

Does translation of the proximal radius on radiographs predict need for collateral ligament reconstruction in trans-olecranon fractures?

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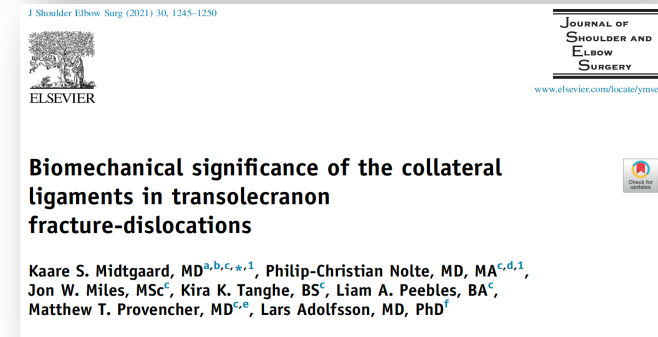
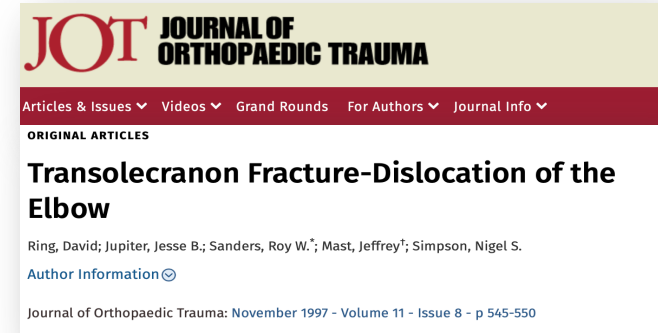
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Are the collateral ligaments affected?

- Ring *et al* 1997 – 17 patient series: *‘collateral ligaments seem to be relatively spared as compared with anterior dislocation of the elbow without fracture.’*
- Midgaard *et al* 2021 – cadaveric study: *‘collateral ligament disruption is a prerequisite for a transolecranon fracture dislocation’*
 - Translation of >3mm on lateral x-ray correlated with MCL disruption
 - Translation of >7.5mm suggested LUCL and MCL disruption



Methods

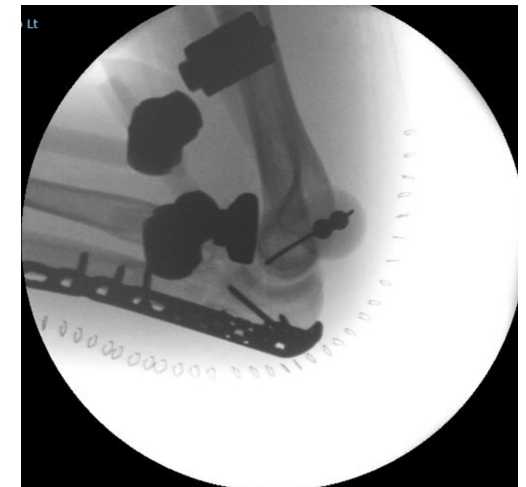
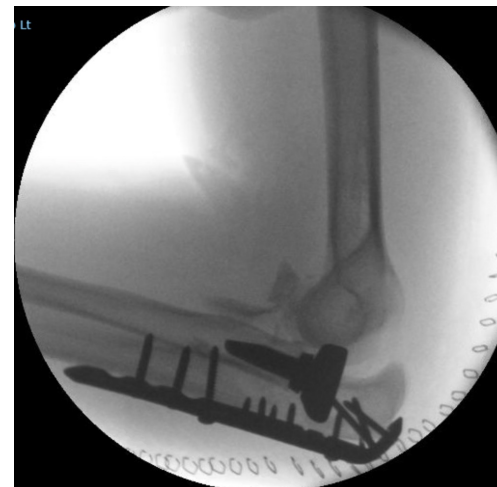
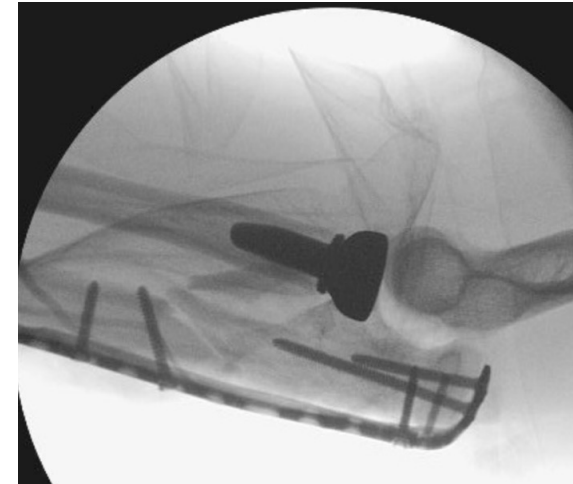
Aim: Assess relationship between displacement and collateral ligament injury in order to GIRFT!

Inclusion criteria:

- 'A fracture in which the stability of the ulnohumeral joint is lost due to **intra-articular** fracture of the olecranon with **no disruption of the proximal radioulnar joint**'
- **Intact PRUJ**

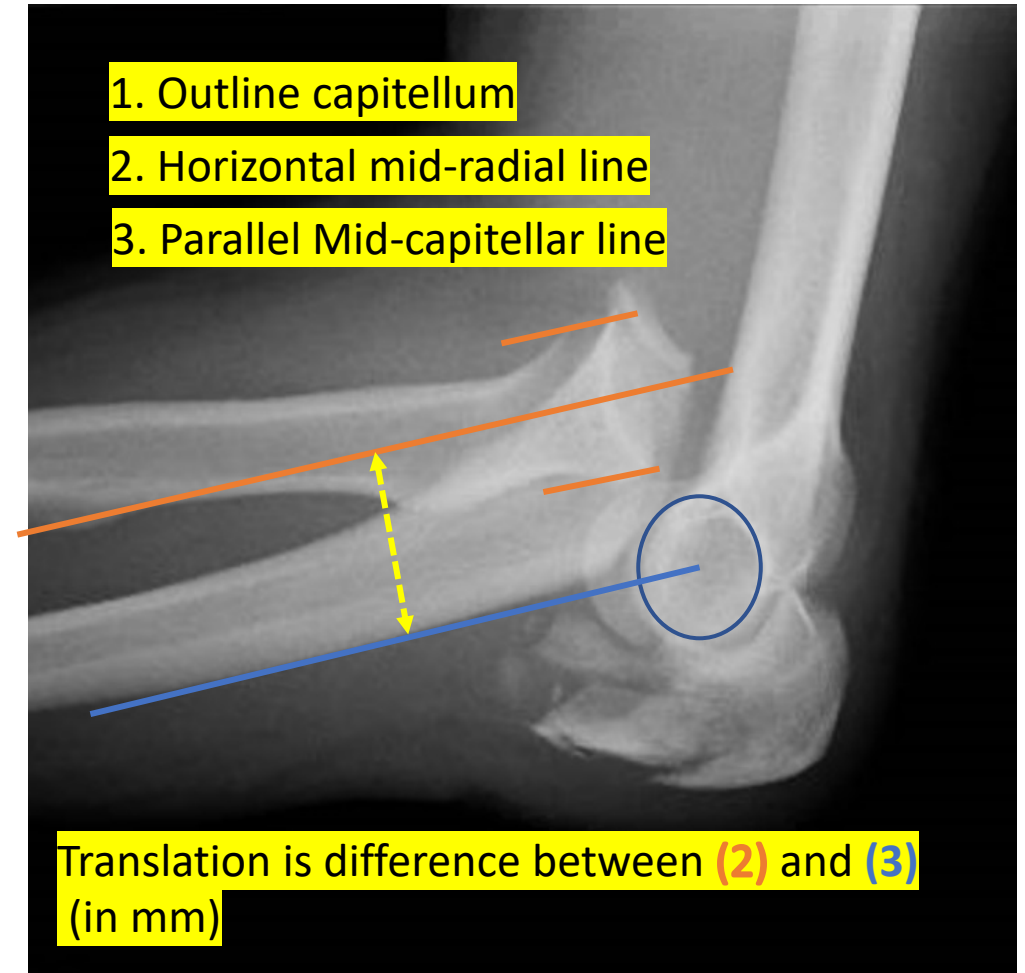
Exclusion criteria:

- Monteggia fractures
- Paediatric injuries



Methods

- Retrospective review of all transolecranon #s 2015-2022.
- Senior author reviewed radiographs prior to inclusion.
- Demographic, injury and operative data collected, post-op radiograph and note review.
- Measurements conducted in triplicate by 2 independent raters.



Cohort

- 3 excluded due to inadequate imaging for analysis
- Inter-rater reliability of 0.89 for displacement
- LUCL status is poorly reported in literature

	This study	Literature*
Mean age	57.4 years	42.1 years
Number of fractures	16	8-35
Radial head	43.8%	17.1- 57.1%
Coronoid	62.5%	0-65.2%
LUCL injury	56.3%	0-11.4%

*Cho *et al* (2020). Trans-olecranon fracture dislocations of the elbow: a systematic review. *Diagnostics*. 10, 1058

* Wong *et al* (2015) Adult Monteggia and Olecranon Fracture Dislocations of the Elbow. *Hand Clinics*. 31:4;565-580

