FORWARD DISLOCATION OF THE ELBOW WITHOUT FRACTURE OF THE OLECRANON

D. E. CARAVIAS, SHEFFIELD, ENGLAND

From the Orthopaedic and Accident Department of the City General Hospital, Sheffield

Watson-Jones (1955) wrote "... in exceptional cases there may even be forward dislocation of both forearm bones without fracture. There is one case in which there can be no doubt about it; the joint was dissected after the limb had been amputated—but that was long ago." This happened in 1860. Forward dislocation of both forearm bones without fracture of the olecranon is in fact extremely rare. The following case is an example of this unusual type of injury.

CASE REPORT

A man aged fifty-seven years was admitted to hospital after having been knocked down by a van and a motor cycle. He had sustained injuries to his left elbow and right leg. On examination the left elbow exhibited a peculiar deformity. The olecranon fossa and the posterior surface of the trochlea were empty and easily palpable. The elbow was held at a right angle with the forearm markedly abducted and supinated. Radiographs of the elbow showed a forward dislocation of both forearm bones, not associated with any fracture (Fig. 1).

![Figure 1](image1.jpg)

![Figure 2](image2.jpg)

Figure 1—Radiograph of the elbow showing forward dislocation of the forearm bones without fracture of the olecranon. Figure 2—Radiograph of the same elbow three months later.

The marked abduction of the forearm made it difficult to obtain a true lateral view of the dislocated elbow. The posterior surface of the olecranon was in contact with the lateral half of the coronoid fossa, the radial fossa and the capitulum.

The dislocation was reduced immediately under a general anaesthetic by gentle traction to the forearm in the position in which it lay, while at the same time the forearm was gradually and slightly adducted and flexed.

Examination after the manipulation revealed no sign of any nerve injury. A collar-and-cuff sling was applied for three and a half weeks. Active movements of the elbow were begun four weeks after reduction. A radiograph showed complete reduction and no sign of any bony injury or abnormality (Fig. 2). Seen eight months later, the patient was free from symptoms: extension of the elbow was to 150 degrees, and flexion, pronation and supination were full.

REFERENCE