Hassan Mohamed Shoeir**

**Summary** Proximal humeral fractures represent the most common humeral fractures (45%) In adults older than 40 years of age, the percentage of proximal humeral fractures increases to 76%. Also, a higher incidence of proximal humeral fractures was noted in women than in men, by a rate of approximately 2 to 1. Proximal humeral fractures range in severity from relatively benign avulsion to massive fracture dislocations. The management of displaced fractures of the proximal humerus is still under debate and the need to evaluate alternative methods has been emphasized [Rose, 1982]. There are many treatment options for management of displaced fractures of proximal humerus. Closed reduction by manipulation is difficult to maintain because of the muscle action especially in displaced three or four part fractures. Temporary insertion of pins may be used to aid closed reduction, or they may be left in situ for 4-6 weeks to hold the reduction. Open reduction and internal fixation has been used for proximal humeral fractures. Extensive soft tissue stripping may result from the use of buttress plates with potential devascularization of the fracture fragments. Prosthetic replacement is considered in four-part fracture dislocations or irreducible fracture. Involving the shoulder joint is a contraindication for internal fixation.