CLINICAL SNAPSHOT

Figure: 3D volume rendering of the CT angiography of the proximal humerus fracture and the traumatic dissection of the brachial artery (arrows)

Traumatic Dissection of the Brachial Artery as the Result of a Proximal Humerus Fracture

A 79-year-old woman was brought to our surgical emergency department by ambulance after tripping and falling on her left side. She presented with pain in the left shoulder and weak peripheral pulses in the left upper extremity (radial artery, ulnar artery). There was also hypesthesia in the area supplied by the ulnar nerve (digits IV and V).

Conventional radiography of the left shoulder showed a proximal fracture of the humerus. CT angiography of the left upper extremity, carried out because of the clinical findings, revealed traumatic dissection of the brachial artery in the fracture zone.

The patient was immediately taken to the operating room for treatment by an interdisciplinary team (vascular surgery, trauma surgery). Access was gained via an extended deltopectoral incision. The brachial artery was repaired using an interposition graft, while the fracture was managed by internal plate fixation.

Postoperatively the peripheral pulses were stronger and the hypesthesia was in regression. Five days after surgery the patient was discharged with intact peripheral perfusion and normal motor and sensory function.

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