

Elbow panel discussion

Complex olecranon fracture

Mayo classification

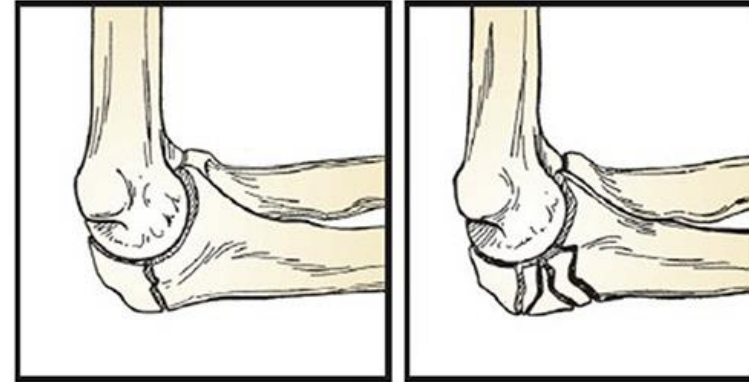
Treatment goal:

1. Pain free
2. ROM 30-130°

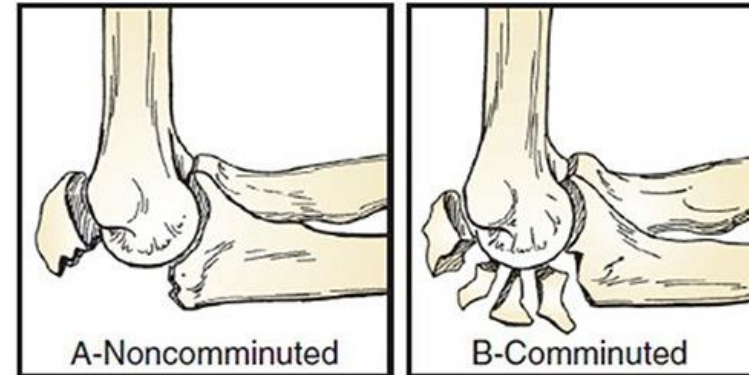
Treatment options:

