INTRODUCTION
Clavicle fractures are common adult injuries. Middle third of the clavicle is most commonly fractured. The management options are varied. It has been studied that the conservative management options are varied. It has been studied that the gold standard treatment for undisplaced fractures of the clavicle is non-surgical. Management with open reduction internal fixation using clavicular plates. We achieved excellent good results among 42 patients (93.33%) with minimal complications. Hence, we recommend the management of displaced clavicle fractures with open reduction internal fixation with plating.

MATERIAL AND METHODS
Our study included 45 cases of unilateral clavicle fractures and managed them with open reduction internal fixation using clavicular plates. We achieved excellent good results among 42 patients (93.33%) with minimal complications.

EXCLUSION CRITERIA
1. Age < 18 years
2. Open injuries
3. Pathological fractures
4. Non-consenters
5. Medically unfit for surgery

All baseline blood work was performed preoperatively and the patients were assessed for their fitness to undergo surgery. The surgery was performed under general anaesthesia with the patient supine or semisitting position. A sandbag was placed in the interscapular region. The requisite area was properly scrubbed, painted and draped.

Skin incision was given over the clavicle centered over the fracture site. The platysma was incised and the supraclavicular nerve identified. Clavicular fascia was incised and elevated inferiorly. The fracture ends were reduced and provisionally fixed using K-wires or lag screws. A pre-contoured, anatomical, locking compression plate was used to fix the fracture which was applied either on the superior or the anterior surface of the clavicle using screws of appropriate size. The limb was placed in an arm sling postoperatively. Pendulum exercises were begun as the pain allowed. Antiseptic dressings were done at 3rd and 7th postoperative day and sutures were removed at 2 weeks. The patients were followed monthly, for a period of 6 months. The patients were evaluated clinically using DASH (Disability of Arm, shoulder and hand) scoring and radiologically using plain radiographs.

RESULT
Our study included 45 patients with unilateral clavicle fractures. The age of the patients ranged between 23 to 55 years. The injury was more common among males with a male to female ratio of 7.25:2. Right side was involved in 30 patients (66.66%) while left side was involved in 15 patients (33.33%). 32 fractures (71.11%) occurred at the middle third of the clavicle. The observed excellent results in 8 patients (17.77%), good results in 34 patients (75.55%), fair results in 2 patients (4.44%) and only 1 patient (2.22%) with poor results. (Table 1) 5 patients (11.11%) with infection at the surgical site were observed, which was managed using daily antiseptic dressings and antibiotics. The average time for union was 8.6 weeks. All the fractures united with no case of non-union.

DISCUSSION
For undisplaced fractures of clavicle, conservative management is the gold standard. Conservative options include arm sling or figure of eight bandage. But, for displaced fractures of the clavicle, the management options are varied. It has been studied that the conservative management options are varied. It has been studied that the gold standard treatment for undisplaced fractures of the clavicle is non-surgical. Management with open reduction internal fixation using clavicular plates. We achieved excellent good results among 42 patients (93.33%) with minimal complications.

CONCLUSION
We recommend the use of clavicle plating in displaced clavicle fractures in view of the results achieved in our study.

TABLES

<table>
<thead>
<tr>
<th>Results</th>
<th>Number of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>08</td>
<td>17.77%</td>
</tr>
<tr>
<td>Good</td>
<td>34</td>
<td>75.55%</td>
</tr>
<tr>
<td>Fair</td>
<td>02</td>
<td>04.44%</td>
</tr>
<tr>
<td>Poor</td>
<td>01</td>
<td>02.22%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100%</td>
</tr>
</tbody>
</table>

INCLUSION CRITERIA
1. Displaced fractures (>2 cm)
2. Closed injuries
3. Age > 18 years
4. Both Sexes

ABSTRACT
Clavicle fractures are common adult injuries. Middle third of the clavicle is most commonly fractured. The management options are varied. In our study, we included 45 cases of unilateral clavicle fractures and managed them with open reduction internal fixation using clavicular plates. We achieved excellent good results among 42 patients (93.33%) with minimal complications. Hence, we recommend the management of displaced clavicle fractures with open reduction internal fixation with plating.

KEYWORDS:
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REFERENCES