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Title

Bangladesh experience of management of adult brachial plexus palsy

Purpose

Brachial plexus lesions frequently lead to significant physical disability, psychological distress, and socioeconomic hardship. Restoration of shoulder abduction, elbow flexion & hand functions are the principal goals in the treatment of brachial plexus injuries. Intraplexus surgery is the mainstay of treatment but most of the time is not possible. Nerve transfer and other reconstructive procedure also give satisfactory result in most of the time if it can be done within time limit period.

Methods

We operated 44 adult traumatic brachial plexus palsy during January 2014 to July 2017. All patients except 5 were males aged 14-50 years (mean age 28 years).The time from trauma to surgery varied from 3-14 months. Motorcycle accident was the most common mechanism of injury. Global palsy was 16 cases, upper palsy was 28 cases. Contra lateral C7 transfer was done in 3 cases. Extra plexus neurotisation was done in 28 cases and intraplexus neurolysis and nerve grafting was done in 10 cases and tendon transfer and bone procedure was done in 6 cases.

Results

The best results were obtained in upper plexus palsy with neurotisation of SAN to SSN, Oberlin II and long head of triceps to the anterior division of axillary nerve transfer. Opposite C7 transfer was still in follow up. Tendon transfer and bony procedure was done in late presented cases.

Conclusion

Results of surgical treatment of incomplete adult traumatic brachial plexus injury were satisfactory and the result of global palsy is still in follow up.