- Non-operative
- TBW/Sutures only
- Plate fixation

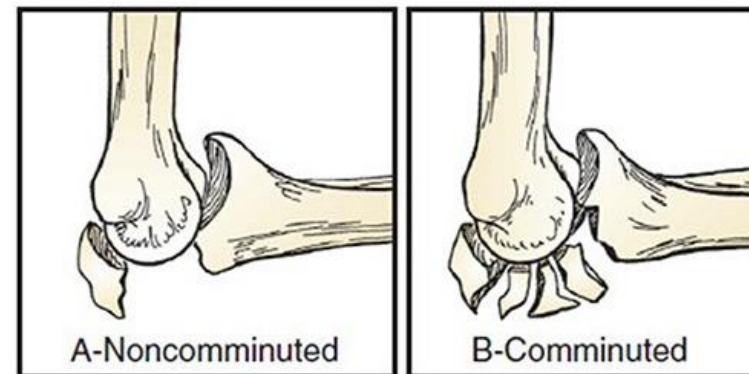
Type I
Undisplaced



Type II
Displaced-
stable



Type III
Unstable

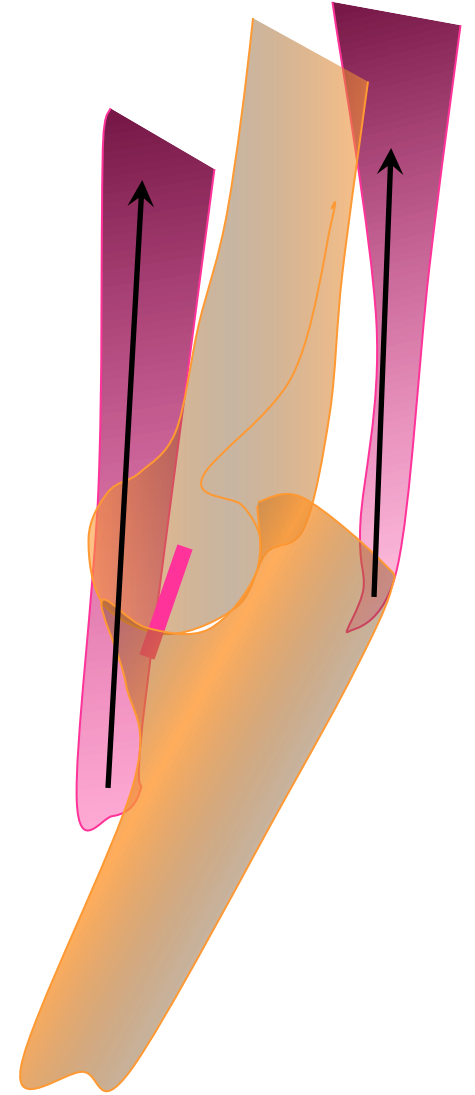
