

INTRODUCTION

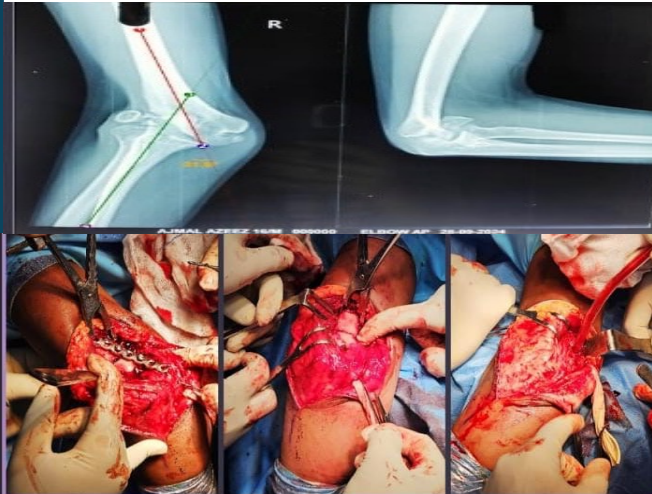
Lateral condyle humerus in children is known to cause nonunion as a result of delayed diagnosis, common extensor origin pull, precarious blood supply, and lack of appropriate treatment. Nonunion lateral condyle can lead to progressive cubitus valgus causing pain, joint instability, and ulnar nerve paresis. Corrective osteotomy gives good cosmetic and functional outcome.

CASE REPORT

A 16 year old patient presented with complaints of deformity of outward bowing at elbow and numbness of hand, he had h/o slip and fall at 6 years and managed conservatively. Patient had increased carrying angle with gross valgus deformity with lateral condyle thickened.

OPERATIVE FINDINGS

Dome osteotomy was performed along the circle with radius of appropriately 3 cm centered about 1 cm distally from the olecranon tip followed by ORIF with recon plating via posterior approach.



DISCUSSION

Cubitus valgus secondary to lateral condyle non union can lead to progressive neurological symptoms. Early surgical correction is important to prevent permanent ulnar nerve damage.

Dome osteotomy provides

- Gradual angular correction
- Large bone contact surface
- Stable fixation
- Good cosmetic and functional outcome

CONCLUSION

The mean carrying angle was pre operatively 32 on the affected side which improved to a mean of 15 post operatively, tardy ulnar palsy almost completely recovered.

Dome osteotomy is an effective and stable surgical option for correcting cubitus valgus in young adults providing excellent functional outcome.