

Compound fractures of the radius and the ulna

- They occur from direct and indirect violence.

Clinical signs and diagnostics

- Clinically present as typical symptoms of fractures, the ulna is easily palpable, there may be open fractures at the distal part of the forearm.
- X-ray in two projections.

Treatment

Conservative

- Only in non-dislocated fractures and in children.
- A high cast (a splint or a circular cast from the middle of the arm to the heads of the metacarpals, padding of the elbow socket, control of peripheral blood supply and innervation), while the elbow is in 90° flexion, in case of fractures in the upper half of the forearm in supination, in the lower half in pronation.
- Immobilization in plaster fixation for 12-16 weeks.

Surgery

- All displaced or open fractures compartment syndrome, Galeazzi fracture and Monteggia fracture
- After surgical osteosynthesis, plaster fixation is required for a week:
 - Splint osteosynthesis (self-compressing splints)
 - Intramedullary nail osteosynthesis
 - External fixation – for severe damage to soft tissues, open fractures, temporarily for polytrauma.
- A special type are incomplete subperiosteal fractures in children (willow twig type), when the corticalis breaks on only one side - large angular dislocation, dolomite bone is necessary for repositioning, then conservative treatment.

Links

Related articles

- Fractures of the forearm
 - Isolated fractures of the radius and ulna
 - Fractures of the proximal ulna
 - Monteggia fracture
 - Smith's fracture
 - Galeazzi fracture
 - Colles fracture
- Radius
- Ulna

Source

- Pastor, Jan. *Langenbeck's medical web page*

<https://langenbeck.webs.com/> |Published: 2010