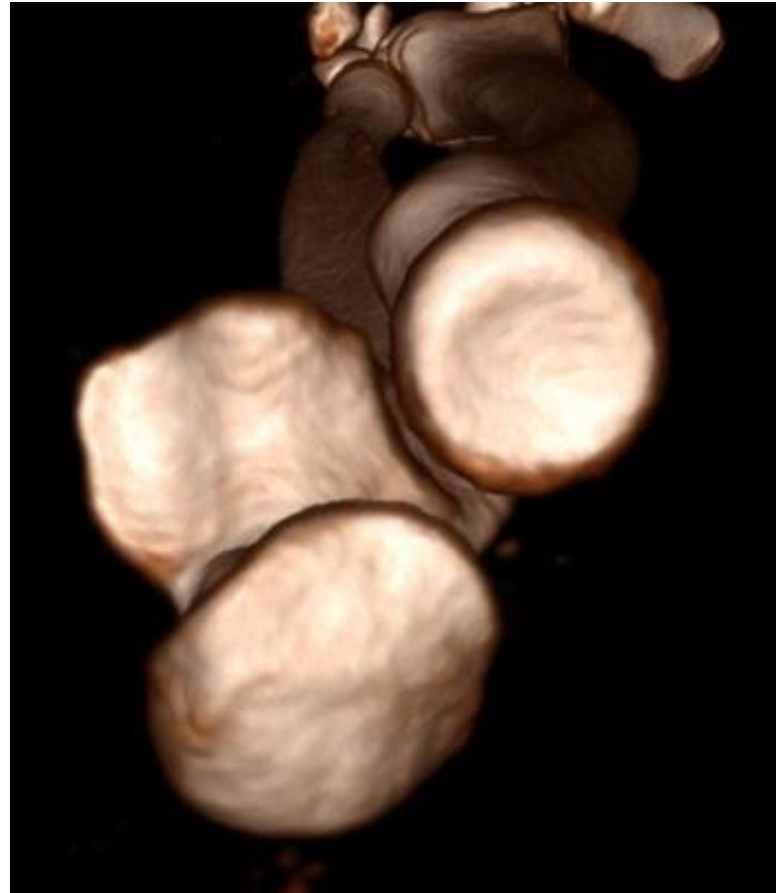


Elbow stability

Highly congruent

Skeletally stabilised

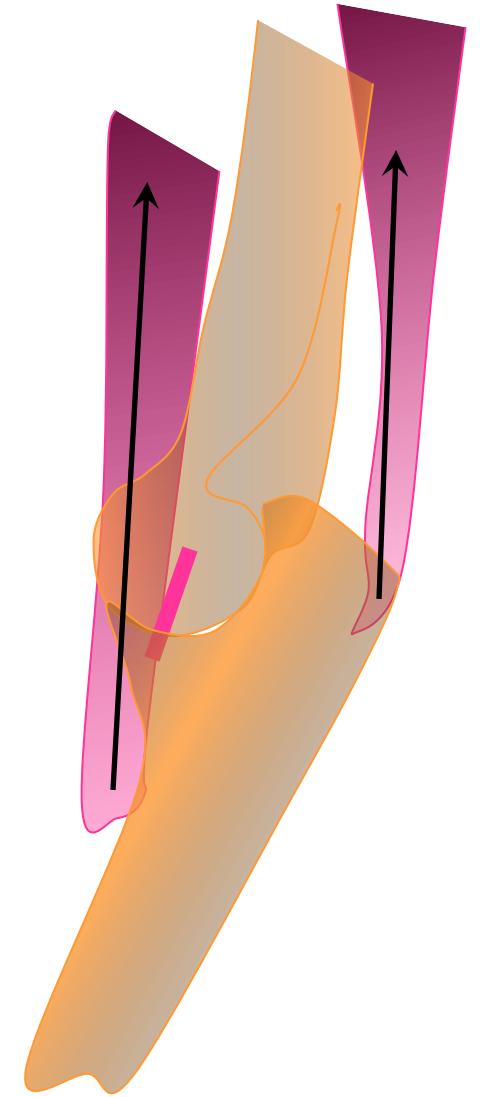
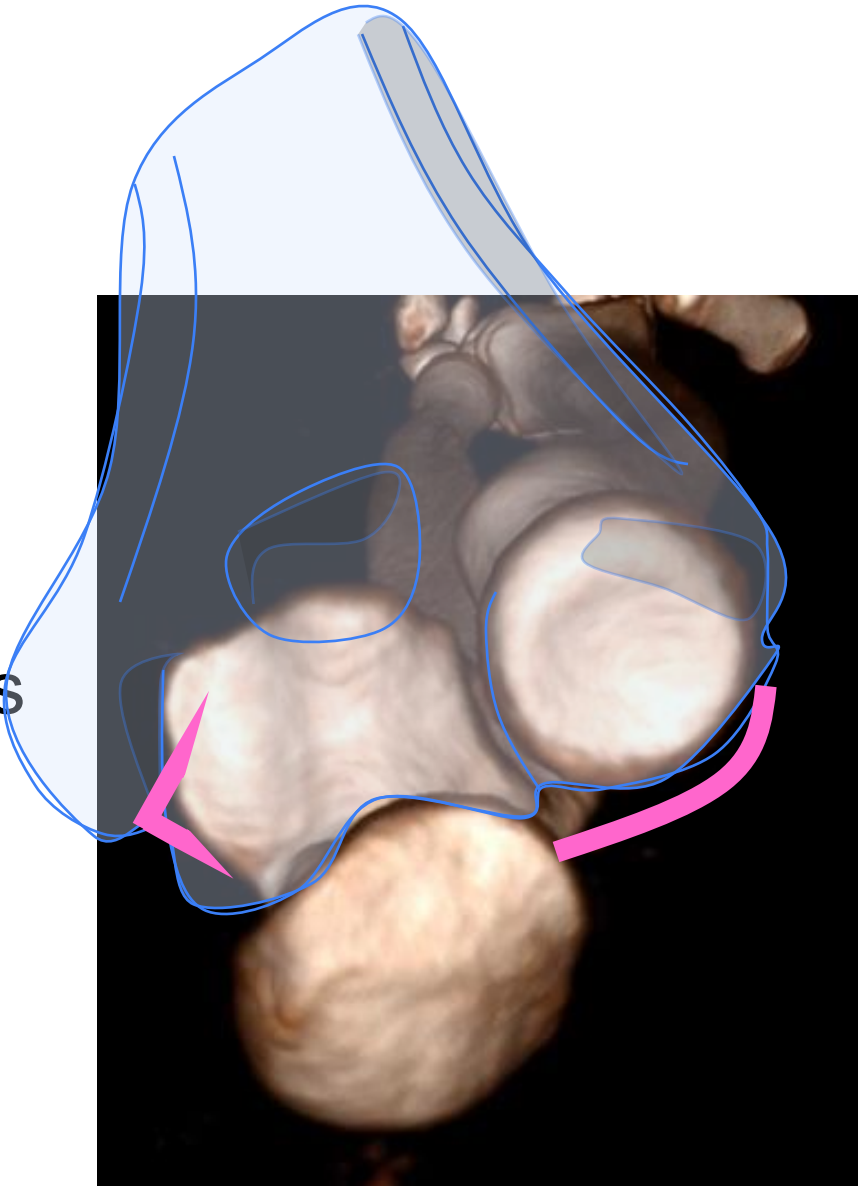
1. Anterior wall no 1
2. Collateral ligaments work as reins



