



Bilateral elbow dislocation in a young male: A case report

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Abstract

Background: Elbow dislocations are most common major joint dislocation. Elbow joint is a stable joint. Great amount of force is required to dislocate it.

Materials and Methods: A young patient presented to our hospital with history of fall with elbows extended. Xray was done and bilateral elbow joint dislocation was diagnosed. Closed reduction was done and post reduction slab was applied. After 4 weeks slab was removed and physiotherapy was advised

Results: Full range of movement was achieved after 2 months of injury without any associated complication.

Conclusion: ligamentous laxity should be ruled out in such cases. The purpose of this report is to describe the injury pattern of this rare condition and Present a treatment approach.

Keywords: elbow dislocation, bilateral, ligament laxity

Introduction

Elbow dislocations are the most common major joint dislocation second to the shoulder. Annual incidence of simple and complex elbow dislocations is 6.1 per 1, 00,000^[1].

Elbow joint is a stable joint and a significant force is required to dislocate.

Posterolateral are the most common type. Age group 10 to 20 years are predominantly affected.

Bilateral elbow dislocation is a rare injury.

Case Presentation

We present an unusual case of bilateral elbow dislocation in a 25 year old male.

Patient presented to Bokaro General hospital, Bokaro, Jharkhand with complains of pain, swelling, inability to move both the elbows. Mechanism of injury was fall onto hands with extended elbow

Investigation

Initial xrays confirmed bilateral elbow dislocation.



Fig 1: Post trauma radiograph left elbow



Fig 2: Post reduction radiograph left elbow



Fig 3: Post trauma radiograph right elbow



Fig 4: Post reduction radiograph right elbow



Fig 5: Supination and pronation movements of both elbows after 12 weeks



Fig 6: Flexion and extension of both elbows after 12 weeks

Xray left elbow AP/LAT views showed posteromedial dislocation. Xray right side showed anteromedial dislocation with chip fracture lateral epicondyle. Patient was taken to Operation Theater and closed reduction of bilateral elbow joint was done under general anaesthesia. Post reduction xray was done above elbow POP slab was applied for four weeks. There were no complications. Active and passive range of movements was allowed after removal of slab to achieve full range of movement.

Discussion

Elbow dislocation is a common event, second to shoulder dislocation^[2]. Most common people to suffer from this injury are sport persons or people with joint laxity^[3]. Bilateral elbow dislocations are a rare event with both the elbows in flexed position and hands outstretched

Prolonged immobilization results in poor outcome^[3]. Period of immobilization vary from 3 to 4 weeks depending on post reduction stability of the elbow^[2, 4].

Adhesions, contractures, myositis and fibrositis can be possible complications^[4]

Conclusion

The purpose of this report is to describe the injury pattern of this rare condition and present a treatment approach.

References

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