Fracture dislocations of the elbow. Talking about Transolecranon type


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INTRODUCTION

Patterns of elbow unstable fracture-dislocations include transolecranon fracture-dislocations, among others. This pattern is not that frequent, and occurs when a high-energy direct blow is applied to the dorsal aspect of the forearm with the elbow in mid-flexion. Our goal was to analyze functional and clinical outcomes of this group of fractures treated surgically.

MATERIAL AND METHODS

Retrospective study of trasnolecranon fracture-dislocation surgically treated at our center (2007-2016). A total of 15 fractures were included. Patients with non-follow up, less than 6 months follow-up and ipsilateral acute fractures were excluded.

RESULTS

Mean age was 62.53 (SD 19.2). Seven men and eight women. Average time to surgery was 5.27 days, and surgical time 92 minutes (SD 36.58). Associated fractures were present: 9 radial head, 2 coronoid process. Final range of movement was excellent: mean elbow flexion was 129 degrees, with only 6.15 extension loss. Pronation was complete in almost every single patient, as well as supination. Mean follow up was more than three years. There were no major complications associated to surgical treatment. Hardware removal was necessary in four cases due to discomfort. Finally, functional scores were very good: Mean DASH was 36.38 and Mayo Clinic Score was 100.

CONCLUSIONS

Transolecranon fracture-dislocations have good functional outcome if treated correctly, as there is no ligament injury. Surgical treatment allows earlier recovery and most of the times almost same range of motion as they had before the fracture.