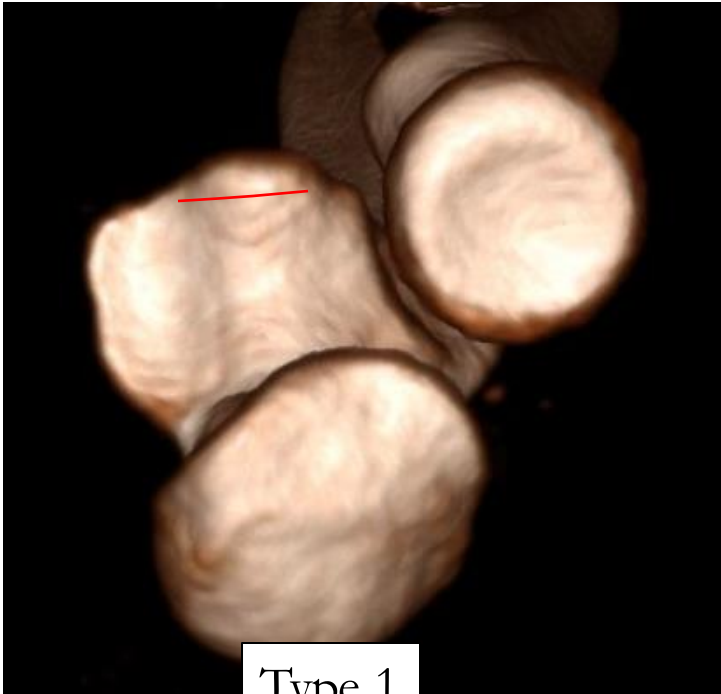
Elbow stability

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Classification of coronoid fractures



