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Elbow dislocation with radial head fracture

Management of radial head fracture with elbow dislocation. Standard surgical protocol to treat elbow dislocation with radial head and coronoid fractures. Posterior dislocation of the elbow with fracture of the radial head and coronoid.

The surgeon treatment is indicated for all unstable fractures and radial head displacements (and neck). As described above, the rule of the trios can be used to determine the need for surgical intervention: surgery is necessary if the fracture involves more than 33% of the joint surface, is angled more than 30 °, or is moved more than 3 mm. A mechanical block for movement always requires open treatment to remove fragment or osteochondral blocking blockers or fragments. Open fractures are also surgical emergence. They require irrigation and surgical debridement in an operating room with appropriate antibiotics, even if the wound is small. At the same time, the immediate stabilization of the bone lesion is also carried out. Monteggia fracture-displacements are a special variety of lesion in the radial head. They are commonly classified into four types (see Table 1 below). Table 1. Classification of Monteggia fracture-displacements (open table in a new window) Type equivalent description (ES)% type I previous displacement of the radial head and angles Previous of the ulna fracture fracture or neck fracture instead of displacement 60 type II posterior displacement of the radial head and posterior angles of the fracture elbow wolf fracture ulna ulna or elbow or neck fracture instead of displacement 105 type III side displacement of radial head with radial ulna fracture head or fish fracture Location 20 Type IV Previous Luxession of the radial head and the proximal axes of both bones fractured in the radial head of the same level or fracture of the neck instead of displacement 5 Classically, Monteggia fractures are ulna fractures in the third proximal with displacement of associated radial head (see images below). Instead of displacement of the radial head, the head or radial neck can be fractured as an equivalent injury. The pattern of injury is similar to former forearm fractures both bones. Monteggia fracture-displacements are included here due to the importance of not losing the injury. Isolated lesions (radial head displacement by themselves or fracture [NightStick] alone) are often treated by closed treatment with good results, but combined lesion can almost never be treated by all closed The good results are expected. Suitable treatment requires diagnosing both (see work, image studies). The radial head should be aligned with the capitulum in all visualization. Simple ulna fracture on the anteroposterior vision: Radial head appears in place, but see the image below. The radial head should be aligned with the capitulum in all visualization. The displaced radial head is observed in the lateral radiography. Elbow floating injuries are another special case that can include lesion in the radial head. Floating elbow injuries include associated ipase and eromer fractures. They are severe high energy wounds. The best result almost always requires fixing on both levels. The default fixing machines for individual fractures are used à é à é

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