

Research Journal of Pharmaceutical, Biological and Chemical Sciences

A Rare Case of Monteggia and Galeazzi in the Same Patient.

T Prabhu*, Mathivanan N, A Sivakumar, and Vijaya Narasimhan.

Department of Orthopaedics, Sree Balaji Medical College & Hospital, Bharath University, Chrompet, Chennai 600044, Tamil Nadu, India.

ABSTRACT

A 29 year old male ac mechanic who fell from a height of 16 feet height was brought to the casualty after the fall. He presented with bilateral closed forearm fractures. Vitals were stable with no neurological deficit. A special fracture dislocation of forearm and elbow described by monteggia and and analogous but distal fracture dislocation was described by galleazi. This seemingly benign fractures of the radius and ulna with occult dislocation of the radio ulnar joint proximally(monteggia) or of the ulnar head distalyy(galleazi) can result in poor function if not diagnosed or treated properly.

Keywords: monteggia, galezzi, fractures.

*Corresponding author

6(2)



CASE PRESENTATION

A 29 year old male came with complaints of pain and swelling in the both forearm after trauma. All movements in wrist and elbow were restricted with no neurological deficit. x ray show monteggia fracture in the right side and galeazzi fracture in the left side.



TREATMENT

The patient was taken up for surgery after proper pre op investigations. The fractures were reduced and fixed with Asian dynamic compression plates. The intra operative and post operative periods were uneventful.

OUTCOME AND FOLLOW-UP

The patient was on regular follow up. There was evidence of callus formation after 4 weeks. Callus formation was noted after 8 weeks. Mobilisation was started after 8 weeks. The patient achieved almost complete functional capability at 10 weeks post op. Proper reduction of these fractures must be carried out to avoid their encroachments onto the interosseous membrane.Current plate-fixation techniques have improved the ability to achieve these goals. Attention must be paid to appropriate treatment of associated injuries at the level of the elbow, including fractures of the coronoid process and the radial head as well as posterolateral rotator instability of the ulnohumeral articulation [1,2].

REFERENCES

- [1] Frederick W Reckling, Larry D. Cordell. Arch Surg 1968;96(6):999-1007.
- [2] David Ring; Jesse B Jupiter, N Shaun Simpson, Boston, Massachusetts. J Bone Joint Surg Am 1998 ;80(12):1733-44.