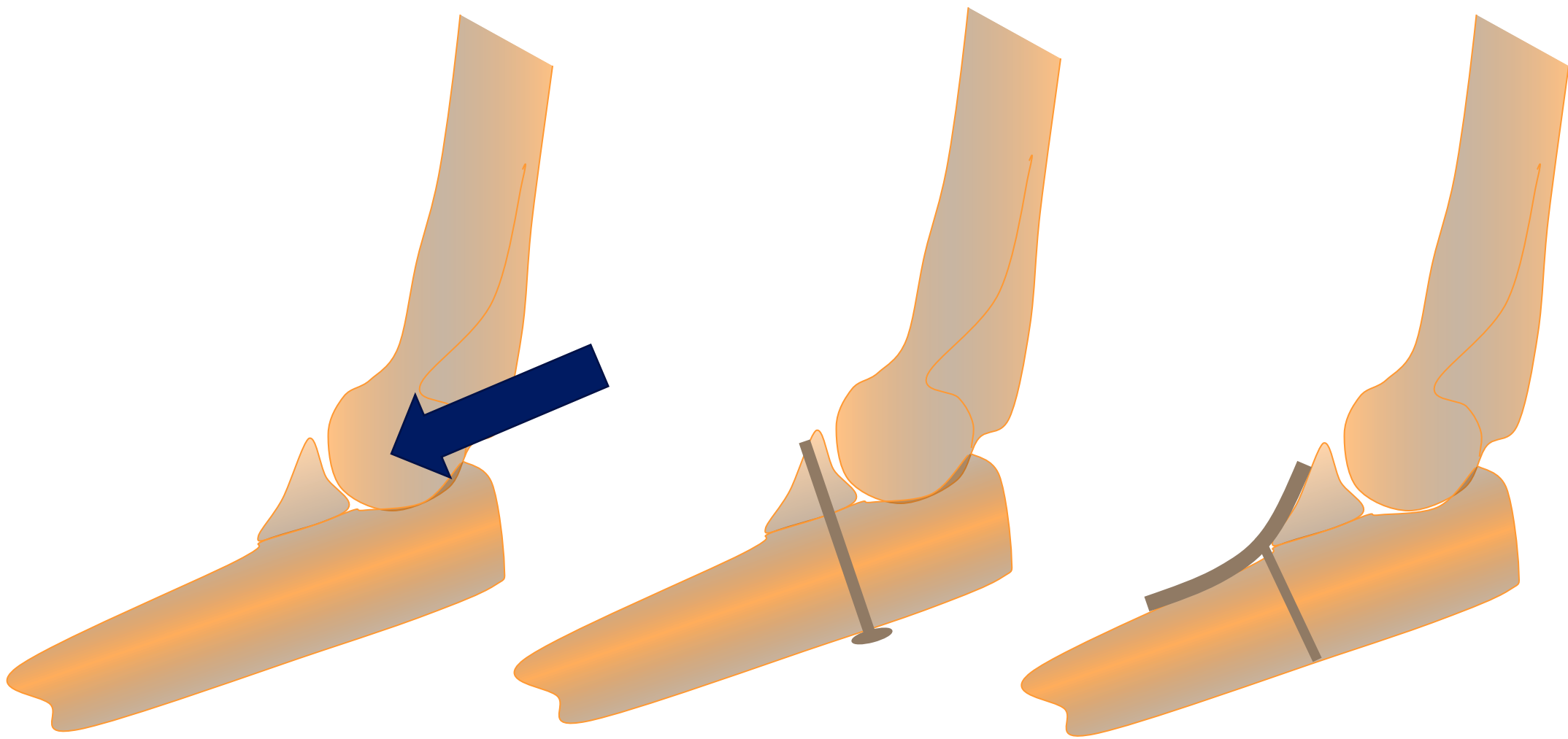
Type 1



Type 2



Type 3



Case: 79-yo woman

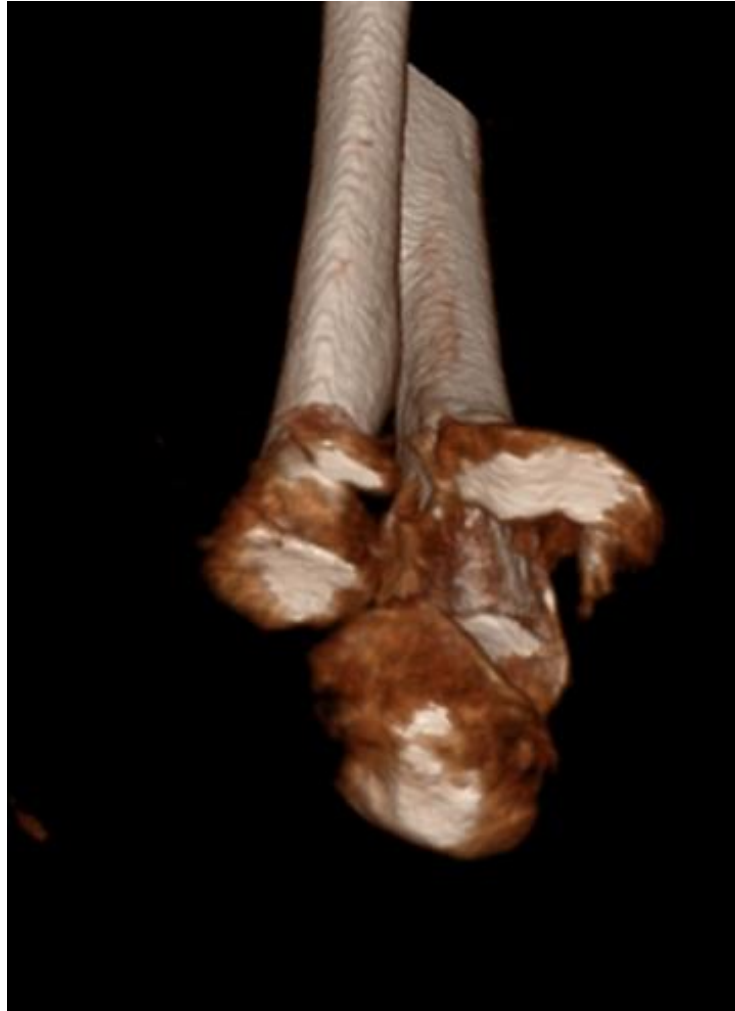
Active

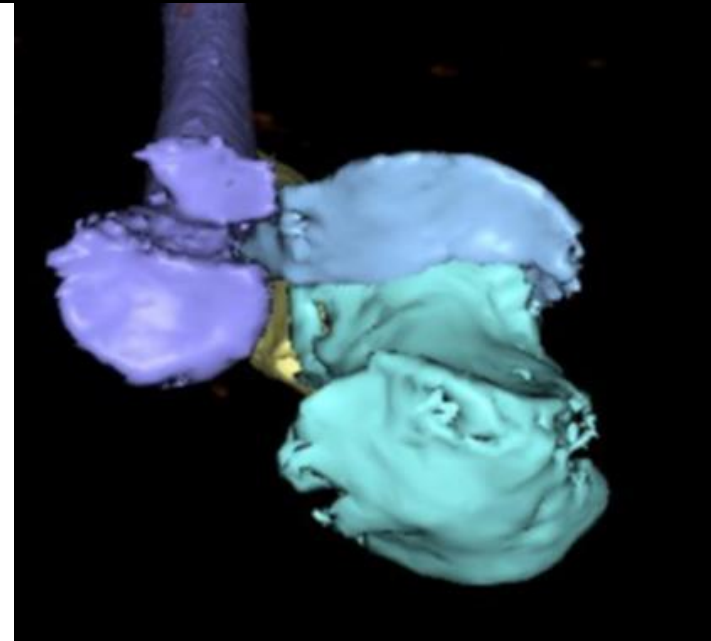
