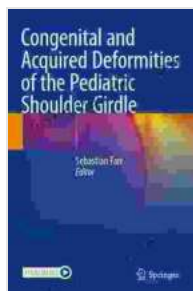


Congenital and Acquired Deformities of the Pediatric Shoulder Girdle: An In-Depth Guide for Diagnosis and Treatment

The shoulder girdle, consisting of the clavicle, scapula, and humerus, plays a crucial role in upper extremity function. Congenital (present at birth) and acquired deformities affecting this region can significantly impair mobility, functionality, and overall well-being of children. This article provides comprehensive information on congenital and acquired deformities of the pediatric shoulder girdle, covering their causes, clinical presentation, diagnosis, and management strategies.

Congenital Deformities

Congenital deformities of the shoulder girdle can arise from various factors, including genetic alterations, intrauterine positioning, and vascular abnormalities. These deformities may involve the shape, size, or alignment of the affected structures.



Congenital and Acquired Deformities of the Pediatric Shoulder Girdle by Sebastian Farr

★★★★★ 5 out of 5

Language : English
File size : 46339 KB
Text-to-Speech : Enabled
Screen Reader : Supported
Enhanced typesetting : Enabled
Print length : 493 pages



Sprengel Deformity

Sprengel deformity is a congenital elevation of the scapula, causing a high-riding shoulder on the affected side. This deformity can lead to asymmetry, limited shoulder mobility, and cosmetic concerns.

Cleidocranial Dysostosis

Cleidocranial dysostosis is a rare genetic disorder characterized by underdeveloped clavicles, leading to incomplete or absent collarbones. This condition results in increased shoulder mobility and a "floating" shoulder appearance.

Pectoralis Major Deficiency

Pectoralis major deficiency is a congenital absence or underdevelopment of the pectoralis major muscle, which affects the motion and stability of the shoulder joint. This condition can lead to impaired abduction (raising) of the arm.

Acquired Deformities

Acquired deformities of the pediatric shoulder girdle typically result from trauma, infection, or neuromuscular disorders. These deformities can disrupt the normal function and alignment of the shoulder region.

Clavicle Fractures

Clavicle fractures are common in children and can occur due to falls, sports injuries, or direct trauma. These fractures can vary in severity and may require conservative treatment, such as immobilization, or surgical intervention.

Scapulothoracic Dissociation

Scapulothoracic dissociation is a rare but serious injury resulting from severe trauma, such as high-energy motor vehicle accidents. This injury involves the separation of the scapula from the thorax, disrupting the stability and motion of the shoulder.

Brachial Plexus Injury

Brachial plexus injury occurs when the network of nerves controlling the arm is damaged, often due to birth trauma or falls. This injury can lead to weakness or paralysis of the shoulder and arm muscles.

Diagnosis and Evaluation

Diagnosing congenital and acquired deformities of the pediatric shoulder girdle involves a thorough patient history, physical examination, and imaging studies.

Patient History

The patient's history should include information about the onset and duration of symptoms, any associated injuries or trauma, and any relevant family history of similar conditions.

Physical Examination

A comprehensive physical examination of the shoulder region is essential to assess for deformities, limitations in range of motion, muscle strength, and any neurological deficits.

Imaging Studies

Imaging studies, such as X-rays, CT scans, and MRI scans, provide detailed visualization of the affected structures, allowing for accurate diagnosis and planning of treatment.

Treatment Options

The treatment approach for congenital and acquired deformities of the pediatric shoulder girdle depends on the specific condition and its severity. Treatment options may include conservative measures, such as physical therapy and bracing, or surgical interventions.

Conservative Treatment

Conservative treatment modalities, such as physical therapy and bracing, can improve range of motion, strengthen muscles, and support the affected shoulder. Physical therapy can help restore mobility, while bracing can provide additional support and stability.

Surgical Treatment

Surgical intervention is indicated when conservative treatment fails to provide sufficient improvement or when the deformity is severe. Surgical procedures may include:

* **Sprengel Deformity Repair:** Involves repositioning and securing the scapula to the thoracic cage. * **Clavicle Fracture Repair:** Can involve closed reduction (alignment without surgery) or open reduction with internal fixation (using plates, screws, or wires). * **Scapulothoracic Dissociation Repair:** May require complex surgical techniques to stabilize the scapula and restore shoulder function. * **Brachial Plexus Repair:** Involves microsurgery to repair damaged nerves and restore nerve function.

Prognosis and Outcomes

The prognosis for congenital and acquired deformities of the pediatric shoulder girdle varies depending on the severity of the condition and the timing of treatment. Early diagnosis and appropriate intervention can improve outcomes and prevent or minimize long-term complications.

Congenital Deformities

Most congenital deformities of the shoulder girdle can be effectively managed with early treatment. With proper care, children with these conditions can achieve good shoulder function and lead active and fulfilling lives.

Acquired Deformities

The prognosis for acquired deformities depends on the extent of the injury and the nerve regeneration potential. With timely surgical intervention and rehabilitation, children may regain significant function and mobility.

Congenital and acquired deformities of the pediatric shoulder girdle can have a significant impact on a child's physical and emotional well-being. Early diagnosis, appropriate treatment, and comprehensive follow-up care are crucial for achieving optimal outcomes and restoring the child's full potential. Parents and healthcare providers should work together to ensure that children with these conditions receive the necessary support and guidance throughout their treatment journey.

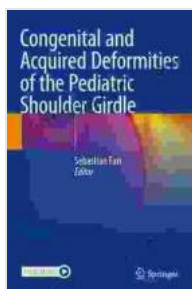
Call to Action

If you suspect your child may be experiencing symptoms related to a congenital or acquired deformity of the pediatric shoulder girdle, it is

essential to seek professional medical advice. Early consultation with a pediatric orthopedic specialist can help ensure prompt and effective intervention, leading to better outcomes for your child.

Additional Resources

* Mayo Clinic: Sprengel Deformity * Pediatric Orthopedic Society of North America: Clavicle Fractures in Children * Journal of Pediatric Orthopedics: Scapulothoracic Dissociation in Children * Johns Hopkins Medicine: Brachial Plexus Injury



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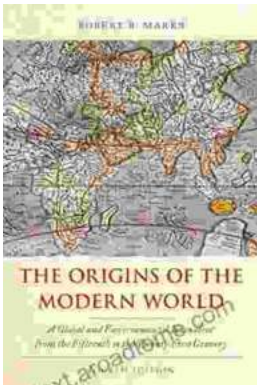
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