

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 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 proximal radioulnar joint [2, 3]. A written informed consent was obtained from the patients regarding the

data submitted for publication. 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 to our emergency department.

On physical exam, he 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 fracture (Figures 1). An interruption of the distal radioulnar joint could be considered as well.

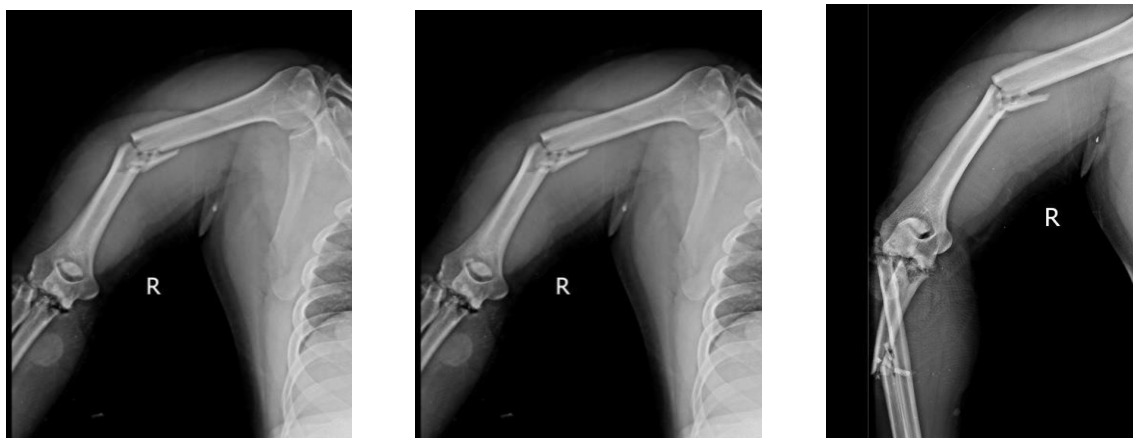


Figure 1: Preoperative x-rays of the patient.

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

injection. The wound was completely irrigated with 9 liters of sterile Normal saline serum and the patient was scheduled for definite fixation in five days later, receiving cefazolin and gentamycin, in the meantime. 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 and ulna shaft fractures

(Figures 2). At this time, elbow and forearm active full 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 follow up postoperatively, radiographs demonstrated healed wound and fixed elbow, humeral and forearm fractures in anatomic position with stable reduction of the

distal radioulnar joint (Figures 3). The distal and proximal radioulnar joint was stable on examination. The patient was pain-free and had near full and acceptable range of motion (video file). The neurovascular condition was also recovered well.



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

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