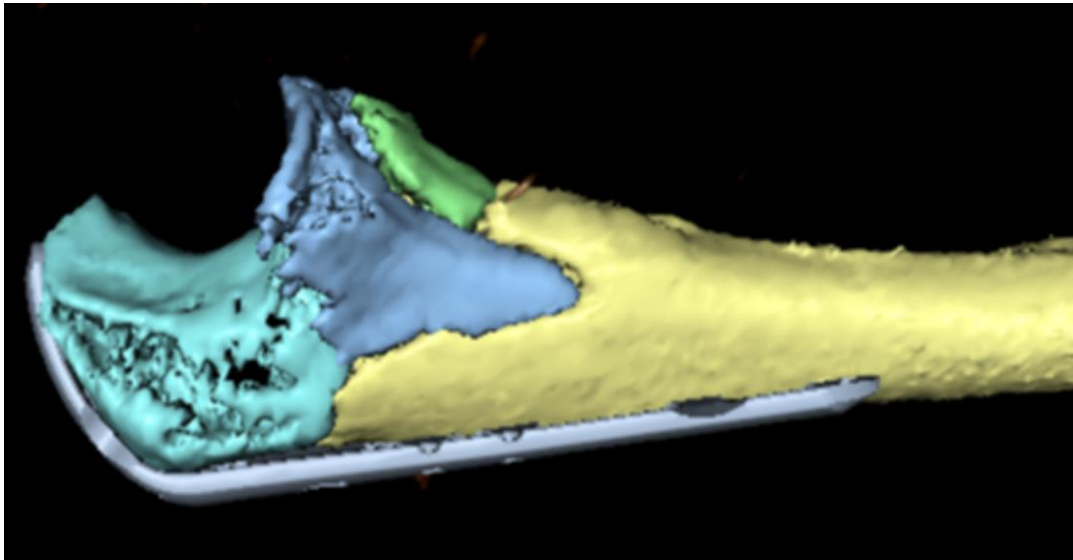
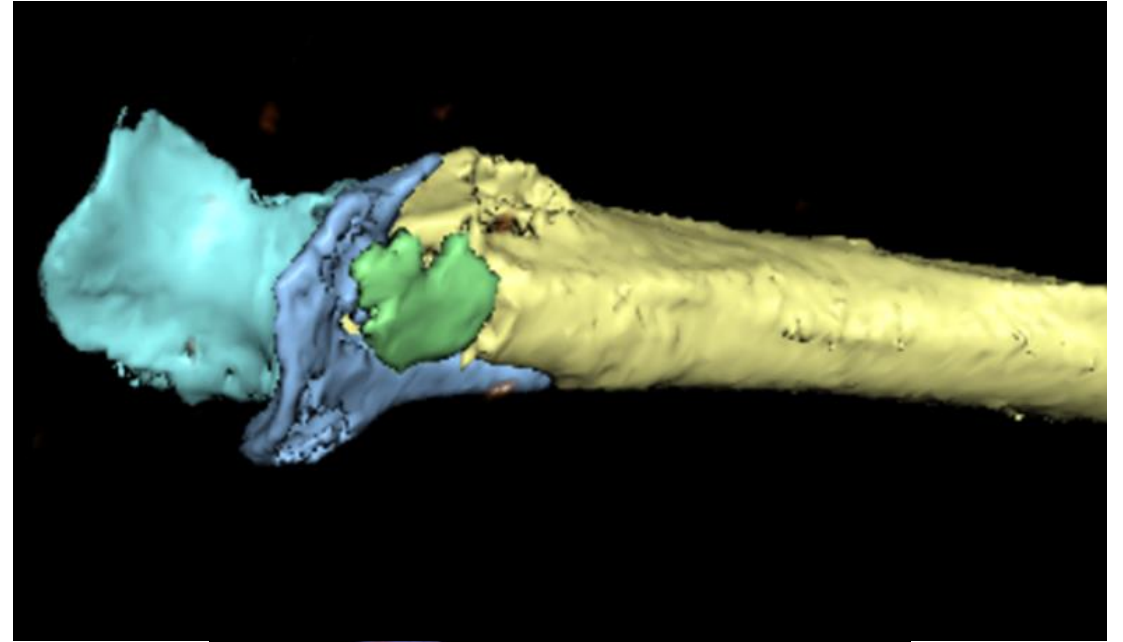
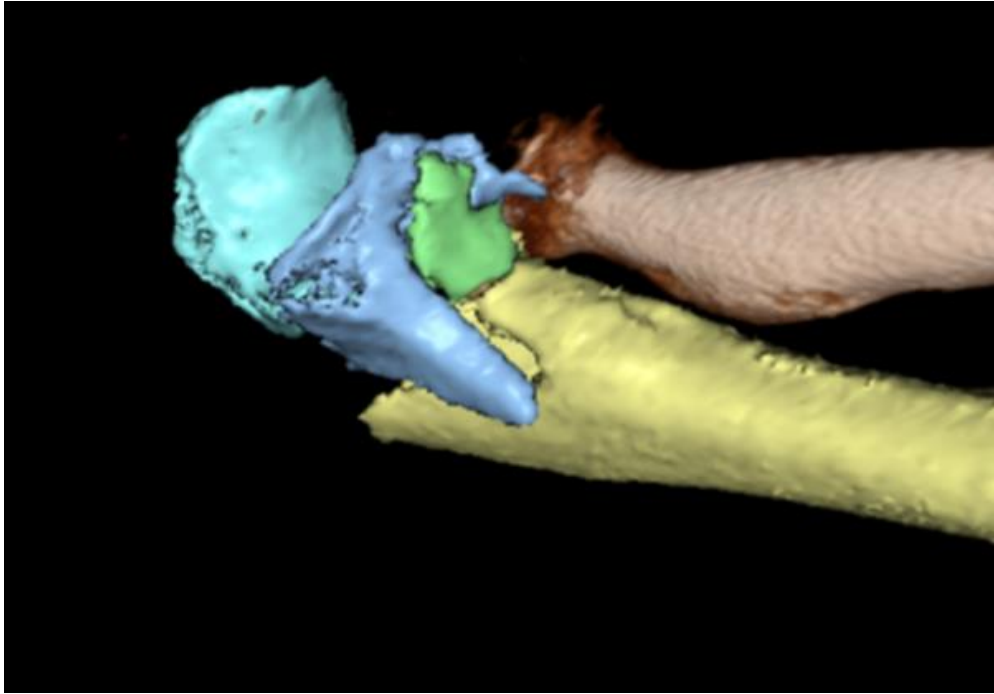
Low energy fall

