Complex Monteggia Fracture

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Disclosures

None
5 yo F sustained an open forearm fracture from a fall from height. Evaluated at OSH and transferred to CHNOLA for higher level of care.
Plan

Patient was splinted and taken urgently to the OR for Irrigation and Debridement with Closed Reduction and Intramedullary Fixation
Plan

After achieving stable fixation of Ulna, Radius unable to maintain closed reduction

Arthrogram Considered

Computed Tomography of Elbow with plans for possible repeat operative treatment
CT Results

Radial neck fracture with posteriorly displaced radial head fracture

Plan: Return to OR for open reduction and fixation
Operative Tx
Patient did well, discharged from hospital without complication.

Pin removed in clinic at 4 weeks.
Final Xrays

Tulane Orthopaedic Surgery
Key points

Radial Head Ossification

Monteggia Type Fracture
Radial Head Ossification

Radial Head ossifies age 3-4

Patient had delayed ossification of radial head making diagnosis difficult
# Bado Classification

<table>
<thead>
<tr>
<th>Bado Classification</th>
<th>Description of Lesion</th>
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<tbody>
<tr>
<td>Type I</td>
<td>Fracture of proximal or middle third of ulna, anterior dislocation of radial head</td>
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<tr>
<td>Type II</td>
<td>Fracture of proximal or middle third of ulna, posterior dislocation of radial head</td>
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<tr>
<td>Type III</td>
<td>Fracture of proximal or middle third of ulna, lateral dislocation of radial head</td>
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<tr>
<td>Type IV</td>
<td>Proximal ulna and radius fracture, with associated dislocation of radial head in any direction</td>
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Classification

Monteggia Type I Variant

1. Proximal Ulna Fracture
2. Anteriorly Dislocated Radius
3. Radial Neck Fracture
4. Posteriorly Dislocated Radial Head with comminution
No Cases like this described in English Literature

Closest case was a Type II Fracture with posterior head and neck fracture and dislocation
Thank You
Bibliography