FAMILIAL CONGENITAL POSTERIOR DISLOCATION OF BOTH RADIAL HEADS

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Congenital dislocation of the head of the radius is not common. Bilateral posterior dislocation appears to be very rare.

CASE REPORT

A young Yoruba farmer brought his second child, a girl, to University College Hospital, Ibadan, when she was six days old because movement of her elbows had been noticed to be limited since her birth. Birth had been by a normal spontaneous vertex delivery and the child was otherwise healthy, but neither elbow could be extended below the right angle.

Pronation and supination were unrestricted. The baby’s subcutaneous fat prevented accurate localisation of the radial heads by palpation, but the elbows were visibly deformed (Fig. 1) and radiographs showed backward dislocation of the heads of both radii (Figs. 2 and 3).

The father’s elbows could also be extended no farther than the right angle. All other movements in the upper limb were full, including pronation and supination. The tendons of insertion of both biceps stood out prominently in his antecubital fossae, raising skin webs (Fig. 6). His triceps were poorly developed, but all other muscles appeared normal. The heads of the radii could be readily felt in abnormal posterior positions, as illustrated in the radiographs (Figs. 4 and 5). The deformity was symmetrical. The radii were longer than normal and there was no constriction to mark their necks, the heads and the shafts being of equal girth. The radial heads were not dome shaped. Despite the good development of his biceps the bicipital tuberosities were hypoplastic and not clearly seen in the radiographs.
FIG. 2
Radiographs of daughter's right elbow.

FIG. 3
Radiographs of daughter's left elbow.
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Fig. 4
Radiographs of father's right elbow.

Fig. 5
Radiographs of father's left elbow.
The region that is normally the neck of the radius appeared to be touching the lower aspect of the capitulum, causing a bony block to extension. The medial humeral epicondyles were large and were situated proximal to their usual positions. Limitation of extension of the elbows had been present from birth, but it caused very little disability except for hoeing, which he was unable to perform in the native manner.

We were not able to trace any other examples of this deformity in the family. The baby’s elder sibling, a boy, had lived only five days. His elbows were reputedly normal. The father came of a large family, but none of his relatives (except his daughter) was affected.

**DISCUSSION**

Abbott (1892) reported seven cases of congenital anterior dislocation of the head of the radius in one family. McFarland (1936) described the anatomy of the anterior congenital dislocation of the radial head. Both anterior and posterior dislocations may occur in association with gross congenital abnormalities such as radio-ulnar synostosis or arthrogryposis multiplex, but we have found no report of bilateral posterior congenital dislocation in otherwise normal persons, nor of congenital dislocation of the radial head in father and daughter.

**REFERENCES**
