

PERCUTANEOUS K-WIRE OF ISOLATED RADIAL HEAD FRACTURE IN MASON TYPE II IN ADULT: AN ALTERNATIVE METHOD

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Introduction: Isolated radial head injuries are uncommon. Gupta et al.[9] reported the incidence of associated bone or soft tissue injuries as 52% in Mason type I fractures and 94% in type III fractures. Generally, anatomical reduction of shaft fractures is preferable by operative intervention to restore the anatomical relationship of all forearm structures which help to reduce postoperative complication. The use of mini screws or K-wires, which are low-profile implants, for the fixation of Mason type II fractures, provided excellent or good results in many patients.

Discussion: 26y/o malay female presented to casualty with left elbow pain following alleged sport injury. Clinical examination reveal no abnormality. Imaging shows left radial head fracture mason 2. However decision was made to fix the fragment instead of excise. She underwent open reduction and fix with one k-wire 1.6mm For this type of fracture pattern, excision is not favourable since the patient is still young. The fragment also was too small with minimal bone loss which make fixing the fracture with k-wire is better choice. We also found out the fracture well healed with acceptable outcome. Early mobilization was possible with the use of a functional brace, there was no loss of fixation, and no patient required revision surgery. All the patients returned to work in a mean of 11.5 weeks (range 10 to 14 weeks) without any problem

Conclusion: In managing radial head fracture, fixation is still the better option compared to excision regardless of what type of fixation since it will help to achieve normal anatomical relationship of the forearm structures. This also will help the patient to achieve better functional outcome of the affected limb since radial head is very importance as secondary valgus stabilizer.