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Ipsilateral olecranon and distal radius fracture: A case report

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ABSTRACT

INTRODUCTION: Concomitant ipsilateral olecranon and distal radius fracture are rare injuries. Their clinical presentation is unusual and investigation and management is poorly described.
PRESENTATION OF CASE: We present a 55-year-old woman patient who fell off sustaining a concomitant distal radius and olecranon fracture in the same extremity. On examination, there was gross swelling of the proximal and distal forearm and no neurovascular deficit. Radiographs confirmed distal radius and olecranon fracture. Patient was treated with open reduction and anatomic locking plate for olecranon and a closed reduction percuteneous K wire fixation with penning fixator for distal radius fracture. After physical therapy program, functional results were good and DASH score was 60.
DISCUSSION: Several different combinations of fracture with dislocation have been described, but, to our knowledge, concurrent ipsilateral olecranon and distal radius fracture has not been reported before. In the literature review there are two similar cases in the English literature.
CONCLUSION: Ipsilateral olecranon and distal radius fracture is a very rare injury due to different trauma mechanisms. However we should keep in mind that there may be adjacent joints and structures for concomitant injuries.

1. Introduction

Olecranon fracture and distal radius fracture are both common fractures, with respective incidence 11.5 per 100.000 and 26 per 10.000 people per year [1,2]. However, concomitant ipsilateral olecranon and distal radius fracture are rare due to different trauma mechanisms of occurrence [3,4]. In this case we present a 55 year old patient who had ipsilateral distal radius and olecranon fracture, and her treatment results.

2. Presentation of case

A 55-year-old woman was admitted to our emergency department following a fall. She was evaluated for her complaints in left elbow and wrist. In the physical examination of the patient she had a dinner fork deformity in the wrist. There were tenderness with palpation of the olecranon and distal radius. The neurovascular examination was normal and there was no other extremity trauma. She had no additional diseases and any medication. In the radiological assessment of the patient antero-posterior (AP) – lateral radiograph of the elbow and wrist confirmed the diagnosis of left distal radius and olecranon fracture (Fig. 1). According to the MAYO classification olecranon fracture was type 1B and according to the Frykman classification distal radius fracture was type 4. Surgical treatment was planned for both fractures. Patient was treated with open reduction and anatomic locking plate for olecranon and a closed reduction percuteneous K wire fixation with penning fixator for distal radius fracture. Elbow range of motion exercises were begun after 1 week sling usage. After 3rd week control, wrist flexion and extension was allowed with the penning fixator. At 6th week control there were union in both distal radius and olecranon. The penning fixator and K wires were removed. There were no complications observed at follow-up.

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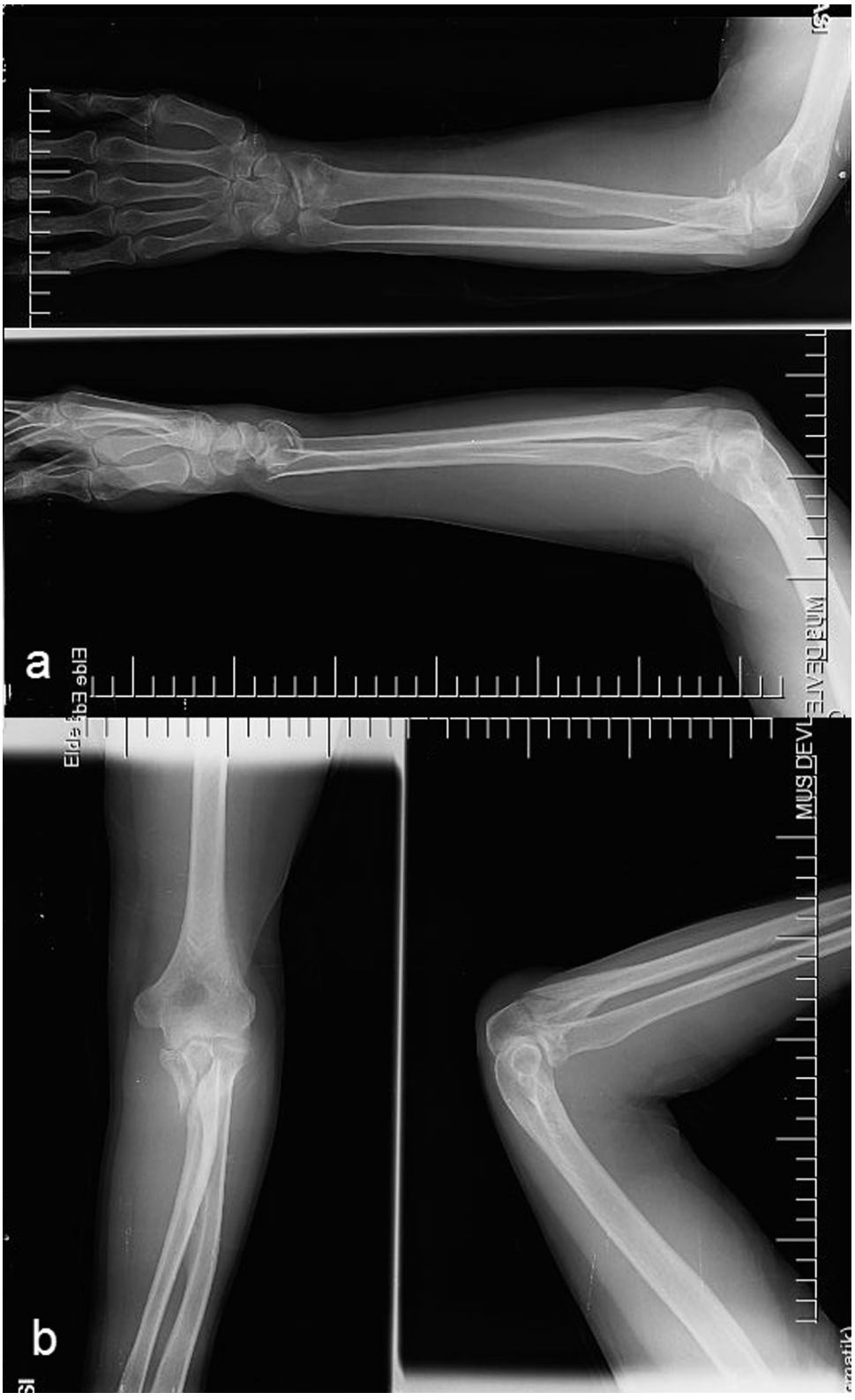

Fig. 1. Preoperative radiological assessment of the patient, AP – lateral radiograph of the elbow (a) and wrist (b).