

A Case Report: Closed Fracture Right Galeazzi With Salter Haris Type 2 Injury

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INTRODUCTION:

In children, distal forearm physeal fractures are common. Usually distal forearm physeal injuries are common injuries in children and adolescents. Epiphyseal injuries to the distal radius are common in children but involvement of the distal ulna is rare. Fracture of distal radius with dislocation of the DRUJ is known as a True Galeazzi fracture dislocation and an epiphyseal separation of the distal ulna occurred instead of dislocation of DRUJ or both is called Galeazzi equivalent lesions. Galeazzi fractures in children are less common than in adults.

CASE REPORT:

A 15 years old Malay boy alleged motor vehicle accident (motorbike versus car) presented with pain and swelling of left wrist. Noted deformity of the left wrist. Patient was referred to Orthopaedic Clinic from Hospital Kuala Kangsar for further management. CMR and application of full length POP of left upper limb was done to him in Hospital Kuala Kangsar. During his follow up in Orthopaedic Clinic, check x-ray was done and it was not acceptable as the DRUJ was opened up and also noted there is Salter Haris type 2 injury. Examination of left wrist revealed that piano key test was positive with dinner fork deformity.

DISCUSSION:

Galeazzi fracture with epiphyseal injury in children is rare. This patient had both features based on radiographic findings. The principle of management of this type of injury includes anatomical reduction with k-wire together with DRUJ assessment and above elbow Plaster of Paris application for at least 6 weeks. Check x-ray after reduction should be reviewed to make sure adequate reduction is achieved. Empirical antibiotic should be given to the patient upon discharge.

CONCLUSION:

Galeazzi equivalent injury is rare. It may require radiographic comparison of opposite uninvolved distal forearm with wrist, CT or MR imaging to define injury accurately. It may require open reduction for anatomical or acceptable reduction of fracture to minimize chances of growth arrest which may occur as a complication of injury. It is also necessary for frequent follow up to identify complication early especially growth arrest in asymptomatic patients.

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