

COMMINUTED FRACTURE OF THE SCAPULA FOLLOWING ELECTRIC SHOCK A CASE REPORT

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A case of a comminuted fracture of the scapula, following electric shock, is reported. Recovery was uneventful, and normal function returned after conservative treatment.

Keywords : fracture ; scapula ; electric shock.

Mots-clés : fracture ; omoplate ; électrocution.

SAMENVATTING

*J. P. SIMON, I. VAN DELM en G. FABRY.
Comminutieve scapulafractuur na electrocutie.*

Een comminutieve scapulafractuur als gevolg van electrocutie wordt voorgesteld. Conservatieve behandeling d.m.v. physiotherapie gaf een uitstekend functioneel resultaat.

RÉSUMÉ

*J. P. SIMON, I. VAN DELM en G. FABRY.
Fracture de l'omoplate suite à une électrocution.*

Les auteurs présentent un cas de fracture comminutive de l'omoplate suite à une électrocution. Une guérison sans séquelles, avec récupération fonctionnelle, fut obtenue après traitement conservateur.

CASE REPORT

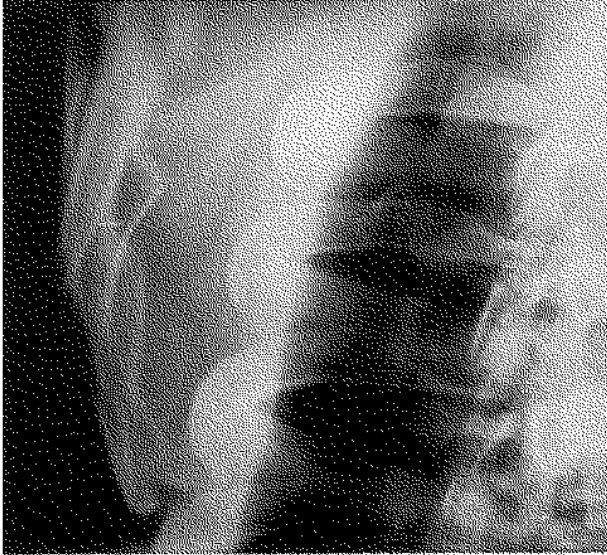
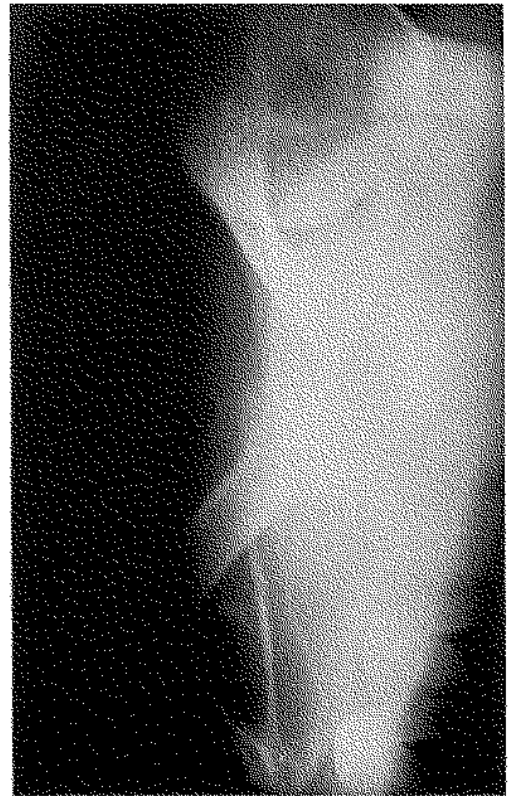
A 48-year-old male electrician was seen 3 weeks after receiving an electric shock while repairing a neon light. At the time of injury, he was standing on a ladder and was wearing insulated boots. He

recalled having touched the live and ground wires at the same moment with his right hand, while the arm was held in about 110° abduction. There was immediate severe pain in his right shoulder. He did not lose consciousness and did not fall off the ladder. Initially he was unable actively to move his right shoulder. Radiographs taken the day following the injury included only A-P views and apparently did not show any abnormality.

Three weeks following the electric shock the patient was seen by the first author. He then had 90° of active abduction. When the arm was abducted further passively, a prominent lump became visible, apparently inferior to the scapular angle. True lateral roentgenograms were taken to rule out a posterior dislocation. These views showed a very comminuted fracture of the body of the scapula.

Treatment was conservative. Physiotherapy including passive and active shoulder exercises was started 3 weeks following the injury. The patient made an uneventful recovery, and 9 weeks post trauma he had full range of active and passive shoulder motion, with only slight discomfort in the extremes of abduction and elevation. A slight prominent lump remained visible in more than 90° abduction. Three months following the electric shock, he returned to his normal professional activities.

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*Fig. 1a**Fig. 1b**Fig. 1a-b.* -- Comminuted fracture of the right scapula.

DISCUSSION

Most fractures of the body of the scapula result from a direct blow. However scapular fractures have occurred as a result of violent muscle contraction in athletes and during electroshock therapy. The reported case is another example of a comminuted scapular fracture as a result of tetanic muscle contraction during the electric shock.

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