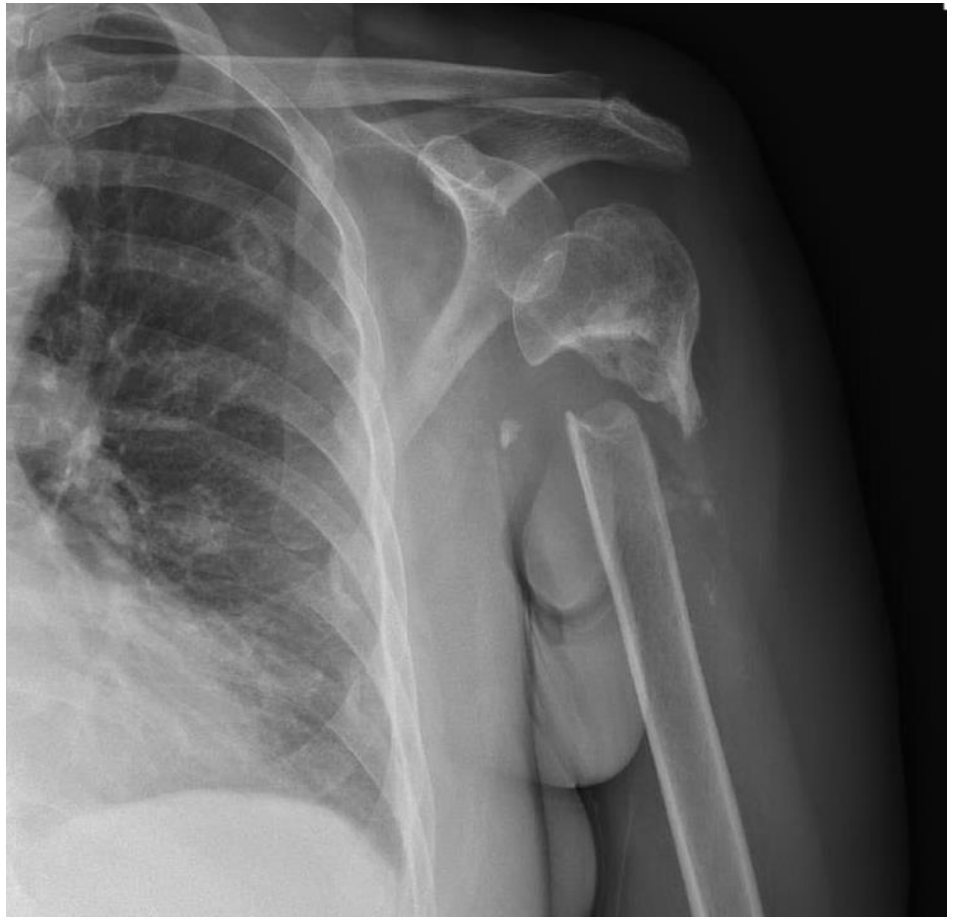
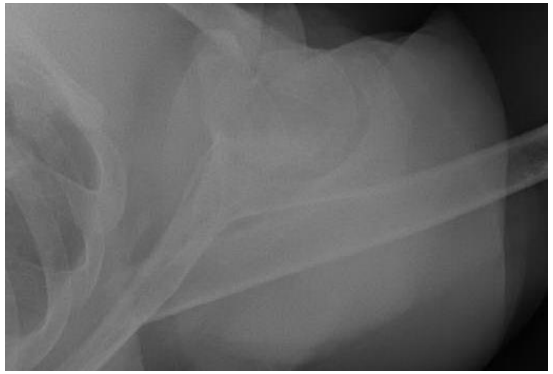
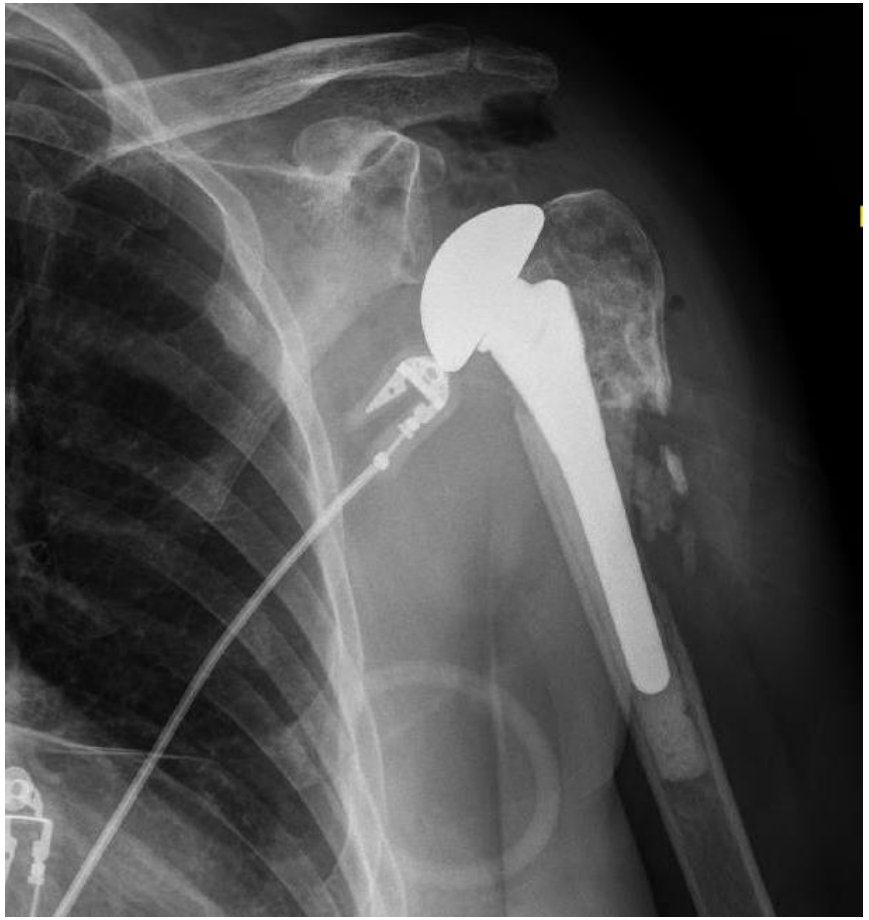
Humeral Bone Loss Case

