

# 琉球大学学術リポジトリ

## 上腕骨近位端骨折の手術成績： 順行性髄内釘とロッキングプレートの比較

メタデータ	言語: 出版者: 琉球大学 公開日: 2019-04-10 キーワード (Ja): キーワード (En): 作成者: Goya, Isoya, 呉屋, 五十八 メールアドレス: 所属:
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1 **Table 1 Demographic characteristics of the study population**

2

3 **Table 2 Active range of motion in forward flexion and external rotation in the N and P groups**  
4 **disaggregated by the type of fracture**

5 The external rotation of two-part fractures in the antegrade intramedullary nails group was  
6 significantly better than that of those in the locking plates group

7

8 **Table 3 Active range of motion in forward flexion and external rotation post operation in the N**  
9 **and P groups disaggregated by the type of fracture and various age subgroups**

10 For patients aged 65–74 years, the external rotation of three- or four-part fractures in the  
11 antegrade intramedullary nails group was significantly better than that of those in the locking  
12 plates group.

13 **Table 4 Postoperative complications**

14 One patient with a three-part fracture in the locking plates developed nonunion. Avascular necrosis was  
15 more likely to occur in patients with four-part fractures. Varus deformity frequently occurred in  
16 patients with two-part fractures in the locking plates group.

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18 **Table 5 Advantages and disadvantages of the antegrade intramedullary nails and locking plates**

19

20 **Figure 1 70-year-old female who fell over and was suffered from a two-part proximal humerus**  
21 **fracture. Intramedurally nail fixation was performed.**

22 (a) preoperative radiograph

23 (b) preoperative 3D computed tomography

24 (c) postoperative radiograph (13 months after antegrade intramedullary nails fixation was performed)

25

1 **Figure 2 55-year-old male who fell from height and was suffered from a four-part proximal**  
2 **humerus fracture. Locking plate fixation was performed.**

3 (a) preoperative radiograph

4 (b) preoperative 3D computed tomography

5 (c) postoperative radiograph (16 months after after locking plate fixation was performed)

6

7 **Figure 3A Active postoperative range of motion in forward flexion in patients with two-part**  
8 **fractures in the Antegrade intramedullary nail group (N group) and Locking plate group (P group)**  
9 **disaggregated by various age groups**

10 In the N group, forward flexion was better in those aged <65 years than in those aged  $\geq 65$   
11 years.

12

13 **Figure 3B Active postoperative range of motion in forward flexion in patients with three- and**  
14 **four-part fractures in the nail group (N group) and Locking plate group (P group) disaggregated**  
15 **by various age groups**

16 In the N group, forward flexion was better in patients aged 65–74 years than in patients aged  
17  $\geq 75$  year. In the P group, forward flexion was better in patients aged <65 years than in  
18 patients aged  $\geq 75$  years.

19

20 **Figure 4A Active postoperative range of motion in external rotation in patients with two-part**  
21 **fractures in the nail group (N group) and Locking plate group (P group) by age groups**

22 No significant differences were observed in the N and P groups among patients of different age groups.

23

24 **Figure 4B Active postoperative range of motion in external rotation in patients with three- and**  
25 **four-part fractures in the in the nail group (N group) and Locking plate group (P group)**

1 **disaggregated by age groups**

2 In the N group, external rotation was better in patients aged 65–74 years than in patients  
3 aged  $\geq 75$  years. In the P group, external rotation was better in patients aged  $< 65$  years than in  
4 patients aged  $\geq 65$  years.

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