

Look Carefully, You Might Miss!

A Rare Case of Unstable Bado III Monteggia Fracture Dislocation in Paediatric

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INTRODUCTION:

Monteggia fracture dislocation in paediatrics age group can lead to serious consequences if it is not detected early and provide stable reduction. A very diligent review of the radiograph should be done over the proximal radio-ulnar or distal radio-ulnar joints in any forearm fractures.

Here, we are presenting a case of an unstable Bado III Monteggia fracture dislocation which requires cross K wiring method in order to achieve stability.

REPORT:

A 8-year-old boy presented with complaint of pain over his right elbow after had a fall in outstretched hand at school. On examination, there was gross swelling over the proximal aspect of forearm and elbow, no any open wound or bruises noted. Tenderness elicited over anterior and posterior aspect of proximal forearm. Child refuse to cooperate for assessment of range of movement in view of pain.

Plain anteroposterior radiograph noted to have comminuted proximal ulna fracture in valgus alignment and shortening with no bisection of long axis of radius to the capitellum, showing radial head is laterally subluxated. Closed manipulative reduction(CMR) was attempted, however the radial head was not stable, hence, we proceeded with CMR and K wiring of the proximal ulna. A gentle traction with varus force was applied and k wires were placed in multiple direction to restore the height and alignment.

Post-operative plain radiograph showed a well reduced radiocapitellar joint and restoration of proximal ulna alignment. Child was discharged home well with above elbow backslab in 90 degree flexion and K wires were removed 3 weeks post operation.

CONCLUSION:

Monteggia fracture in paediatrics age group could be easily missed in view of improper plain radiographic view of the joint, and also distracting fracture of the forearm. Proper reduction of ulna bone is required in order to achieve stable reduction of the radiocapitellar joint. Either an intramedullary wire or cross k wires of the fracture site could the great options of treatment in achieving a more stable reduction that a cast alone.

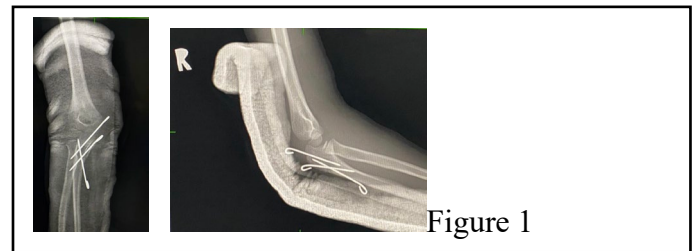


Figure 1 showing post operative reduction

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