

Date (CSS Member)	Message	Attached Documents
7/29/18 (Dr. Greg Mallo)	<p>54 yo healthy nurse fell in North Carolina and had ORIF 8 weeks ago after frx dislocation.</p> <p>Came to ER in NY 2 weeks postop with effusion. Another ortho Surgeon washed him out (+ staph and E. coli), left plate in place and had ID put picc line and IV ABX x 6 weeks.</p> <p>Now almost no shoulder function now and terrible pain.</p> <p>My plan is to remove plate, treat with another 6 weeks of IV ABX then revise to reverse...</p> <p>Any value in doing a ROH and spacer as my first procedure?</p> <p>Other options?</p> <p>Any thoughts are appreciated..</p> <p>Thank you-</p> <p>Greg Mallo</p>	Case Presentation PPT
7/29/18 (Dr. James Romanowski)	<p>I think that if you are going to take out the plate and stage to an arthroplasty option, you might as well put in a spacer given the risk of not eradicating the infection. During the plate removal, I would bring down the greater tuberosity to see if it reduces the joint because you may be able to avoid arthroplasty all together.</p> <p>Keep us posted.</p> <p>JR</p> <p>James R. Romanowski, MD</p> <p>Charlotte, NC</p>	
7/29/18 (Dr. Bassem Elhassan)	<p>Tough case</p> <p>I would order a CT scan first to evaluate the proximal humerus.</p> <p>There is a small area of healing in the distal part of the fracture?</p>	

Also, I would repeat blood markers and if they normalized I would order a-bone scan. Though the original treatment was not optimal however if there are no gross sign of infection then it may change the whole surgical plan.

If however the work up is positive for infection and the proximal humerus is not healed then I would start with I and D and attempt at using nylon to suture the tuberosity in place.

The patient is only 54 and we may still have a chance to salvage the shoulder before reverse.

Please keep us posted

Best of luck

Cheers

B :)