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Surgical outcomes of the coracoid process fracture associated with the acromioclavicular joint injury

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Introduction and Background

Excluding technical and case reports, there are no reports of coracoid process fixation with or without acromioclavicular joint (ACJ) stabilization procedure for process fractures associated with ACJ injury. The purpose of this study was to evaluate the surgical outcomes of the coracoid process fracture associated with ACJ injury and to determine the usefulness of coracoid process fixation with or without ACJ stabilization procedure.

Material and Method

From Feburary 2006 to December 2015, patients who coracoid process fractures associated with ACJ injury were enrolled in this study. The radiological and clinical results were analyzed in 12 patients who underwent coracoid process fixation with or without ACJ stabilization procedure. A 3.5 mm cannulated screw with washer or 3.0 mm headless compression screw was used for coracoid process fracture, and clavicle hook plate or Kirschner(K)-wire were used for ACJ injuries if additional fixation was required.

Results

Bone union was achieved in 11 patients(91.7%) and one failed case was judged as nonunion at 6months. Radiological union was achieved 3months (range: 1.5-4months) in all patients except 1 case. At the final follow-up, the average clinical scores were as follows: a VAS for pain of 1.5 (range: 0-4) and a UCLA score of 30.9 (range: 28-35). Clinical outcomes were satisfactory for all patients, including those with nonunion.

Conclusions

The clinical and radiologic outcomes of treating coracoid process fractures associated with ACJ injury using Coracoid process fixation with or without ACJ stabilization were favorable, and a cannulated screw with washer and clavicle hook plate fixation may be provide sufficient fracture stability for both coracoid process and ACJ fixation if possible.