Orthopaedic Connection

Children’s Elbow Fractures Are Scary

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Transforming patient information into patient understanding.

Fractures about the elbow in children ages 2 – 12 are common because they fall frequently and their growing bones are prone to fracture when they fall.

There are many growth centers about the elbow which make interpretation of x-rays difficult for all of us who treat children’s fractures.

One Constant

There is one constant in treating elbow fractures in children and that is children usually fracture the elbow instead of sprain it. Why? Because the force to the elbow causes a fracture to happen through the little growth center which then becomes separated from the major portion of the bone. The growth center is a weak part of the joint compared with the bone itself.

No Anatomy Lesson

There are so many parts to the pediatric elbow that I will lose you if I start to describe them. Suffice it to say there are many different patterns or ways that the pediatric elbow can break.

The Patient

Let me set the scene for you. A 2 – 3 year old who is scared as h--------. He or she fell off a swing landing on the outstretched arm two hours ago and holds the arm at their side refusing to use it and now the child is in the emergency room crying inconsolably.

Their level of anxiety increases greatly as you approach to examine them. Trying to examine the child’s elbow to learn “where they hurt” is nearly impossible.

Swelling can be severe, but with non displaced or minimally displaced fractures swelling may be mild.

The X-ray

Now it is up to the x-ray technician to try to get really good views of the humerus, elbow and forearm so I can know what is going on. Believe me this is no easy task to get good x-ray views and I appreciate the work our techs do in the radiology department. When the views are taken we must interpret what happened.

Children’s joints and growth centers are difficult to evaluate because they are part bone and part cartilage which does not show on the x-ray. It is challenging. The fracture may be obvious or subtle.

Treatment

If the fracture is not significantly displaced it can usually be managed in a long arm splint which is placed in the emergency room. The child is then discharged for office follow up.

Sometimes the little parts of the elbow are displaced enough that they need to be put back in place in surgery and pinned to hold while they heal. A cast or splint is then applied.

Problems

- Fractures can be missed by even the most experienced staff.
- When a growth plate is damaged by a fracture thru it growth disturbance can result.
• Loss of motion of the elbow can occur.
• Growth disturbance means that the elbow may begin to grow at an improper angle.
• You might say the evaluation and treatment of pediatric elbow fractures is a mine field.

Fortunately most pediatric elbow fractures can be treated successfully, but these special fractures do present their own special set of problems.

My patients put their trust in me and what I do improves the quality of their lives.

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