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#### Title

Management of shoulder deformity in brachial plexus birth palsy

#### Purpose

The pattern of pediatric brachial plexus injury is different with that of the adult traumatic injury. The type and severity of nerve injury vary by infant afflicted. The treatment and outcome are not expected to be the same. For the mild neurapraxic lesion, spontaneous recovery is to be expected over the first several months of life with complete recovery evident by the first year of life. In contrast to the severe avulsion injury that will have a lifetime disability despite extensive physical therapy and unfortunately even surgical management of a severe brachial plexus birth palsy is not a solved problem. In these circumstances therapeutic intervention with microsurgical reconstruction of the plexus in the first 3 to 9 months of life will hopefully improve but not normalize the situation.

#### Methods

Last 3 years (July 2014 to June 2017) we have found 25 cases of residual deformity of upper brachial plexus birth palsy, age range from 18 months to 16 years. Modquad procedure and triangular tilt operations were done in 8 patients, age range from 18 month to 5 years and derotation humeral osteotomy was done in 17 patients age above 5 years. Follow up period was 3 months to 30 months.

#### Results

Satisfactory result was 75% in Modquad and triangular tilt operation and 80% in derotation humeral osteotomy cases.

#### Conclusion

BPBP is different with adult TBPI. Conservative is the main stream of treatment and recovery rate is 65-85% of BPBP cases. Primary surgery is the hallmark of global palsy and severe form of upper palsy cases but secondary surgery also shown satisfactory result in residual deformity cases upper BPBP cases.