Twists And Turns: A Rare Encounter with Closed Lateral Epicondyle Fracture and Ulna-Humerus Dislocation in a Kid

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INTRODUCTION:

A rare injury in children is posteromedial dislocation of the elbow with a lateral condyle fracture of the humerus. Few cases have been reported. A direct adducting force on a slight flexed elbow with a fall on an outstretched hand is most likely caused the elbow's to posteromedial dislocation with lateral condyle fracture.

REPORT:

8 years old boy fell while playing monkey bar with an outstretched left hand. Examination noted left elbow swollen with deformity. No wounds or bruises at the elbow area. Neurovascular was intact. X ray left elbow was done and revealed lateral condyle fracture with posteromedial elbow dislocation. The lateral condyle was aligned with the radial head. He underwent an operation: closed reduction of elbow and open reduction of lateral condyle fracture. The lateral condyle was anatomically reduced and was fixed with 2 lateral 1.6-mm Kirschner wires (K-wires). During surgery, the reduction of elbow was stable after the lateral condyle was reduced anatomically. One horizontal wire and another one perpendicular to fracture line were inserted. The fracture configuration was Milch type II fracture. The radiocapitellar joint, the posterior capsule and lateral collateral ligament remained intact. Full length back slab and embedded wires were kept for 6 weeks duration. Patient underwent operation removal of wires and physiotherapy was initiated after that. 2 weeks after operation, the range of motion of elbow was satisfactory, 0-120 degree. No valgus or varus deformity seen.

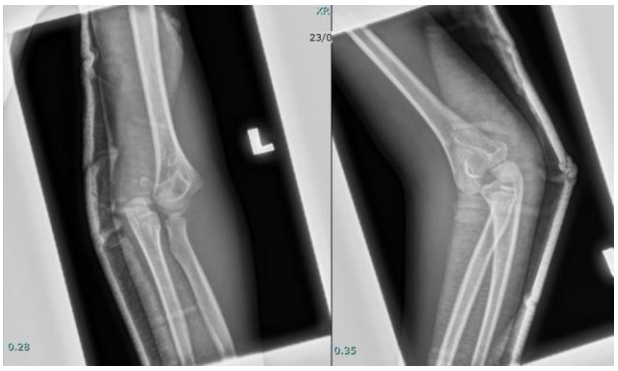

Figure 1: post trauma

Figure 2: 2 months post operation

CONCLUSION:

Elbow dislocation with lateral condyle fracture is very rare and is commonly dislocated at the posteromedial. Must be treated with reduction of the elbow dislocation and anatomical reduction and fixation of the lateral condyle. If an anatomic reduction is achieved, we can anticipate satisfactory results.

REFERENCES:

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