Easily missed fracture: distal radius and concomitant proximal ulna

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DESCRIPTION

An 8-year-old girl presented to the emergency department following a fall from a climbing frame onto her outstretched left hand. On examination, the left wrist was swollen and tender. The skin was intact with no neurovascular compromise. The patient also reported pain in the left elbow, which was tender on palpation. Anteroposterior and lateral radiographs of the left forearm showed a fracture of the distal radius and proximal ulna (figures 1 and 2).

The patient was placed in an above elbow backslab and reviewed by the orthopaedic team in the fracture clinic the following day, where the backslab was changed to a complete above elbow cast. At 1 month postinjury, it was changed to a futura splint. The patient made a full recovery.

The Galeazzi fracture, comprising of a distal radial shaft fracture with associated distal radio-ulna joint injury, and the Monteggia fracture, composed of a proximal third ulna fracture and radial head instability, have both been described extensively.^{1 2}

Figure 2 Lateral radiograph of the left forearm confirming a distal radius and proximal ulna fracture.

We present a rare combination of a fracture of the distal radius fracture and proximal ulna with limited review in the literature.³ This was not an unusual mechanism of injury and a distal radius fracture is a common presentation to the emergency department. Care should always be taken to perform a systematic examination, identify whether the injury is closed or open, look for the presence of any neurovascular deficit, and to examine the joint above and below. These factors are vital to making the correct diagnosis and management.

Learning points

- ▶ It is important to perform a systematic examination of any joint injury, including examination of the joint above and below, where appropriate.
- ▶ If there is high clinical suspicion of an associated long bone injury, a radiograph should include the joint, both above and below.
- ▶ Paediatric patients may be at risk of poor outcome if misdiagnosed.

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Figure 1 Anteroposterior radiograph of the left forearm showing a distal radius and proximal ulna fracture.

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