

## Fracture Dislocation of the Elbow

### INTRODUCTION:

Three bones mainly form the elbow joint –the distal end of the humerus, the radial head and the olecranon. Several ligaments support these bones to provide stability to the elbow joint. The fracture-dislocations of the elbow generally result from a fall on an outstretched hand. They can also occur in motor vehicle accidents. The dislocations of the elbow are termed simple when there are no associated ligaments or bony injuries. When there is an associated fracture or ligamentous injury, then they are referred to complex elbow dislocations

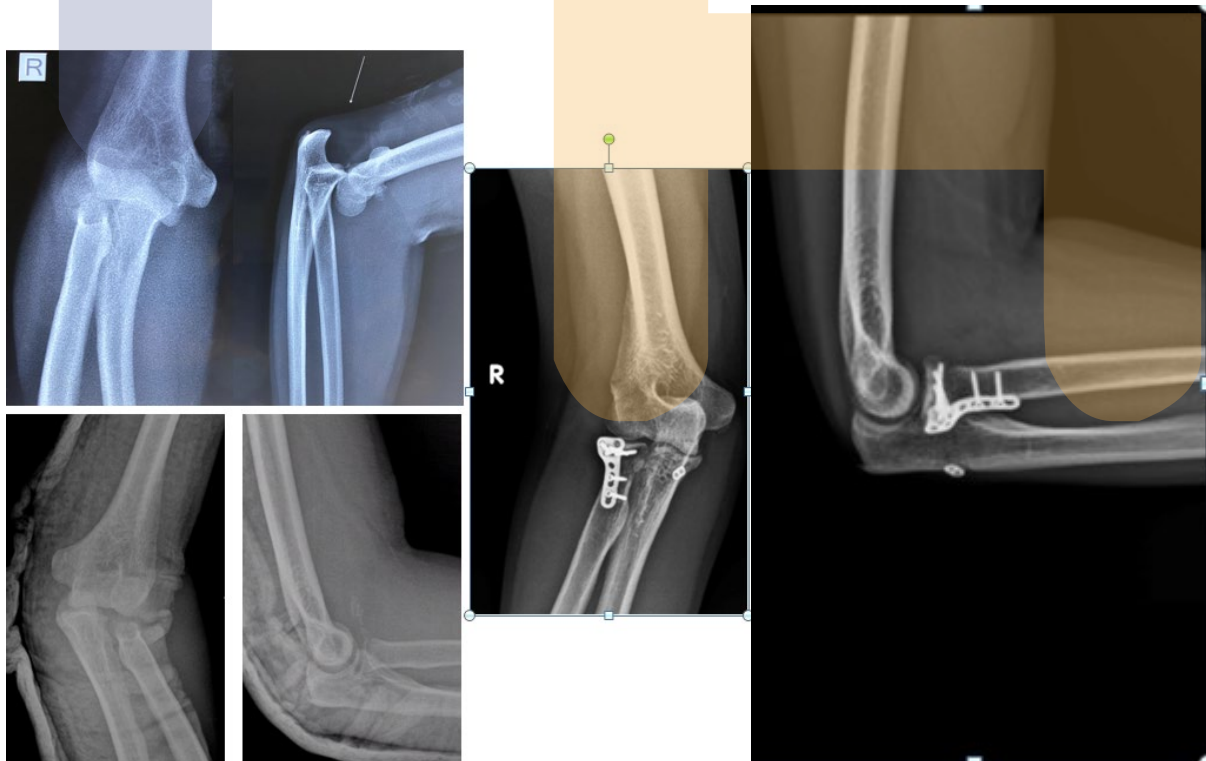
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### SYMPTOMS

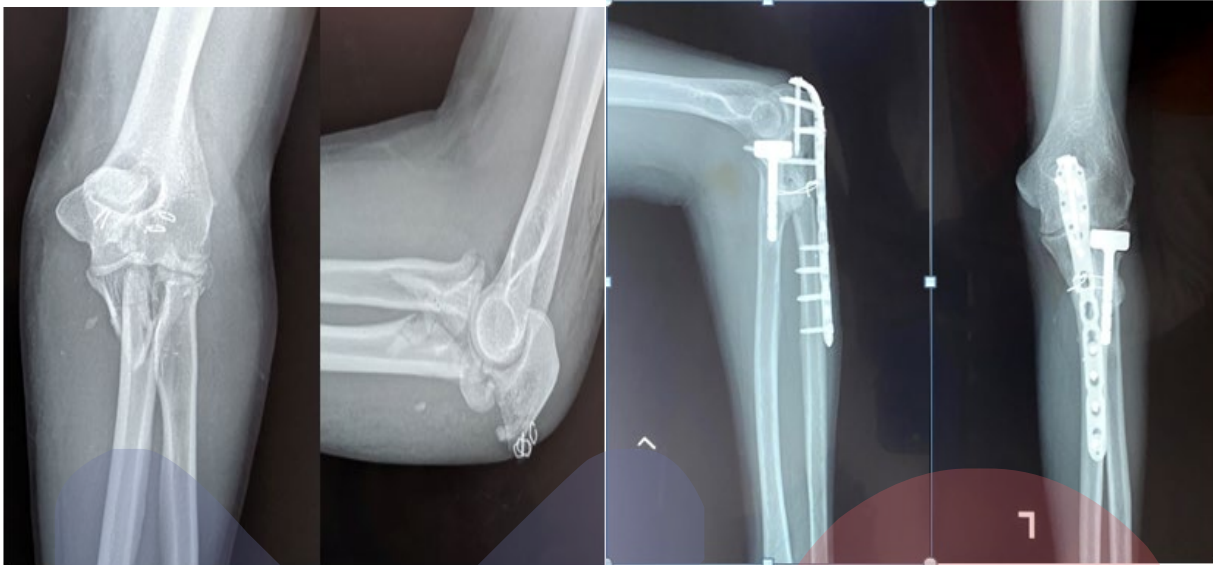
Pain, swelling and deformity at the elbow joint with complete inability to move the joint.

### Management

The first line of management for both simple and complex elbow dislocations is closed reduction and under anaesthesia. After closed reduction, the stability of the reduction is assessed. In case of simple dislocations, the joint is immobilized in slab or cast for three weeks. In complex dislocations – depending on the amount of instability or the degree of displacement of the fracture, a secondary procedure in the form of surgical fixation is undertaken. The dangerous triad of elbow dislocation, radial head fracture and coronoid fracture is termed as the “terrible triad of elbow”. This triad requires surgery in the form of Coronoid fixation with radial head fixation/replacement.



33 yrs old gentleman with complex elbow dislocation and features of terrible triad injury underwent closed reduction of the right elbow under anaesthesia followed by radial head plating and suture lasso fixation of coronoid with endobutton.



46 yrs old gentleman with transolecranonfracture-dislocation of elbow treated with suture anchor fixation of coronoid, olecranon plating and radial head plating left elbow.

