

PINK PULSELESS SUPRACONDYLAR FRACTURE OF HUMERUS WITH IPSILATERAL RADIUS AND ULNA FRACTURE : A CASE REPORT

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Introduction: The incidence of vascular injury in paediatric supracondylar fracture ranges from 12-15%. However, ipsilateral radius and ulna fracture with vascular compromise is rare.

Discussion: We are reporting a case of a 5-year-old boy who presented to us after an alleged fall from height about 2 metres. He sustained closed supracondylar fracture of right humerus and ipsilateral distal radius and ulna fracture. Both the brachial and radial pulses were absent, but the right upper limb remained well perfused. Doppler signal was not detected. We proceeded with emergency open reduction and pinning of the right humerus, radius and ulna. Post operatively, radial pulse was palpable with triphasic Doppler signal. The management of pink pulseless limbs in supracondylar fractures has remained controversial, especially with regards to the indication for exploration in a clinically well-perfused hand. A child with a pink pulseless hand following successful reduction could be managed conservatively. However, whenever additional signs of ischemia develop, surgical exploration is required. Some authors have reported equal success in early open reduction, stabilization and vessel exploration. The presence of ipsilateral radius and ulna fracture adds to the severity of the vascular compromise.

Conclusion: Immediate open reduction and stabilization is an option to restore the distal pulses of the affected limb in the event of injuries as reported above.