

OPZ250 Mesleki Yabancı Dil I 5.hafta



Reference Review And Discussion On Prostheses

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Brachial Plexus Palsy

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Reference Review And Discussion On Prostheses



Brachial Plexus Palsy

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Description

Birth brachial plexus palsy (BBPP) is an injury to the nerves that control movement and sensation of the arm. It was first described in 1768, with the first nerve grafting for treatment published in 1903.

Etiology/Types

- _Lateral stretch
- _Congenital anatomical variation
- _Erb's palsy, C5–6, upper plexus
- _Klumpke's palsy, C8-T1, lower plexus, controversial if exists in BBPP unless significant congenital variation
- Combination of levels

Pathogenesis

- _Neurapraxia is a reversible loss of nerve conduction; will have recovery; no physical disruption
- _Axonotmesis has variable severity; physical disruption of nerves but preserved endoneurium around axons
- _Neurotmesis is the most severe; complete physical disruption of nerve fibers
- _Avulsion is a preganglionic neurotmesis
- _Rupture is a postganglionic neurotmesis
- _Described as most commonly seen with a lateral stretch during the birth process
- _Rarely, intrauterine process such as anomalous ribs may cause compression of nerve fibers

Risk Factors

- _Shoulder dystocia
- _Multiparous mother
- _Large birth weight (>4500 g)
- _Prior infant with BBPP

Clinical Features

- Lack of active movement in arm
- Lack of sensation in arm
- _Contractures are common

Natural History

- _75% have spontaneous functional recovery
- _The elbow by 3 to 4 months may show full recovery; but if not, expect need for surgery for functional arm
- _Commonly see asymmetry of shoulder joint development if not resolved early *Diagnosis/Differential Diagnosis*
- _Fracture of humerus or clavicle
- _Osteomyelitis
- _Spinal cord injury
- _Tumor

History

- _Birth weight
- _Parity of mother
- _Shoulder dystocia
- _Flaccid arm/portion of arm at delivery 4
- _Lack of feeling in the arm
- _Early pain with shoulder range of motion (ROM)/ clothing changes
- _Changes over time in movement