INTRODUCTION:
An unstable elbow dislocation is a complex injury and is associated with an injury to the capsule-ligamentous structures. The most commonly injured structure is the lateral ulnar collateral ligament and it may be a pure ligamentous injury or associated with an avulsion fracture that necessitate an open reduction.

MATERIALS & METHODS:
Our patient is a 31 years old lady who was involved in a road traffic accident and sustained an unstable left elbow dislocation with an avulsion fracture of the lateral epicondyle of the left humerus. A closed reduction was initially attempted to reduce the elbow but failed.

RESULTS:
We proceeded with an open reduction of the left elbow and repair of the avulsed lateral epicondyle fragment with an anchor suture (Piton™, Tornier). It was complicated with an arthrofibrosis which was treated with an arthroscopic adhesiolysis and after a year the elbow motion was fair and she was back to work as an administrative clerk.

DISCUSSIONS:
In an elbow dislocation, the lateral ligamentous complex is more commonly injured than the medial side and is usually due to a proximal avulsion injury. In an avulsion injury, open reduction of the dislocation is advocated with a direct fixation or repair of the avulsed ligament. Post-operatively patient should be initiated with early active motion physiotherapy to avoid complication of elbow stiffness.

CONCLUSION:
A capsule-ligamentous injury should be suspected in an unstable elbow dislocation and the managing team should be able to proceed with an open reduction and repair of the injury to achieve a satisfactory outcome.

REFERENCES: