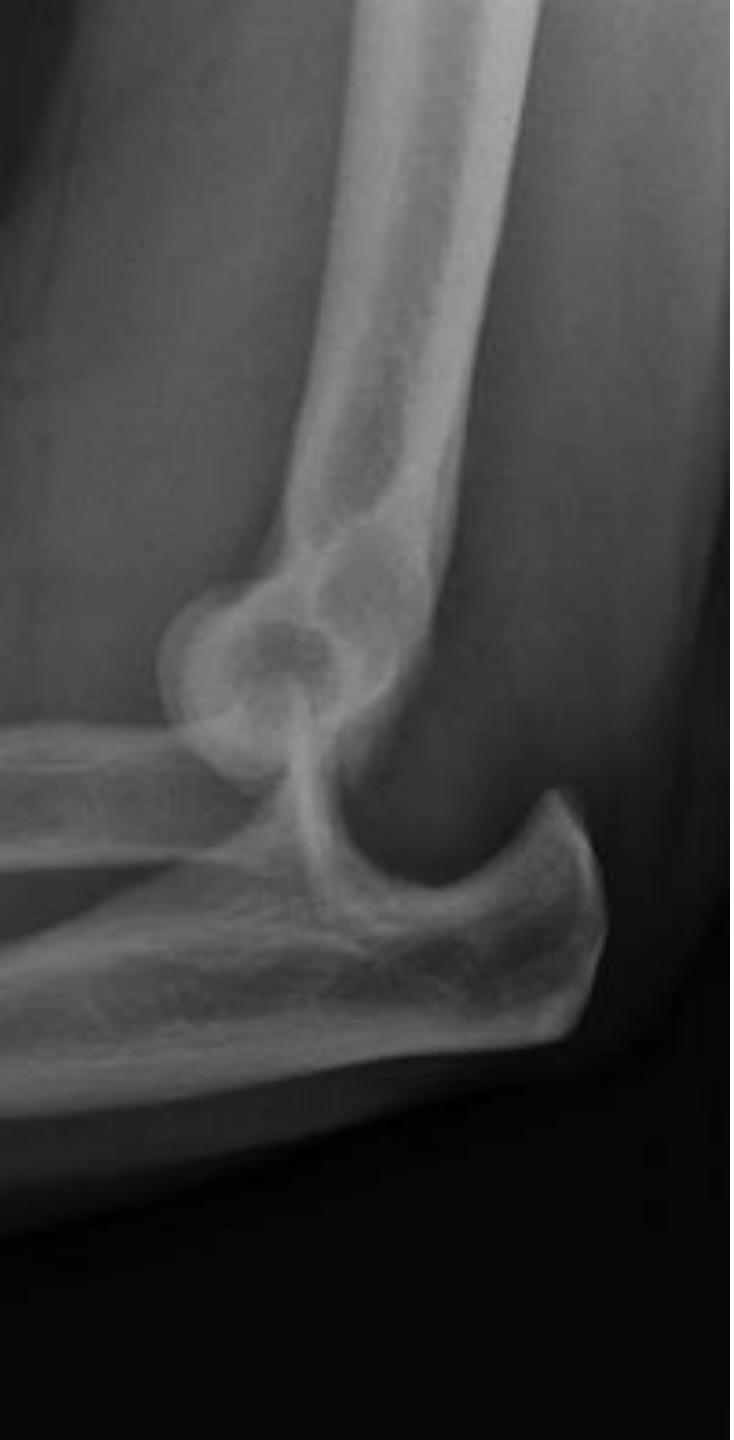
Elbow dislocation

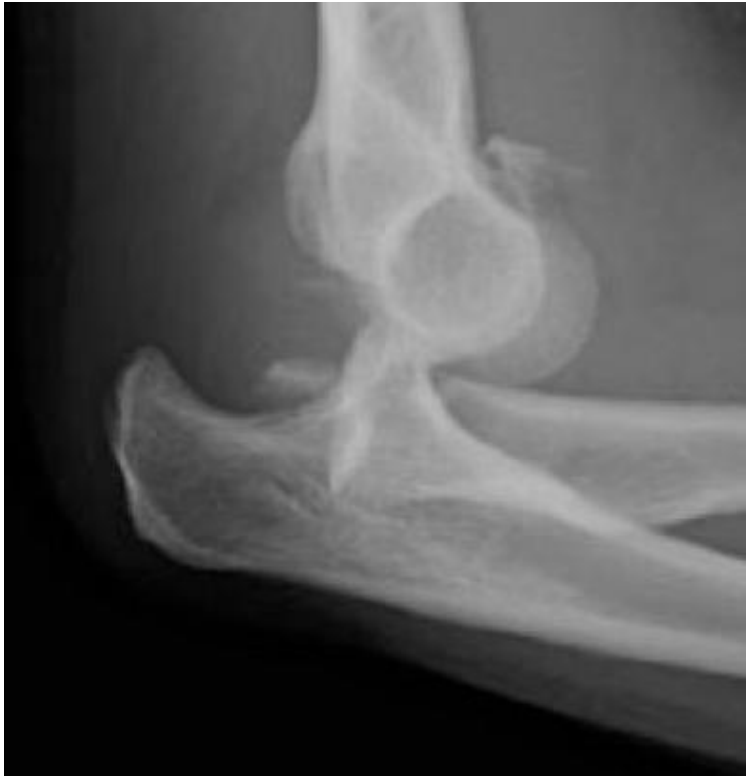
Panel discussion

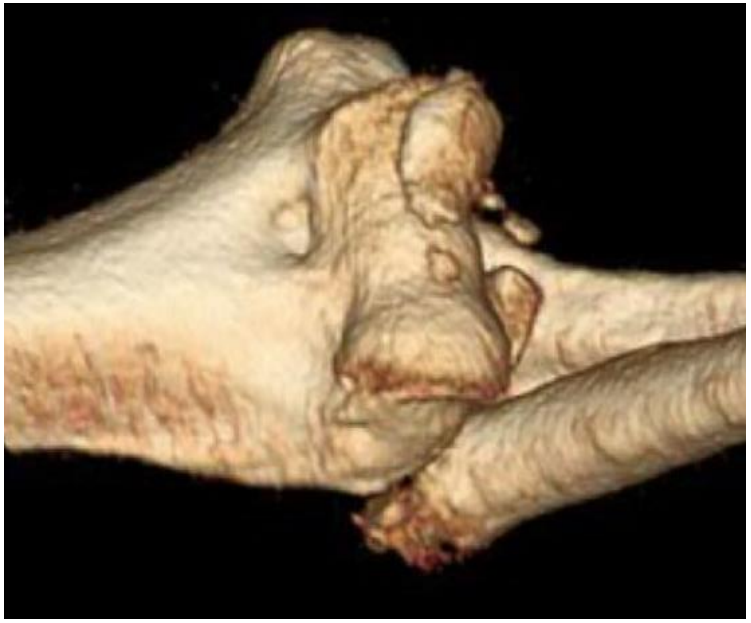
Kenneth Szkopek



Simple elbow dislocation

- Dislocation of the proximal forearm without associated fracture
  - Posterior dislocation of the forearm (80%)
  - Anterior dislocation of the forearm (15%)
- Can often be treated non-operatively with a posterior cast for 5-7 days, followed by an unlocked hinged cast for 3-6 weeks
- Obs “sag-sign”: > 4 mm of ulnohumeral distance which have a 20 % risk of undergoing surgery because of instability and re-dislocation





Complex fracture dislocation

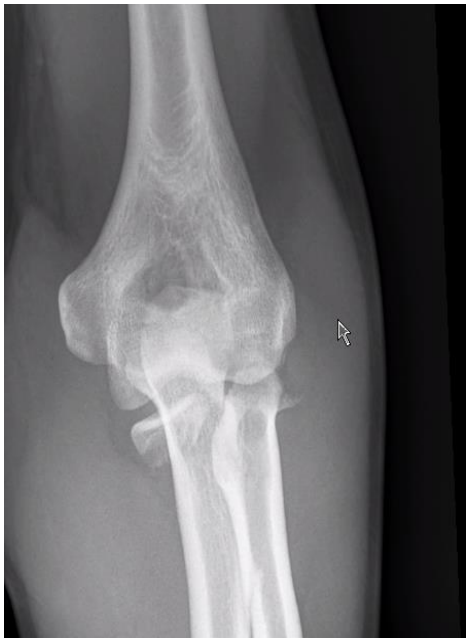
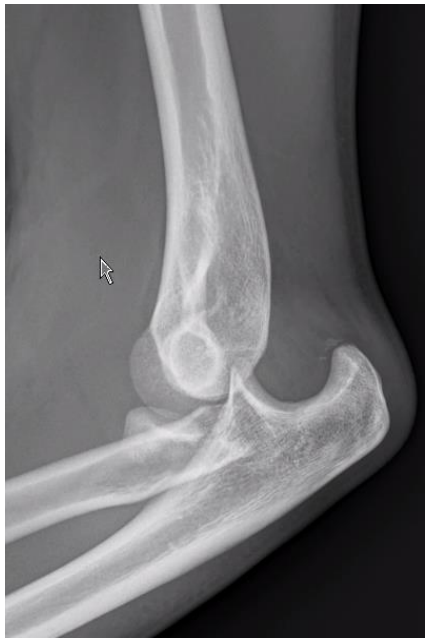
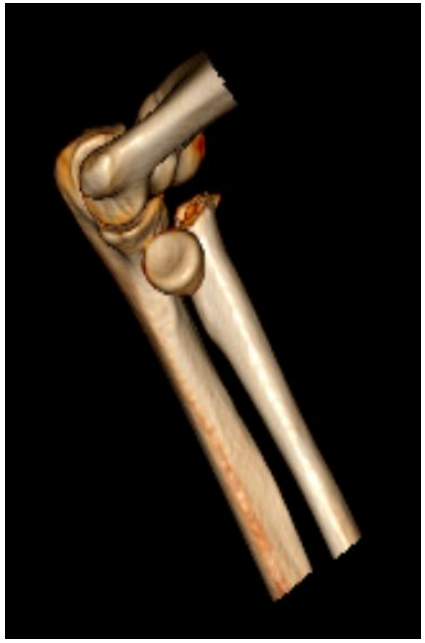
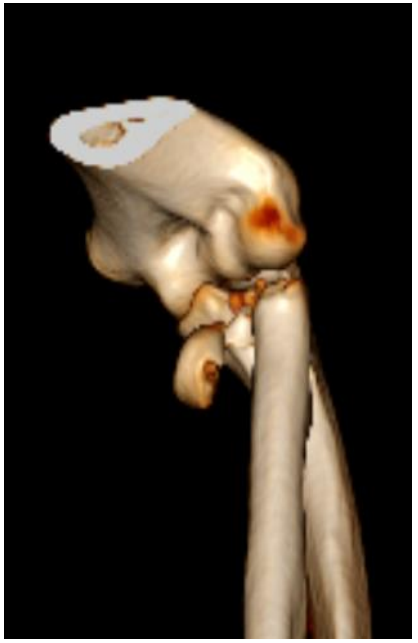
- Dislocation of the proximal forearm **with** associated fracture and traumatic injury to the ligamentous structures
  - Ex. Terrible triade (dislocation of the forearm and fractures of both the coronoid process and the radial head

Ex. Monteggia fracture

- Proximal fracture of the ulna – distal to the coronoid process.
- Dislocation of the radiocapitellar and radioulnar joints

Case – terrible triade

Healthy 20 years old boy falls and incurs a terrible triade fracture

Treatment options

ORIF – and if: Plate or screws

Resection? Considerations.

Replacement?

Approach:

- Kocher
- Kaplan
- Posterolat.

