

ACUTE SPONTANEOUS NONTRAUMATIC RUPTURE OF ISOLATED LONG HEAD BICEPS TENDON

Khaw Yam Chuan¹, Sahran Yahaya¹, Nor Azman Mat Zin¹, Wan Faisham Wan Ismail¹

¹University Sains Malaysia

Introduction: The management of biceps tendon pathology is evolving and always a challenge to the orthopaedic surgeon. To determine which treatment is most appropriate and which surgical technique and implant are most suitable is still controversial.

Discussion: 55-year-old Malay male was electively admitted for surgery vascularized fibular graft for left ulnar chronic osteomyelitis. On day 2 of hospitalization, he complained of acute painless swelling over his left arm. He denied trauma. He was not feverish. No constitutional symptoms. On examination, an obvious swelling in the anterior left arm became more pronounced during elbow flexion and appeared like Popeye's arm. His left elbow flexion was weak compared to the right side. The neurovascular examination was normal. Ultrasound revealed a complete tear of long head biceps brachii tendon at the musculotendinous junction. He underwent surgery subpectoral long head biceps tenodesis using anchor suturing. After the operation, he can flex the elbow fully without deformity seen and he is satisfied with the surgery outcome. Biceps brachii tendon rupture is most common in individuals 40 to 60 years of age and often is due to impingement or chronic microtrauma on the tendon². Ruptures of the proximal biceps tendon can be treated nonoperatively because this injury rarely causes significant functional impairment². However, our patient was unwilling to accept the deformity and his profession as a businessman requires full supination strength, so surgery was performed.

Conclusion: Surgery treatment that performed in patient has biceps brachii tendon rupture with correct indication will yield good outcome. Therefore, a discussion prior treatment between patient and orthopaedic surgeon is very imperative.