NV intact

Closed injury





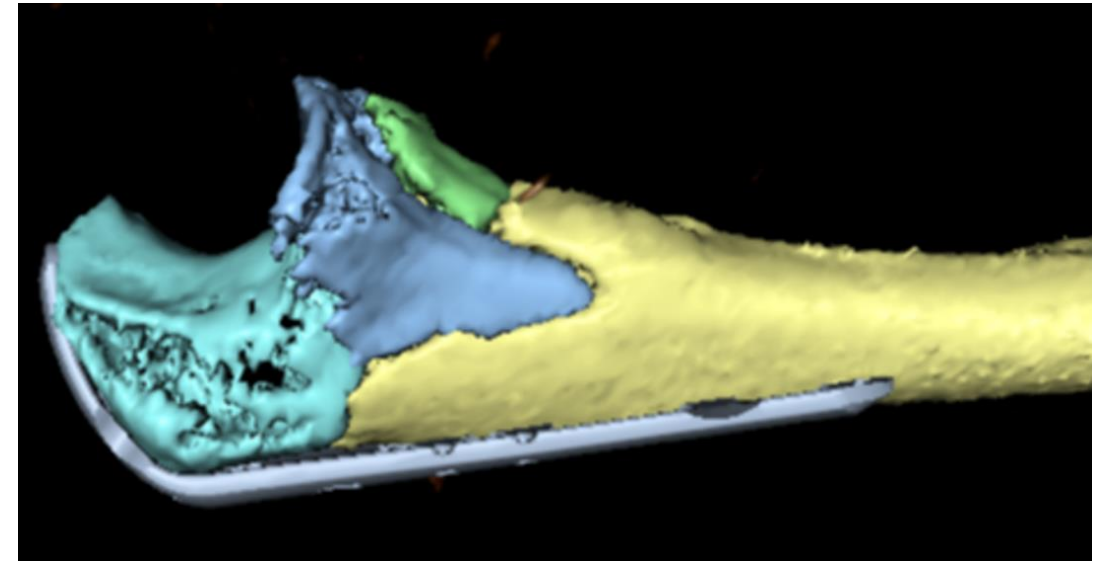
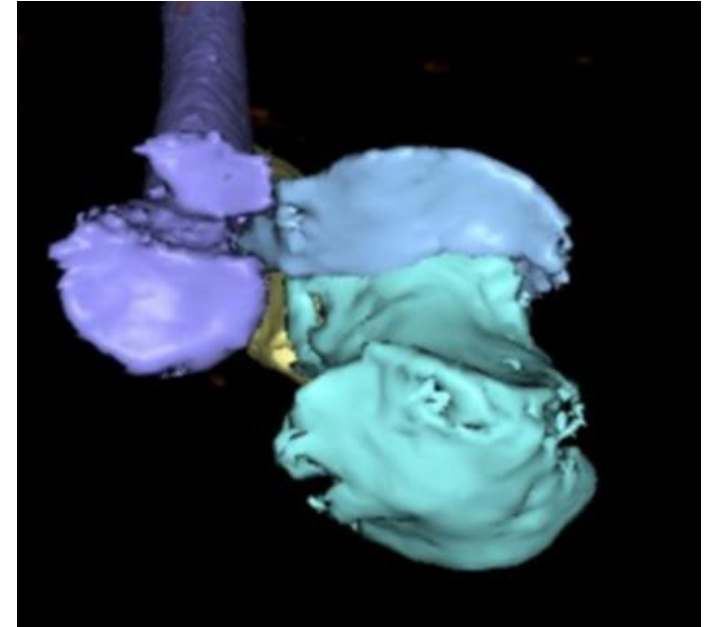


