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Surgical results of unstable complex elbow fracture-dislocation: Report of twenty cases

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Introduction: Unstable elbow fracture – dislocation is difficult to manage and could end in devastating results. Terrible triad and Transolecranon fracture-dislocation are the most problem maker types.

Methods: 18 patients with terrible triad and one Transolecranon fracture-dislocation that underwent surgery were followed for 1-4 years. In the terrible triad group 13 cases approached with single lateral incision and five with double incision (lateral and anteromedial). Patients were examined for MEPS (Mayo elbow performance score) and DASH (Disabilities of the arm, shoulder and hand) questionnaires are filled. Radiographies are evaluated for joint congruity, union of the fractures, heterotopic ossification and post traumatic osteoarthritis.

Results: The mean of DASH score was 17.6 and for MEPS was 86 that shows good result. One case ended in poor result because of the redislocation after surgery. If we ignore this case the results will be excellent.

Conclusions: Surgical management of the unstable elbow fracture- dislocation can end in good results if congruous and stable joint reconstruction could be achieved. Also we suggest lateral approach with transosseous suture fixation of the coronoid fragment for the most cases of terrible triad fracture-dislocation.

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Clinical results of open reduction and internal fixation of slipped capital femoral epiphysis (SLIP): A case series

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Introduction: Management of slipped capital femoral epiphysis (SLIP) is challenging. Recently new technique developed based on the extended retinacular flap dissection (ERFD) of the femoral head that offers ORIF of the SLIP.

Material & Methods: Between 2010 till 2014 all the cases of SLIP that underwent ORIF with the ERFD technique were included. They followed clinically by Merle d'Aubigne Scale and visual analog scale for pain and radiographically for AVN, recurrence of SLIP, chondrolysis and DID

Results: Six cases with the mean age of 14 (11-19) included and all were men except one. Two had rare valgus SLIP and others were classic varus one. Three had bilateral problem. Five had acute or chronic SLIP and one was an old one. All of them had severe displacement. Mean follow up is 26 months (12-40). In one case, complete old AVN of the head discovered during surgery that ensued in bad outcome clinically and radiographically. Excluding this case there was no AVN and mean Merle d'Aubigne Scale 16 and radiographically with no complication and complete union and good alignment.

Conclusions: ORIF with ERFD could be a safe and powerful technique in severe SLIP.

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