

Case Report

Triceps avulsion associated with capitellum fracture: An unusual lesional combination in the elbow

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Introduction

Triceps avulsion and fracture of the capitellum is a rare lesional combination.

Elbow dislocation with radial head fracture, coronoid process fracture or capitellum fracture, and Monteggia fractures, the “Terrible Triade”, are well-known lesional combinations.

Several authors have recently reported new lesional combinations at in the elbow involving the triceps [1–5]. Only one case reports this specific lesional association of triceps avulsion with fracture of the capitellum [1].

We have encountered one case of capitellum fracture concomitant with bony triceps avulsion, and we have performed a literature review for this rare lesional association in the elbow.

Case report

An 80-year-old woman was experiencing elbow pain and acute functional disability after a short fall.

Initial examination showed elbow swelling without neurological, vascular or cutaneous complications.

There was no evidence of elbow dislocation.

The X-rays results showed 2 clearly visible bony fragments on the lateral view of the elbow: one on the anterior part and one on the posterior part of the distal humerus (Fig. 1).

A CT-Scan confirmed the combination of bony triceps avulsion and a coronal fracture of the capitellum extending to the lateral part of the trochlea (Figs. 2–4).

Surgical reconstruction was undertaken under loco-regional anesthesia, in dorsal decubitus.

The fragments of the condyle were reduced and then fixed by 2 temporary pins, followed by 2 cannulated compression screws (3 mm) in antero-lateral approach to the elbow.

The triceps avulsion was treated with an intramedullary anchor and intraosseous suture in posterior approach (Fig. 5).

Three weeks' immobilisation at 45° of flexion was prescribed, followed by sessions of physiotherapy.

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Fig. 1. Initial X-ray.

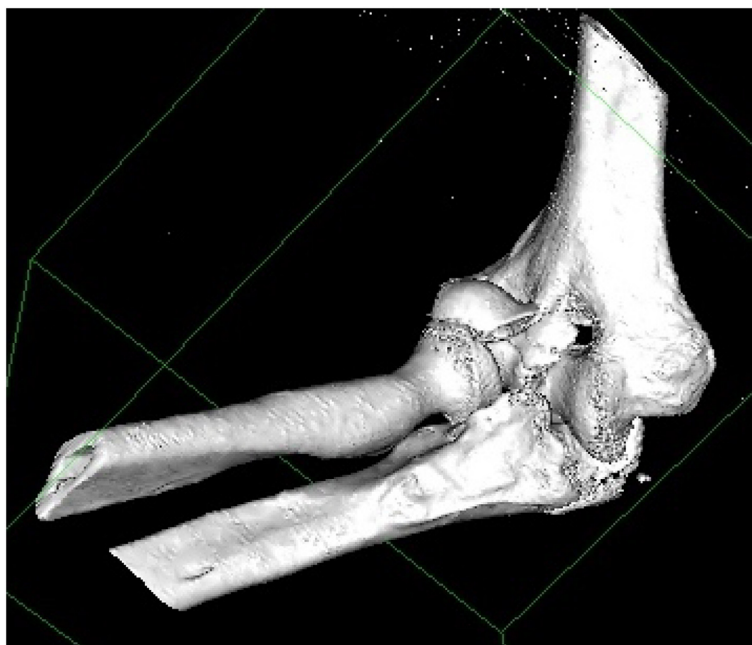


Fig. 2. 3D elbow reconstruction.

At 12 months after surgery, the patient had recovered active elbow extension, and the range of motion was: flexion 120°, extension –10°, supination 80, and pronation 80.

There was no instability. The MEPS (Mayo Elbow Performance Score) [6] was estimated at 86 points. X-rays show well-healed fractures and no heterotopic ossifications.

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