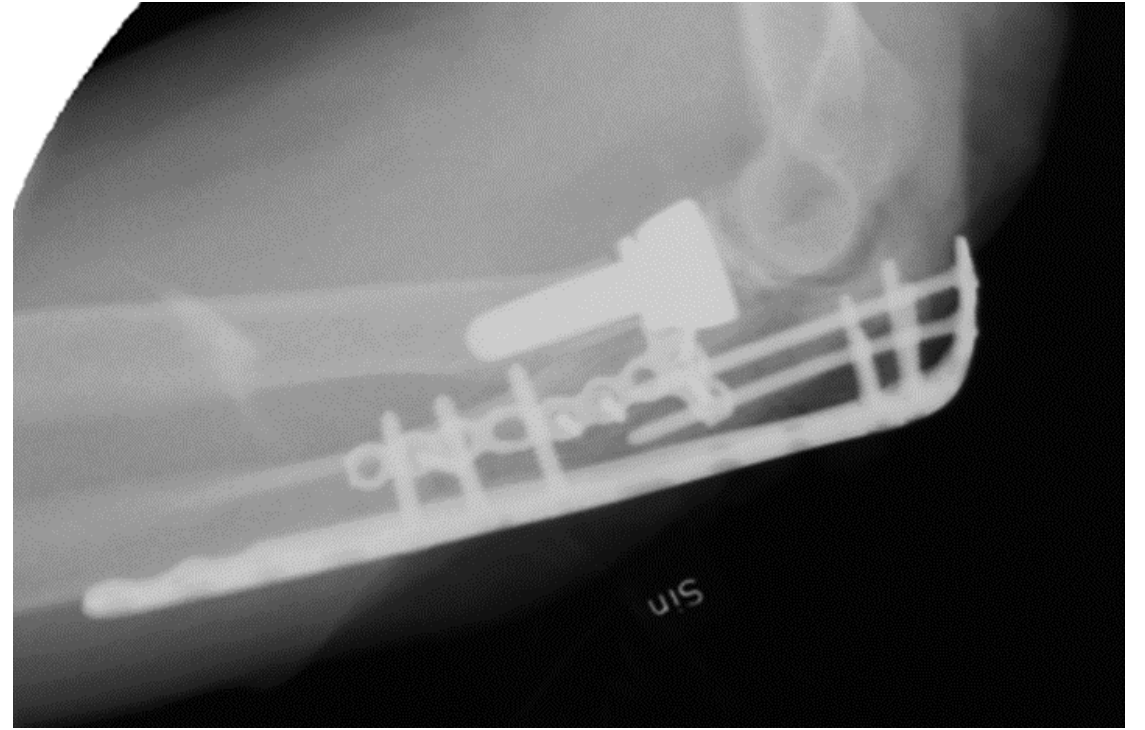
Analysis

Anterior wall has to resist axial displacement

Radial head: fix or replace

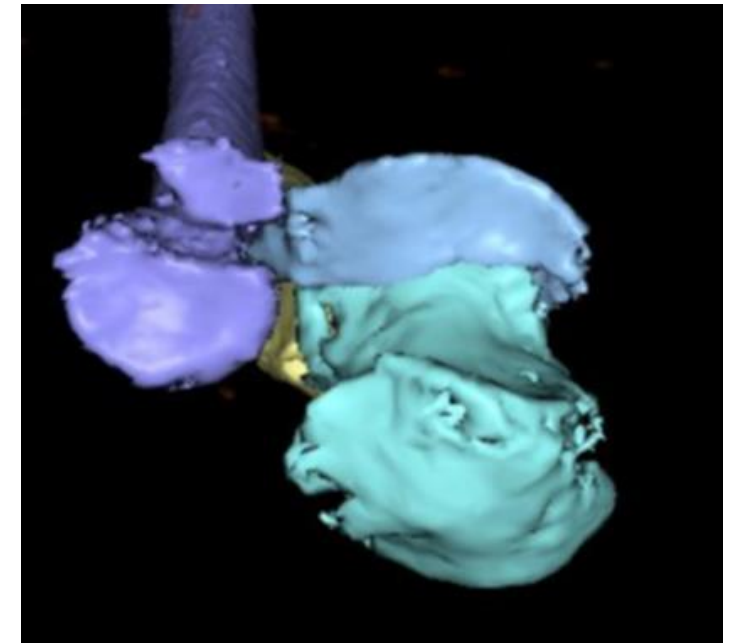
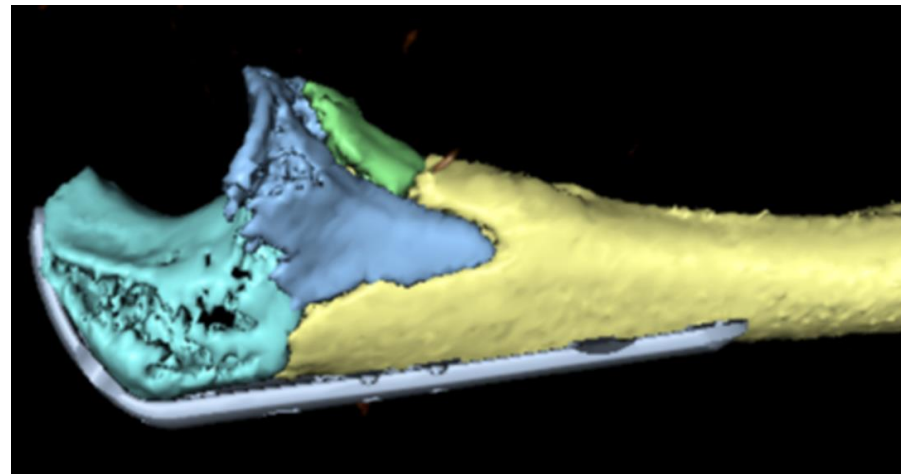
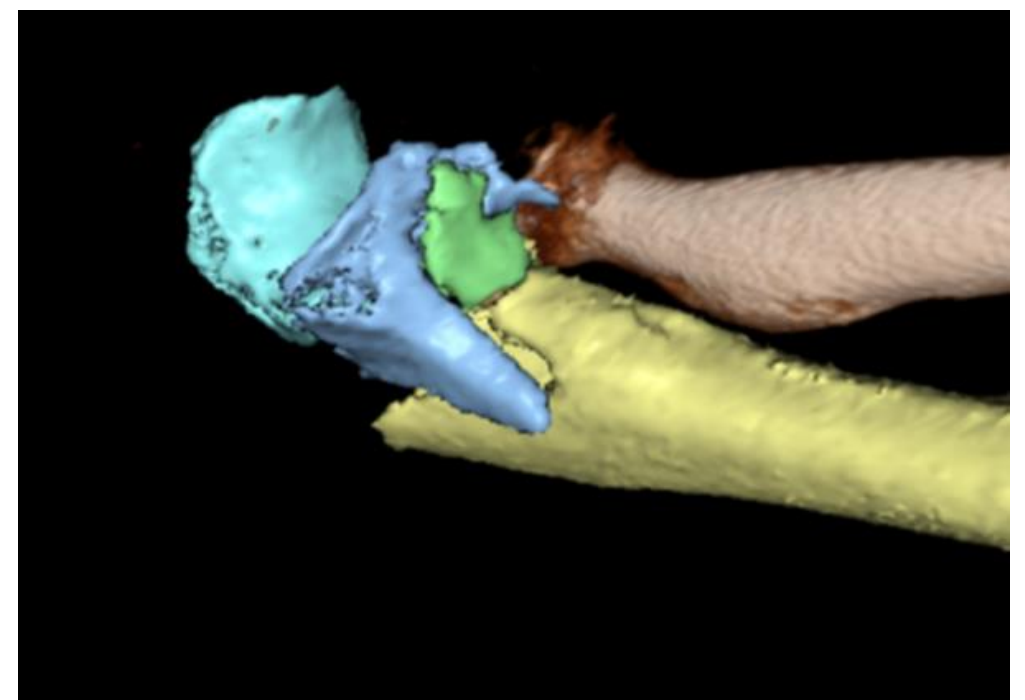
Coronoid: stable fixation = buttress plate





Take home messages

- Advanced surgery
- Map suspected coronoid fractures and RH fractures (anterior wall frx) with a CT
- A dorsal plate only may not be sufficient to control the coronoid fragment if it is large



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