LONG HEAD OF TRICEPS TRANSFER TO GAIN ELBOW FLEXION in 15 PATIENTS
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Objective: Elbow flexion is the most important function of the upper extremity, hence loss of this function leads a major disability.

Elbow flexion deficit can be seen in both congenital (arthrogryposis) and acquired (traumatic /obstetric brachial plexus palsy) conditions. We describe our results for the surgical technique of transfer of the long head of triceps transfer in traumatic and congenital cases.

Method: We performed this transfer in 15 patients, ages between 2-45 years. The six adult patients were suffering from traumatic brachial plexus injury while 9 young patients were arthrogrypotic or obstetric palsy sequela. We achieved 90-120 degrees of elbow flexion in obstetric and traumatic plexus patients while preserving elbow extension and 60-90 degrees of elbow flexion in arthrogrypotic patients.

Results: All patients were happy to gain hand to mouth function, elbow extension deficit is acceptable in acquired cases while in arthrogrypotic cases since shoulder abduction is not expected, partial triceps power loss almost never effects daily living.

Conclusion: Although there are many muscle transfer methods (lat dorsi, pectoralis etc) to reanimate elbow flexion, we conclude that long head of triceps transfer is a reliable technique in both acquired and congenital cases.