

ISOLATED FRACTURE OF THE CORONOID PROCESS : A CASE REPORT AND REVIEW OF THE LITERATURE

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Abstract: *Isolated fractures of the coronoid process are not common. However, they are frequently associated with posterior dislocations of the elbow, thus compromising its stability. Fractures of the coronoid process (CA). However, they are not uncommon, and can pose major problems in terms of especially in the context of unstable posterolateral dislocation of the elbow. This study, carried out in the orthopedic traumatology department at CHU HASSAN II in Fez, we will illustrate a case of isolated fracture of the apophysis fracture treated by double screw fixation with good functional results. Key word Isolated fractures of the coronoid process are not common. However, they are frequently associated with posterior dislocations of the elbow, thus compromising its stability. Fractures of the coronoid process (CA). However, they are not uncommon, and can pose major problems in terms of especially in the context of unstable posterolateral dislocation of the elbow. This study, carried out in the orthopedic traumatology department at CHU HASSAN II in Fez, we will illustrate a case of isolated fracture of the apophysis fracture treated by double screw fixation with good functional results.*

Keywords: *Coronoid process, Herbert screw*

INTRODUCTION :

Isolated fractures of the coronoid process are not common. However, they are frequently associated with posterior dislocations of the elbow, thus compromising its stability.

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Key word : Coronoid process, Herbert screw

CASE REPORT :

A 32-year-old man with no previous pathological history was admitted to the emergency department on the day of the accident. of a fall from a height of 03 metres, landing on the elbow in extension.

impotence of the left upper limb, with anteroposterior swelling of the elbow, a vasculo-neurological examination

vasculonervous examination with no abnormalities and no skin opening, radiological examination was in favour of a fracture of the

A CT scan of the elbow confirmed a Regan et Morrey stage II fracture.

The patient was immobilized with a BABP splint, painkillers and preoperative assessment, then admitted to the OR,

under plexus block in dorsal decubitus, cushion under the shoulder, pneumatic tourniquet at the root of the limb, limb on table in abduction

table in abduction supination, using an anteromedial approach to the elbow, we performed a double screw fixation

anteroposterior screw fixation of the coronoid process using two Herbert screws.

satisfactory.

Post-operative immobilization lasted 12 days, followed by the start of rehabilitation.

regular follow-up of the patient was carried out with 18 months' hindsight, joint amplitudes were restored to 180° of extension and 120° of flexion, and the prognosis was good.

of flexion and correct pronosupination.



Figure 1: CT scan of the elbow



Figure 2 : Face and profile X-ray

DISCUSSION :

Isolated coronoid process fracture is rare [1], most often associated with posterior dislocation of the elbow. Diagnosis is based on radiographic incidences of the elbow face and strict profile.

is still indicated in fractures with fragments greater than 25%. Patients who have undergone surgical treatment Have, for the most part, achieved excellent results. These results are a reminder of the importance of the Of the Regan and Morrey classification [2], which takes fragment size into account. functional results appear to be strongly linked to fragment size. In our case, our patient had a very good result following surgical treatment using an anterior approach along the medial edge of the biceps tendon over a length of 3cm, with double screw fixation (Herbert's screw), a procedure that met all these requirements, enabling reduction under reduction under scopic control.

Regan and Morrey [1] recommend orthopedic treatment for all type II fractures without associated dislocation or fracture, and for all type III fractures without associated dislocation or fracture.

Fractures, and osteosynthesis only in cases of instability. Osteosynthesis for displaced fragments seems, functional outcome compared to orthopedic treatment, provided that it is feasible without the Fracture comminution.

CONCLUSION :

Surgical treatment of coronoid fractures

The surgical treatment of isolated fractures of the coronoid process, type 2 according to the Regan and Morrey classification, using anteroposterior screw fixation, allows the best functional results to be obtained whenever possible.

By anteroposterior screw fixation offers the best functional results when possible.



Figure 4 : Front and profile view of anteroposterior double screw fixation

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