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Fracture lateral humeral condyle in children, role of displacement definitions to avoid delayed surgery

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In a retrospective study the authors reviewed 98 children with fracture lateral humeral condyle. The authors reassessed the radiographs of all patients after standardization of displacement definitions, which were compared with initial assessments and the final outcome. There were 67 boys (68.4%) and 31 girls. Ages at fracture ranged 3-10 years. Initial assessment gave diagnosis of 7 nondisplaced fractures (7.1%), 29 minimally displaced fractures (29.6%), and 62 displaced fractures (63.3%). Eight fractures were found displaced during follow up and were treated by delayed surgery. Authors' assessments showed significant association with the initial assessments. The average follow up period for all patients was 50.2 months \pm 1.48. Initial assessment, time from injury to surgery, and period of cast were significantly associated with the final outcome. The authors concluded that careful initial assessment with the use of internal oblique radiographic view is crucial for adequate treatment of fracture lateral humeral condyle in children. Fractures with \geq 2 mm displacement should be primarily treated by surgical fixation. If early follow up of patients with minimally displaced fractures is not guaranteed, then closed reduction and percutaneous fixation is indicated primarily.

Biography

Mohamed M Zamzam is a Consultant Pediatric Orthopedic Surgeon since 1997 and a Professor in Orthopedics since 2009. He is working in King Saud University, Riyadh, Saudi Arabia. Also, he is a member of King Saud University Orthopedic Surgery Research Chair. He has more than 30 publications in reputed journals. His main interest is Developmental Hip Disorders in children and Pediatric Elbow fractures where most of his publications concentrated around these subjects. He is an editor as well as a member of the editorial board for many journals.

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