Aim

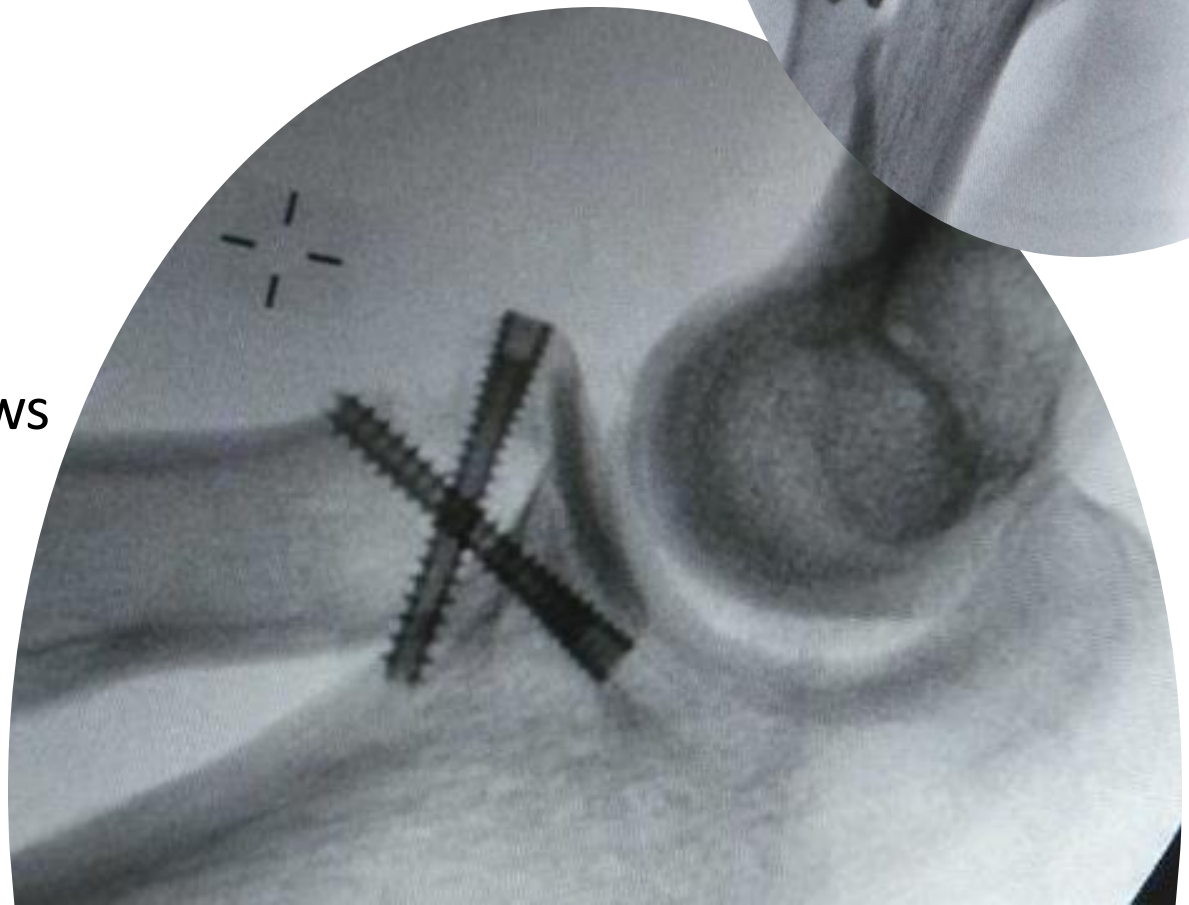
Stabel ulnohumeral joint

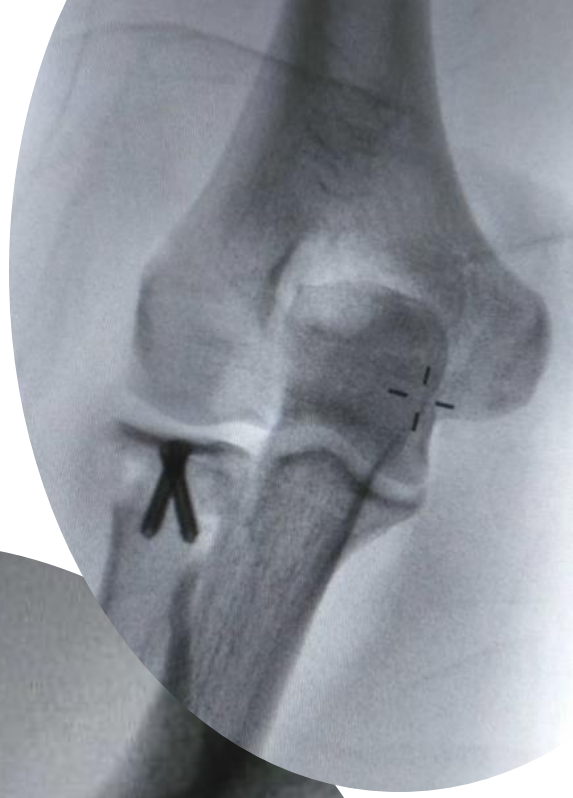
ROM

30-130 degree of extension-flexion and
50/50 in supination/pronation

Result

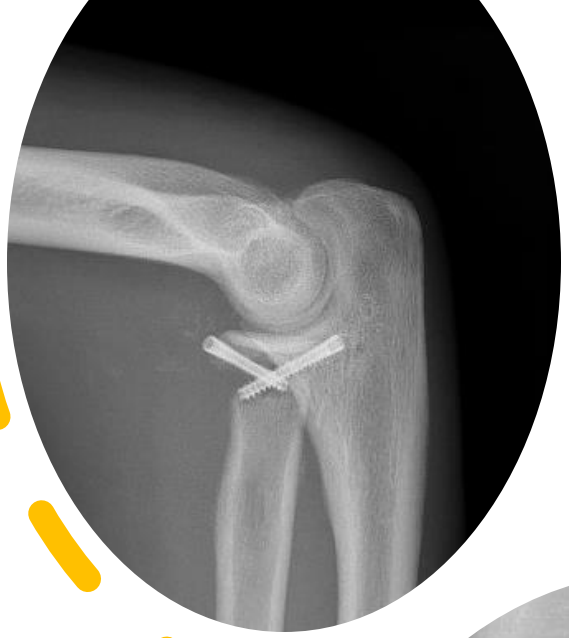
Anatomical fixation with headless compression-screews

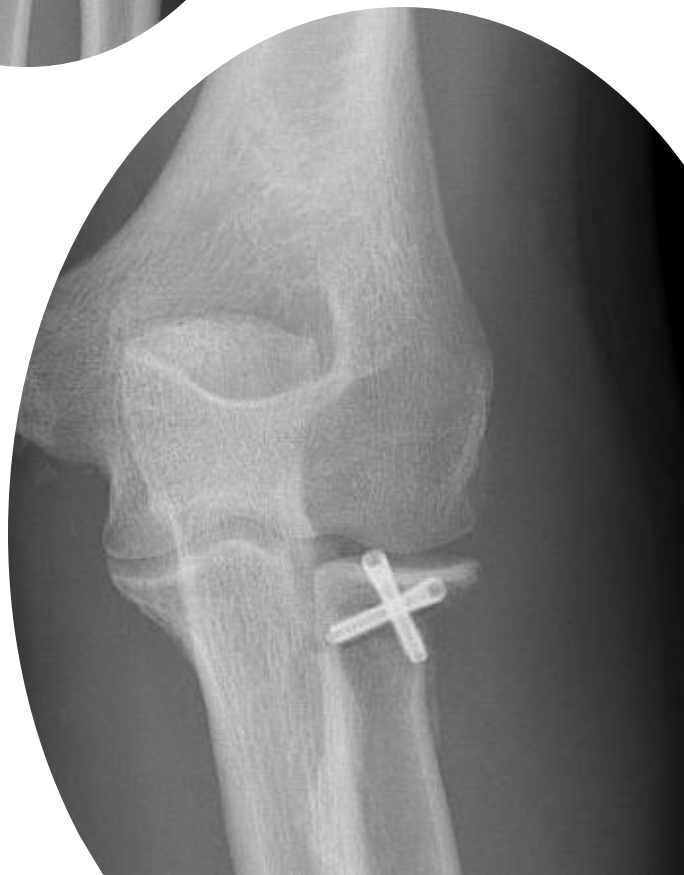




3 months up

- No pain
- Stable
- ROM:
  - Ex.-flex.: 20-130 degree
  - Sup./pro.: 90/80 degree





Take Home Messages

- Simple dislocation can often be treated conservatively with frequently follow-ups
- Complex dislocation needs operation
- Goal: Stable ulnohumeral joint and 30-130 degree of extension-flexion and 50/50 in supination/pronation