Coincidence of Ipsilateral Humeral Shaft, Monteggia and Both Bone Fractures; A Floating Elbow with Significant Recovery

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Trauma Clinical Image

The coincidence of forearm and humeral shaft fractures results in a “floating elbow” injury necessitating surgical open reduction and internal fixation of all fractures to allocate for maintenance of elbow joint suitable motion and minimizing stiffness [1]. Here we introduce a case of an ipsilateral humeral shaft fracture and Monteggia and both bone fracture with terrible triad open fracture from a pedestrian car accident (PCA) to his right upper extremity.

This is a rare devastating combination of injuries resulting in a floating elbow variation with interruption of the distal radioulnar joint [2, 3]. A written informed consent was obtained from the patients regarding the data would be submitted for publication, and the patient agreed. A 40 year-old previously healthy man suffered a forceful twisting and loading injury to his right upper extremity which due to a PCA caused a large wound plus severe pain and deformity of his right arm, elbow and forearm. He was transferred by ambulance of Urban Emergency System of Tehran to our emergency department of Akhtar Hospital.

On physical exam, his suffered an open fracture of Elbow, arm and forearm and neurovascular examination was not clearly intact. X-rays of the humerus, elbow, and forearm showed a right humeral shaft fracture and terrible triad open fracture besides Monteggia and both bone forearm fracture (Figures 1). An interruption of the distal radioulnar joint could be considered.

Figure 1: Preoperative x-rays of the patient.

After stabilizing measures he was prepared to transfer into the operating room. The operation was performed under general anesthesia. He was positioned on a radiolucent table in the lateral decubitus position with the right arm which was supported over a foam roller. The right upper extremity was then prepped and draped, preceding 2 grams of cefazolin. The wound was completely irrigated with 9 liters of Normal saline serum and the patient was scheduled for definite fixation for five days later, receiving cefazolin and gentamycin, in the mean time. Our case’s postoperative period was interesting. The splint was removed after 10 days postoperatively, and gentle elbow and passive range of motion...
exercises were started. At 3 month follow-up, radiographic study demonstrated healing of the humeral and radial shaft fractures (Figures 2). At this time, elbow, forearm, full active range of motion and strengthening exercises were performed for 6 weeks.

Figure 2: 3 months Postoperative x-rays of the patient.

At follow-up 6 months postoperatively, radiographs demonstrated healed elbow, humeral and forearm fractures in anatomic position with stable reduction of the distal radioulnar joint (Figures 3). The patient is pain-free and has near full and acceptable range of motion (video file). The neurovascular condition is also recovered well.

Figure 3: 6 months postoperative x-rays of our case.

References
