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THE ENDOMEDULLARY FIXATION FOR THE RECURRENT STERNOClavicular DISLOCATION
David Perez1, J.R. Cano1, S. Quevedo1, F. Hernández1, G. Torrent1, A. Peiró2, L. López1
1Thoracic Surgery, Hospital Universitario Insular de Gran Canaria, Las Palmas de Gran Canaria, Spain; 2Orthopedic Surgery, Hospital Universitario Insular de Gran Canaria, Las Palmas de Gran Canaria, Spain

Objectives: Spontaneous refractory anterior sternoclavicular dislocation represents a rare problem faced by orthopedic or general thoracic surgeons. Current reduction and osteosynthesis techniques are associated with a high number of complications that are mainly related to osteosynthesis failure and implant migration. We describe a new surgical technique for the stabilization of this joint, which consists of the guided insertion of a cannulated intramedullar screw. It was applied in young patients with anterior spontaneous or posttraumatic sternoclavicular dislocation after failure of conservative measures. Good functional and cosmetic results were obtained.

Case description: The new technique was applied to five young patients with anterior spontaneous or posttraumatic sternoclavicular dislocation after failure of conservative measures. An incision was made at the level of the supraesternal notch and sternoclavicular joint to access the superior mediastinum. The inner table of the sternum and the sternoclavicular joint was bluntly dissected and palpated with a finger so as to ensure correct direction of a threaded guide wire. A guided cannulated screw was inserted from the upper edge of the clavicular inflection point deep into the sternal manubrium. Good functional and cosmetic results were obtained.

Results:

Conclusions: This new proposed technique which has never been described in relation with this type of lesion, is safe and allows for a stable joint fixation.

Disclosure: No significant relationships.