

# Double Trouble Elbow Salter Harris Fracture: A Case Report

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## INTRODUCTION

Lateral condyle and capitellum fracture accounts for 15-17% and 1% of elbow fracture in children, respectively<sup>1,2</sup>. Here, we present a rare case of a double Salter Harris injury (a mixture of common and rare injury) occurring on a same bone of an overweight boy. With good anatomical reduction, these injuries will produce a favourable outcome<sup>1,2</sup>.

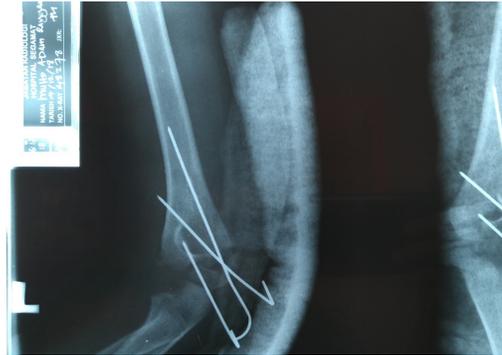
## CASE REPORT:

This 7 years old Malay boy fell from a monkey bar and tried to break fall with an outstretched arm. Post-trauma he had a painful, swollen and deformed left elbow with limited range of motion. No wound noted externally and neurovascular is intact. Further imaging by a plain radiograph showed a closed displaced fracture lateral condyle of left humerus (Milch II - equivalent to Salter Harris Type II). Patient was planned for percutaneous Kirschner-wire (K-wire) pinning.

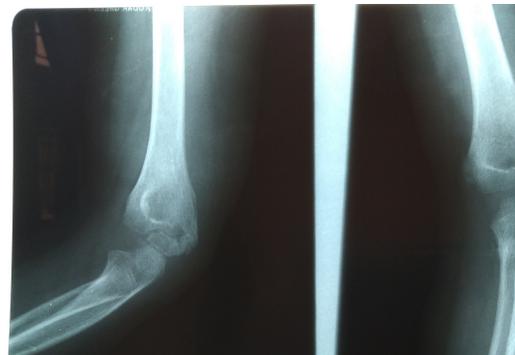
Intra-operatively, initial two K-wires were inserted to hold lateral condyle fracture fragment in place in cross pinning fashion to get the most stable fixation. However, the capitellum was noted to be floating away from its anatomical position thus indicating a displaced fracture Salter Harris Type I. Therefore, another wire was inserted to reduce and hold the capitellum fracture. Backslab is applied to enhance immobilization.



**Figure 1: Plain radiograph of left elbow showing displaced fracture lateral epicondyle (Milch II) and capitellum of left humerus on the same bone.**



**Figure 2: Percutaneous pinning with K-wire was done.**



**Figure 3: Union of left elbow fractures at 7 weeks post-operatively.**

## CONCLUSION:

Double pathology in a single bone is difficult to be diagnosed, especially in paediatric due to the epiphyseal plate, and require a very high index of suspicion upon encounter. This is crucial in order to decide on the most appropriate management, as any missed displaced fracture may lead to consequent cubitus valgus deformity and tardy ulnar nerv palsy<sup>1</sup>. Thus, a long term follow up is advised to monitor the outcome, as corrective osteotomy might be indicated later.

## REFERENCES:

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