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Double Trouble

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Published In/Presented At

Giusto, E. (2021, April 13.) *Double Trouble*. [Poster presentation]. American Medical Society for Sports Medicine Annual Meeting, Virtual.

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Double Trouble

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Background

62 year old Caucasian woman with recent C4-7 fusion presents to Family Medicine clinic with b/l wrist swelling and pain radiating up to elbows since tripping over a speed bump and falling onto both hands and knees 4 days ago. Pain is worse with pronation and supination b/l. Swelling has improved with ice and Advil. Currently in PT for recent spinal fusion. Went to Urgent Care same day as fall and only b/l wrist xrays were taken, which were negative.

Objective Data

BP 120/68 mm Hg, HR 53 bpm, RR 16 bpm, T 98.7 F

Exam

3/5 RUE and 4/5 LUE strength, good R grip strength, poor L grip strength, TTP over b/l medial & lateral epicondyles, limited ROM with b/l arm flexion/extension, pain with R arm pronation and L arm supination/pronation, normal sensation of BUE, area of mild ecchymosis and edema of b/l thenar eminences, mild R snuffbox TTP

B/l elbow and repeat b/l wrist xrays were ordered. Elbow xrays revealed b/l Mason Type I radial head fractures. Pt was referred to Ortho who saw the pt the same day. There was a concern for Essex Lopresti of the L arm given laxity of the distal radioulnar joint. Ortho placed the pt's R arm in a sling and L arm in a thumb spica splint. Repeat imaging in 1 week was unchanged. Pt was advised to do active ROM exercises with elbow flexion/extension/pronation/supination. Pt is still being followed by Ortho with conservative treatment.



Discussion

Radial head/neck fractures are common, most often following a fall onto an outstretched hand. Radial head/neck fractures are present in ~30% of all elbow fractures. They represent between 1.7 – 5.4% of all fractures in adults, but b/l radial head fractures are quite rare. The mean age of radial head fractures is 45 years old. Radial neck fractures occur most often in children and are much less common in adults.

No ideal fracture classification system exists for radial head fractures, but a modified Mason classification is used most often:

- Mason Type I – Nondisplaced fractures (displacement ≤ 2 mm, 2/3 of radial head fractures)
- Mason Type II – Displaced fractures > 2 mm
- Mason Type III – Comminuted fractures
- Mason Type IV – Radial head fracture with associated elbow dislocation

A large majority of patients with nondisplaced fractures of the radial head/neck have excellent outcomes. The most common complication from radial head/neck fractures is decreased elbow ROM, particularly loss of full extension. Early and active ROM exercises are the most important factor in mitigating this complication.

REFERENCES

https://www.uptodate.com/contents/radial-head-and-neck-fractures-in-adults?search=radial%20head%20fracture&source=search_result&selectedTitle=1~13&usage_type=default&display_rank=1#H12