

## EXTRAARTICULAR EXTERNAL FIXATION AND K WIRING FOR CLOSED COMMUNITED SUPRACONDYLAR FRACTURE OF HUMERUS

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**Introduction:** Supracondylar fractures of the humerus (SFH) are among the common fractures of paediatrics age group (17%). 1 Traditionally, Gartland III and IV SFH are treated by either closed or open reduction, followed by Kirshner wiring. 2 However, by K wiring, it is difficult to achieve a standardized satisfactory outcome. 3 In 2008, a new treatment option, lateral external fixation was introduced by Slongo et al. 3 However, there is little to scarce evidence on the outcomes of utilisation of the same for highly communitated SFH.

**Discussion:** This case possess a challenge as this is a 9 years old child with a BMI of 19.3, who sustained a high grade communitated SFH. To date, there is limited evidence on the treatment option and outcomes. K wiring by itself could not provide the stability needed to hold the fractures pieces in place and might possibly be complicated with deformities and functional disabilities. We were able to place the distal Shanz pin via the transcapitellar fragment, and further stabilise the communitated fractures by 2 K-wire

**Conclusion:** The result was promising as can be viewed from the follow-up X ray at 1 month, which shows fracture healing to near anatomical, and good range of motion achieved, with acceptable cosmetics.