- 56yo F referred from OSH 2years s/p fall with proximal humerus nonunion,
  - Gross instability at fracture site, 10/10 pain, 0% SSV, ASES: 5%
  - PMH: COPD, a few bouts of septic shock, s/p lung lobectomy for Lung Ca, Nephrectomy for Renal Cancer, epilepsy (well controlled), prior MI, renal insufficiency, steroid for pulmonary disease
  - BMI: 26
  - PE: NVID, fires deltoid, gross instability at fracture site, essentially no use of shoulder
- High risk, but medically optimized per PCP
- Discussed RSA v. Hemi
  - Hemi chosen due to younger age and belief that adequate tuberosity reconstruction could be achieved





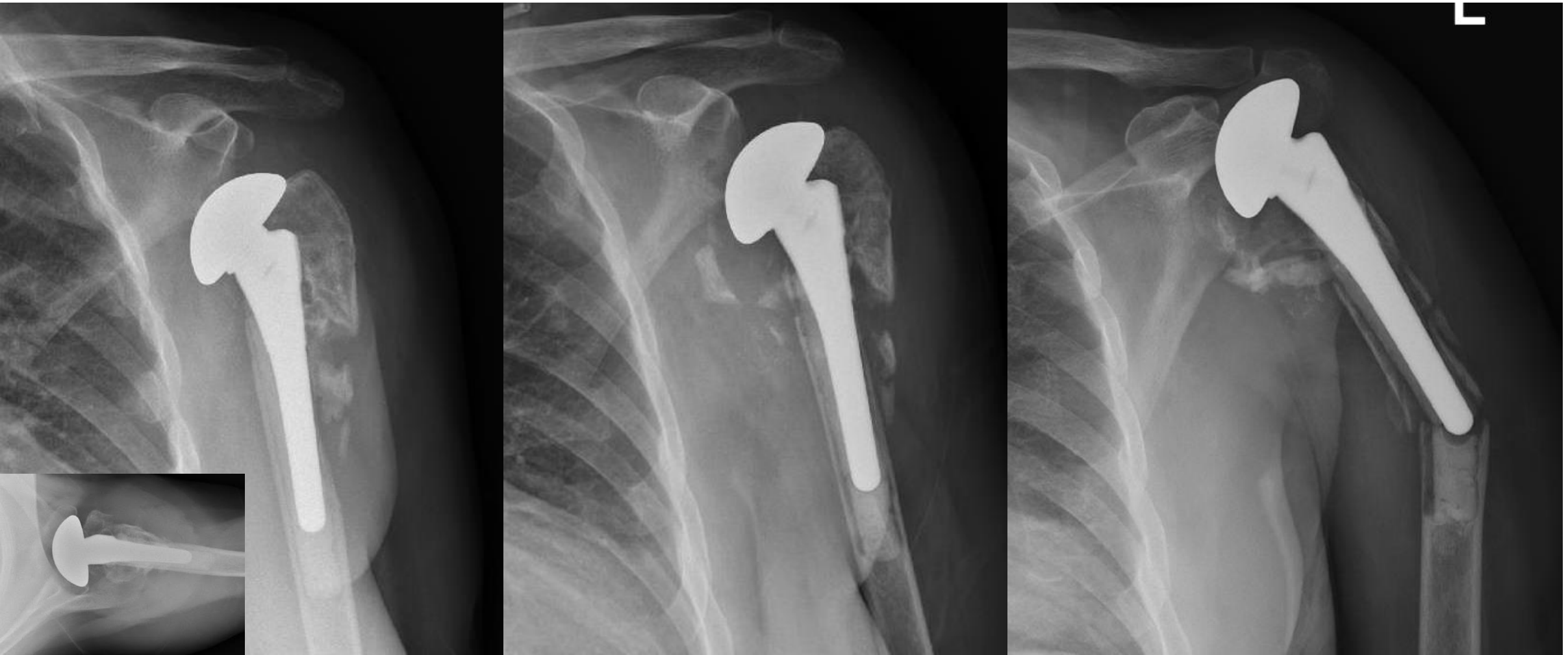
Hemiarthroplasty, 11/2017



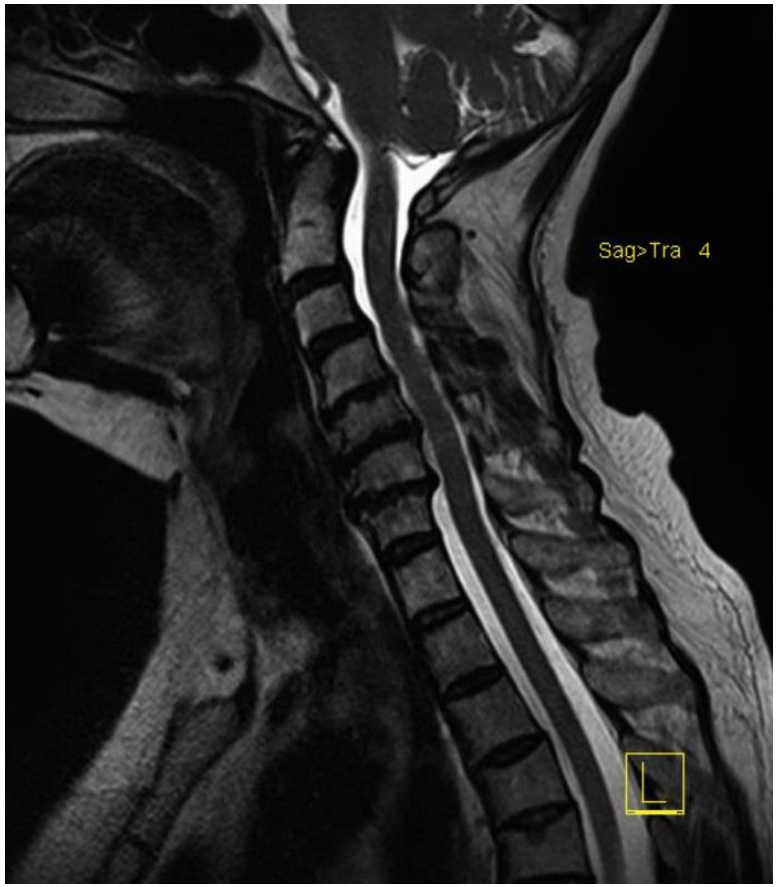
- Uneventful, poor press fit so cemented
- Inferior glenoid wear
- Robust Tuberosity repair with HH autograft
- Axillary nerve intact

Progressive loosening, atraumatic fracture

- 12/2017
- 2/2018
- 4/2018



WorkUp



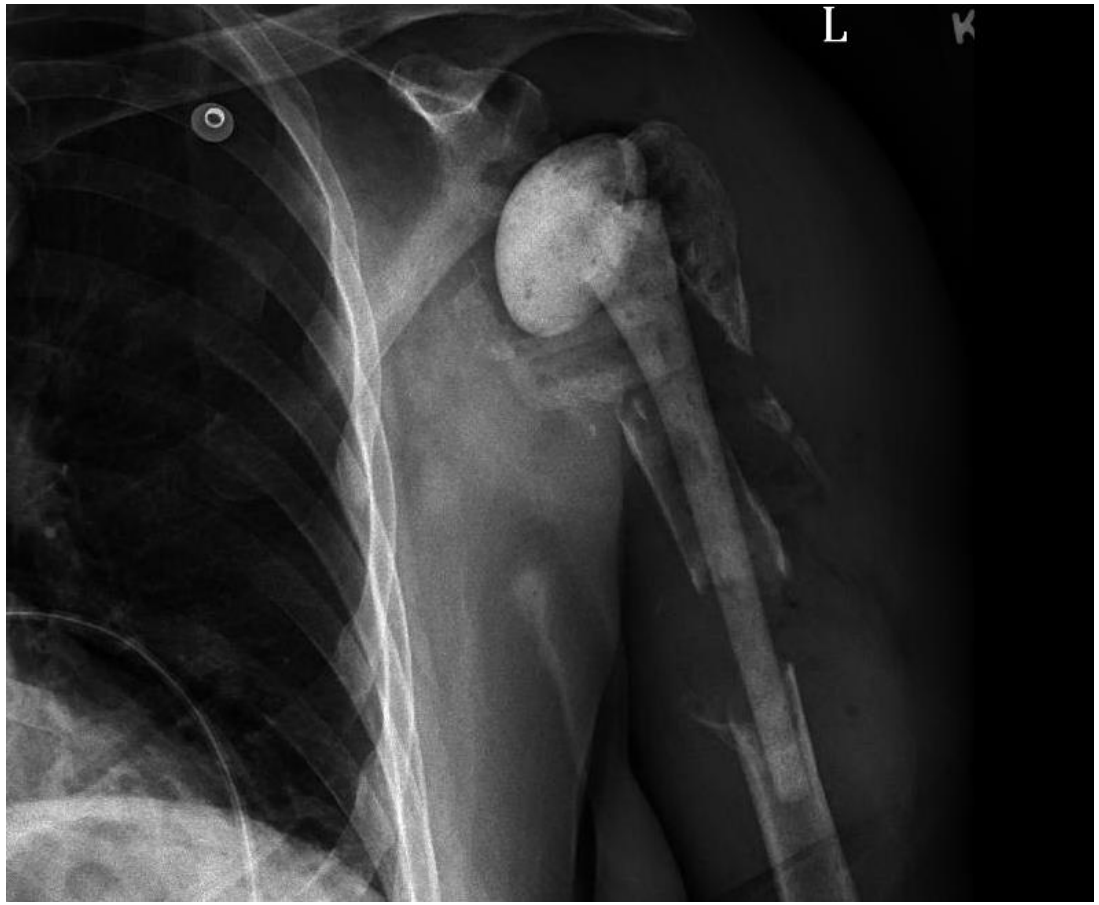
- No Syrinx

- CBC, ESR, CRP wnl
- Arthroscopic Biopsy:
  - 1/5 cultures + for P. Acnes

6/2018: HWR, ABX Spacer

- No purulence
- Gross humeral loosening
- Atrophic healing
- Robust tuberosity
- Thin 5cm segmental metadiaphyseal segment
- No mass

- ID planning on 6 weeks Rocephin, Cx Pending



Plan

- What is this pathologic process?
- Additional workup?
- APC RSA?
- Proximal Humerus Replacement RSA?