When Galeazzi Met Monteggia: A Case Report


Department of Orthopaedics, Hospital Tengka Ampuan Rahimah, Klang, 41200, Malaysia.

INTRODUCTION:
The incidence of a Galeazzi and Monteggia fracture in all forearm fracture accounts for 7% and 5% respectively. But it is exceedingly rare for an ipsilateral Galeazzi and Monteggia to occur, prompting the need for the proper planning of reduction and fixation of these types of fractures.

MATERIALS & METHODS:
A 33-year-old motorcyclist skidded his motorcycle after running over a pothole and fell on his left outstretched hand. He sustained an open left forearm fracture exposing distal third of the left radius and swelling of the elbow and wrist without neurovascular compromise. Radiological examination of the left forearm revealed a distal third radius fracture with disruption of the distal radio-ulnar joint and a proximal third ulnar fracture with a posterior dislocation of the radial head.

RESULTS:
Emergency wound debridement, exploration, plating of the left radius with a dynamic compression plate, plating of ulna with a 1/3rd tubular plate and K-wiring of the distal radio-ulnar joint was done.

DISCUSSIONS:
The forearm is considered a single functional unit, the challenge was to plan the steps in order to reduce the dislocation and achieve anatomical reduction with fracture fixation. The radius fracture was fixed first to restore the length. K-wiring of the distal radio-ulnar joint was done to stabilize the joint. A malreduction of the first fracture will usually impede the reduction of the other. This injury can be considered a variant of an Essex-Lopresti fracture considering the dislocation of both proximal and distal radio-ulnar joints with possibility of extensive interosseous membrane injury.

CONCLUSION:
Anatomical restoration of alignment, rotation, and length is essential in managing this injury. Immobilization post fixation is necessary for interosseous membrane healing, prevent stiffness and to obtain a good functional recovery.

REFERENCES: