

**ISOLATED AND CONCOMITANT FRACTURES OF THE RADIAL HEAD AND
CARPAL SCAPHOID - ABOUT A CASE**

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1-INTRODUCTION

Concomitant and isolated fractures of the radial head and scaphoid are rare fractures. it was difficult for us to find similar cases in the literature, a case of bilateral radial head and scaphoid fracture was described by Kay in a 13-year-old child.^[1]

We report here the case of a patient suffering from an upper limb trauma causing a fracture of the radial head and of the ipsilateral carpal scaphoid.

The goal of our work is to report our clinical case and to highlight the need for a careful examination of the traumatized limb.

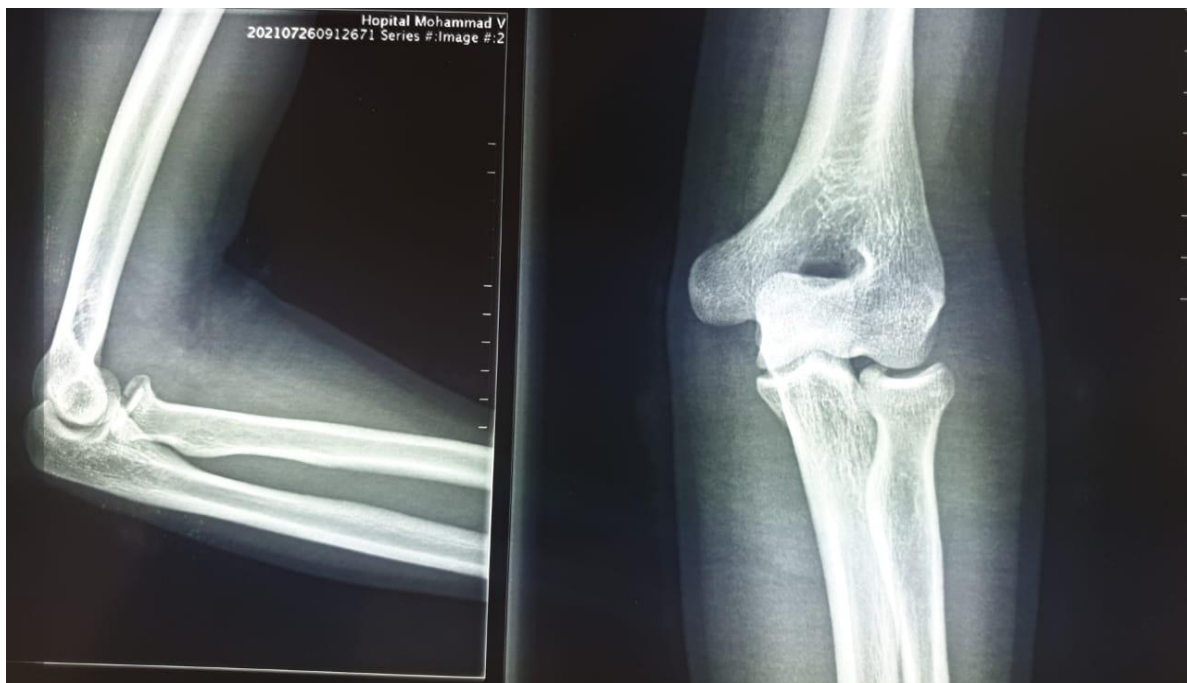


Fig 1: Front X-ray of Left elbow, face and profile showing mason I radial head fracture.



Fig 2: X-ray left wrist face and profile showing a fracture of the carpal scaphoid schernberg type IV.

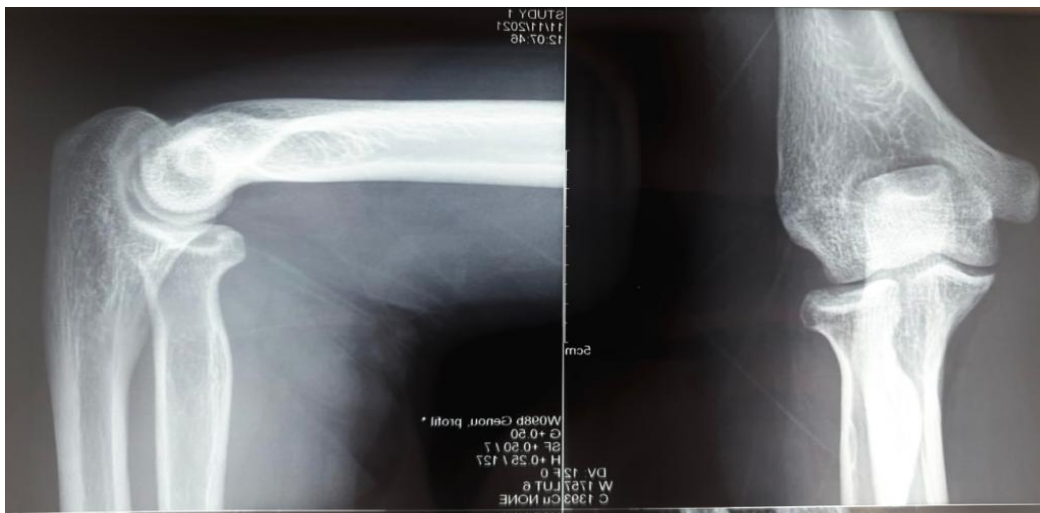


Fig 3: X-ray left elbow face and profile after removal of the plaster and which shows consolidation of the radial head.



Fig 4: X-ray of the left wrist, side profile showing consolidation of the fracture of the Scaphoid.



Fig 5: photos illustrating the function of the elbow: flexion-extension + pronosupination.



Fig 6: photos illustrating the function of the wrist: flexion / extension.

2- VISUAL CASE DISCUSSION

We report the observation of a 22-year-old male patient, official soldier, right-handed, with no particular pathological history, victim of a road accident: fall from his motorcycle with landing on the front. left arm, elbow in extension and wrist in pronation, causing a closed trauma of the forearm, the clinical examination noted edema and pain on palpation and mobilization of the elbow (prono-supination) especially in regard of the radial head with painful swelling of the ipsilateral wrist.

We performed frontal and lateral radiographs of the elbow and left wrist which demonstrated a radial head fracture classified as type I (fig 1) according to the Mason classification as well as a carpal scaphoid fracture

classified as type IV (fig 2) according to the Schernberg classification.

We opted for an orthopedic treatment with a circular brachio ante brachio palmar plaster with thumb in abduction for a period of 4 weeks (fig 3) followed by release of the elbow and maintenance of a plastered cuff of the wrist for a total of 3 months. followed by functional rehabilitation of the elbow for 2 months and of the wrist for 2 months after plaster removal (fig 4).

We noted a good clinical and radiological evolution after 3 months of follow-up, with complete recovery of the function of the elbow (flexion at 120 °, extension at 0 °, pronation at 85 °, supination at 85 °) and partial recovery of the elbow. function of the scaphoid. (fig 5, fig 6).

3- Questions and answers**Question 1**

The most common complication of radial head fractures is:

- 1- Pseudarthrosis
- 2- vicious callus
- 3- stiffness of the elbow
- 4- Radio cubitondylar osteoarthritis

Correct answer: 3

Elbow stiffness is the most frequent complication of radial head fractures and this is explained by the immobilization of the elbow by a brachio ante brachio palmar splint or by a circular brachio ante brachio palmar plaster regardless of the planned orthopedic or surgical treatment, hence the interest of early functional rehabilitation.

Question 2

The most common complication of carpal scaphoid fractures is.

- 1- Pseudarthrosis
- 2- vicious callus
- 3- Avascular necrosis
- 4- Wrist stiffness

Correct answer: 1 – 3.

Pseudarthrosis and avascular necrosis are the most common complications seen in scaphoid fractures and this is due to terminal type vascularization of the scaphoid.

REFERENCES

1. Chang CH, Tsai YS, Sun JS, Hou SM. Ipsilateral distal radius and scaphoid fractures. J Formos Med Assoc, 2000; 99(9): 733-7.