

## The Radioulnar Translocation - an Underappreciated Entity : A Case Report

Nicholas, WE. ; Markandan, L.

Department of Paediatric Orthopaedics, Hospital Raja Perempuan Bainun, Ipoh, Perak

### INTRODUCTION:

The proximal radioulnar translocation is a rare, and often underappreciated injury. Less than 40 cases have been reported in literature since it was first reported in 1978 by MacSween in Sweden. We report on a case seen and treated in our institution.

### REPORT:

We report on a case of a 10 year old boy who had a fall onto his outstretched hand and was treated by a traditional healer for his posterior elbow dislocation. The reduction radiographs were accepted, and he was brought to our department some time later due to a skin irritation after the application of traditional medication. The radiographs were misinterpreted during the initial visit, but was diagnosed as a proximal radioulnar translocation during the morning passover. On admission he was found to have a radial nerve injury.

The child was taken into our operating theater and an open reduction was attempted.

Intraoperative findings confirmed significant soft tissue injury round the elbow joint. The nerves were not explored. Attempts to keep the elbow stable were successful with approximately 90 degrees of flexion with the help of an external fixator. The child was found to have radial and ulnar neuropraxia after surgery, which resolved 6 months later. A year after the trauma, he has nearly perfect range of motion and no neurological deficits. His current radiograph suggests that there might be avascular necrosis of the proximal radial epiphysis

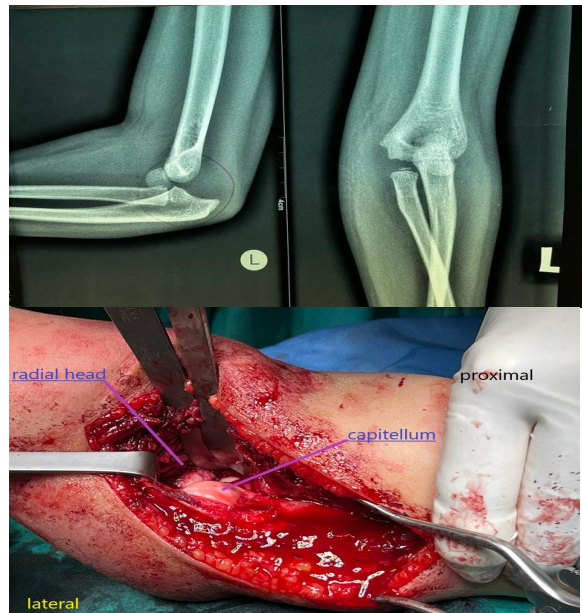


Figure 1: Trauma Radiographs

Figure 2: Intraoperative reduction

### CONCLUSION:

This extremely rare injury is often unappreciated in radiographs, and can easily be misdiagnosed as a posterior elbow dislocation. Our experience with this child showed that neuropraxia was the cause of the initial deficit and demonstrates that reduction and immobilization with an external fixator is an excellent option for immobilization after an open reduction.

### REFERENCES:

1. MacSween WA, International Journal for the Care of the Injured 1978, 10: Pg314.