Results

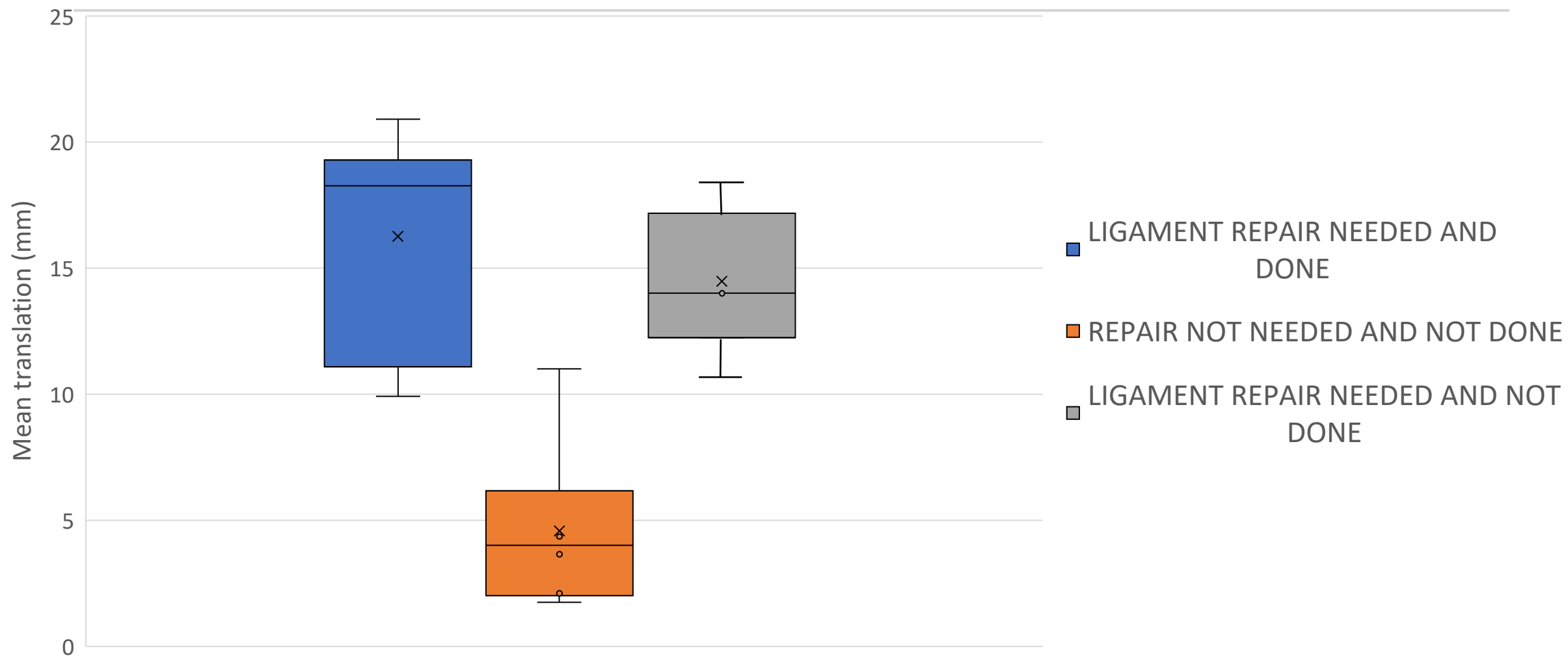
- 9/16 required LUCL repair
- Increased age, posterior apex and associated radial head fracture more likely to need LUCL repair.
- 2 revision fixation for instability

	This study	Literature*
Heterotopic ossification	31.3%	6.0 - 43.9%
Stiffness	50.0%	20.0 – 56.0%
Infection	6.25 %	0– 11.4%
Re-operation	18.8 %	12 - 50%

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Results



Limitations



Single centre
retrospective series



Initial imaging is not
always reliable



Difficulty in
classification

Key messages:

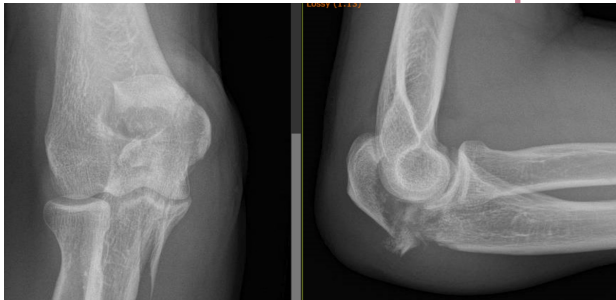


>10mm highly likely to need ligament repair

5-10mm MAY need ligament repair

<5mm do not need ligament repair

Always screen intraoperatively



References:

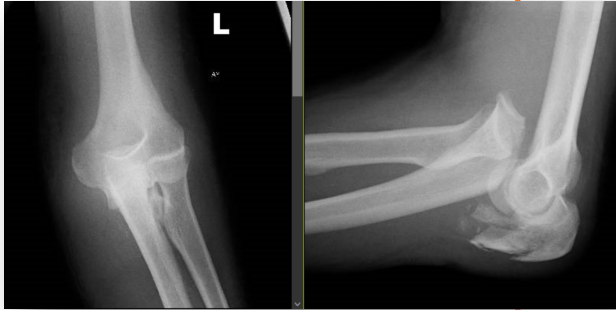
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- Scolaro & Deingessner. [Treatment of Monteggia and Transolecranon fracture-dislocations of the elbow](#). *JBJS Rev* 2014;2(1):e3

Questions ...



SCAN ME

Key messages:



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