

## Closed Intervention of Type 4 Humerus Supracondylar Fracture: A Clinical Image

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**Received:** September 06, 2019; **Published:** October 10, 2019

Humerus Supracondylar fractures are the most common pediatric elbow fractures with Extension-type fractures including about 99% of cases; most commonly occur in children 5 - 7 years of age from a fall on an outstretched hand.

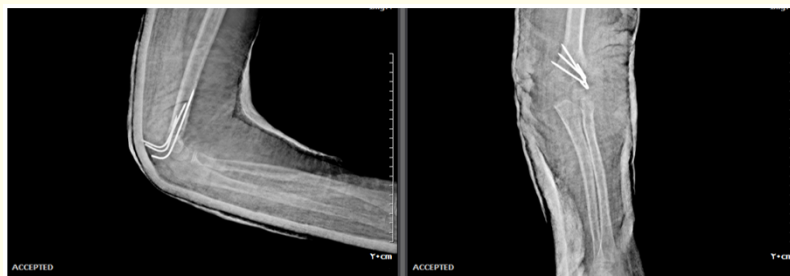
Closed reduction besides percutaneous pinning is the gold standard surgical treatment; however managing Gartland type 4 fracture by closed reduction and pcp would be appreciated and beneficial in terms of lower complications including mal/nonunion, infection thereafter [1].

Our below case was a 11 year old male one who presented with left elbow deformity due to Falls after Pull-Up Bar activity.

The patient was emergently transferred to operating room and underwent closed reduction of humeral fracture under fluoroscopy then fixed with three percutaneous pins (Figure a and b).



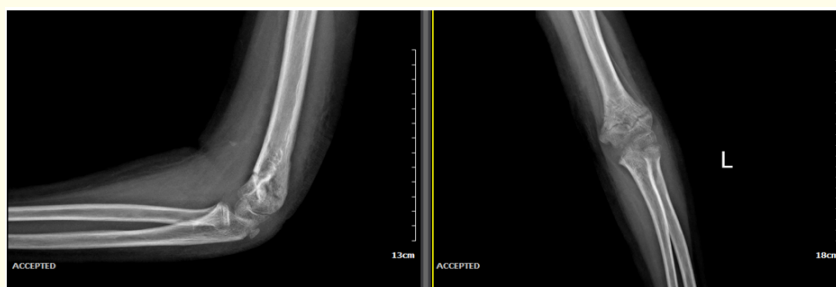
**Figure a:** Preoperative x-ray of humerus supracondylar fractures in an 11-year old case.



**Figure b:** Postoperative x-ray of humerus Supracondylar treated with 3 percutaneous pinning.

Long arm splint augmented with 8-shape casting in 90° elbow flexion was applied for the patient and he was discharged on the second postoperative day with normal limb neurovascular condition and general health.

His post op visits showed good general condition with stable reduction; in the follow up visit after 1 month the splint and pins were removed and elbow range of motion with physiotherapy started (Figure c).



**Figure c:** 1-month follow-up x-ray indication acceptable alignment and union.

### Bibliography

1. Vaquero-Picado A., et al. "Management of supracondylar fractures of the humerus in children". *EFORT Open Reviews* 3.10 (2018): 526-540.

Volume 10 Issue 11 November 2019

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