

: 1996 3 2000 12 12,738 6 가 가
 39 11 27 8 , 1 P - value
 : 39 가 36 (0.57%), 3
 (0.04%) , 가 29 , 8 , 가 2 . 3.8 kg 4 kg
 (8.5%) . 12 , 27 , 24 , 14 , 1
 2 (1) , 1 , 1 . 3
 : 가 가
 : ,

Clavicle Fracture in Newborn

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Purpose: The purpose of this study is to identify the incidence of clavicle fracture in birth trauma associated with delivery, fetal presentation, birth weight and to identify the difference of the prognosis of clavicle fracture when immobilization was performed or not.

Materials and Methods: Among the 12,738 live births from March 1996 to December 2000, we reviewed retrospectively the medical records and radiographs of 39 cases of clavicle fracture which were followed for more than 6 months. Statistical analysis was measured P-value. Except 11 cases that diagnosis was delayed, 27 cases were treated with figure of 8-bandage, and 1 case, which was combined with humerus fracture, was treated with long arm cast.

Results: Among 39 cases infants of clavicle fracture, 36 cases (0.57%) were delivered through vaginal delivery, 3 cases (0.04%) through cesarean section. Fetal presentations were cephalic presentation in 29 cases, shoulder dystocia in 8 cases, breech presentation in 2 cases. The mean birth weight was 3.8 kg, the high prevalence (8.5%) was identified on large birth weight infants more than 4 kg (p<0.05). The fracture site was proximal portion in 12 cases, middle portion in 27 cases and right clavicle in 24 cases, left clavicle in 13 cases and both clavicle in 1 case. The combined injuries were the brachial plexus palsy (2 cases), skull fracture (1 case) and cephalhematoma (1 case). Finally all cases of clavicle fracture were shown radiographically bony union within 3 weeks.

Conclusion: The newborn clavicle fractures were remarkably low incidence in cesarean section delivery and were easily neglected, and were detected accidentally on simple chest X-ray that was performed for upper respiratory infection. As a conclusion, it is necessary of screening test through careful physical examination and X-ray interpretation.

Key Words: Clavicle, Birth trauma

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Joseph and Rosenfeld⁸⁾ 0.2~3.5% ,
 McBride¹²⁾ 0.5%, Farkas and Levine^{4,5)} 1.7~2.6%
 3,10,18)

ratio가
 7,8,10,17)

가 가
 가

1996 3 2000 12 12,738
 (: 6,220, : 6,518)

6 가 가 39
 , 7

(, ,) ,
 , (, , ,)
 , (,) ,
 (, ,)

8 11
 27 8 1

P-value

1996 3 2000 12 12,738
 (: 6,220, : 6,518)

39 가 36 (92%),

Table 1. Delivery of newborn

Delivery	No. of case (%)
C-sec	3 (8)
NSVD	36 (92)
Total	39 (100)

Table 2. Presentation of fetus

Type of presentation	No. of case (%)
Vertex	29 (74.0)
Shoulder dystocia	8 (20.9)
Breech	2 (5.1)
Total	39 (100)

Table 3. Birth weight of newborn

Body wt. (kg)	No. of case (%)
Below 3.00	5 (12.8)
3.00~3.99	24 (61.6)
4.00~4.99	10 (25.6)
Total	39 (100)

3 (8%)
 가 (Ta-
 ble 1).

가 29 (74.0%), 8 (20.9%),
 가 2 (5.1%) (Table 2), 35~42 40
 18 (46%), 40⁺⁴

3 kg 5 (12.8%), 3 kg
 4 kg 24 (61.6%), 4 kg 10 (25.6%)
 3.8 kg , 4 kg
 (8.5%) (Table 3).

24 (61.5%), 14 (35.8%)
 , 1 (2.7%)
 12 (30.7%), 27
 (69.3%)가 , 34
 (87.2%), 5 (12.8%)
 가 2 (5.1%)

1 (2.7%), 1 (2.7%)

8 27 11 3 39 2

가

가

가

3 (0.04%)

가

가

7,16) 가

crying,

Moro

7,8)

2,10)

10

가

7~10

가

3

Shimada¹⁹⁾

9)

8

가

27

11

3

가

11

(28.2%)

가

가

가

가

가

8,11,12)

가

가

가

가

11,16)

가

(61.5%)

가

가

11~13)

12,13)

12,13)

가

가

5)

10,15,16,20)

C5, 6

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