

TRICEPS PRESERVING SURGERY IN A GIRL WITH CHRONIC COMPLICATED ELBOW DISLOCATION: A CASE REPORT

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Introduction: Chronic elbow dislocations although very rare are still relatively common in local setting as some patients still seek bonesetters for treatment. It is defined as unreduced elbow dislocation persisting for more than 3 weeks. A case of chronic complicated elbow dislocation in an 11-year-old girl is reported. Management with open reduction and controlled early mobilization yielded good functional outcome.

Discussion: An 11-year-old girl presented with 5 month history of stiffness and deformity over right elbow after alleged fall. She was initially brought to local bonesetter for massage. Physical examination demonstrated limited motion over the elbow. Computed tomography revealed humeroulnar and radiocapitellar dislocations with fracture of radial neck and distal humerus growth plate complicated with heterotopic ossification. Open reduction via posterior triceps-on approach with temporary K-wire transfixation was performed. Obstructed fibrous tissue and ossification were excised while preserving triceps and collateral ligaments. The elbow was protected with hinged brace locked at 90 degree and K-wire removed after 3 weeks. Early mobilization exercise commenced afterwards with brace adjusted accordingly. Assessment after 1 year showed good outcome with score of 85 on Mayo Elbow Performance Index. Range of motion assessed was 35 to 140 degrees with motion arc of 105 degree.

Conclusion: Chronic elbow dislocation is increasingly rare with more accessible medical treatment. Open reduction is generally advocated in cases more than 3 weeks. Many authors suggested V-Y tricepsplasty in chronic dislocations. However, it is associated with more postoperative pain and significant flexion contracture. More recent technique involving ligament reconstruction has been proposed allowing early mobilization. Chronic elbow dislocation can be safely reduced with good outcome by preserving the triceps even in paediatric cases whilst providing adequate exposure, maintaining stability, avoiding triceps weakness, and allowing early rehabilitation.