Rupture of Biceps Tendon at the Elbow

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Everyone knows that the biceps muscle is in the front of the arm between the elbow and the shoulder. Now let’s see what else you know about it.

Two strong tendons attach the biceps muscle at the shoulder and the elbow. Their attachments to bone are different in each place. Today we will consider the elbow attachment. Perhaps at a later time we can cover the complexity of the biceps tendon as it goes deep into the shoulder.

Actually its rupture at the elbow is uncommon, but worth knowing about.

The Problem
The biceps tendon at the elbow usually tears away from the bone and retracts upward. This injury causes greater loss of strength than a rupture at the shoulder. It often results in 50% loss of arm strength if not recognized and repaired quickly.

Symptoms
Typically men over 40 are affected. They are straining or lifting with the elbow bent and POP. The pain is extreme for a few hours and then a chronic dull pain/ache in front of the elbow follows. Any lifting increases symptoms greatly.

Tests
Orthopaedic Surgeons are familiar with biceps tendon ruptures and know what physical tests to do to make a correct diagnosis.

If diagnosis is inaccurate or not suspected, valuable time is lost and repair is made more difficult or may not be possible at all.

Diagnostics
It is always best to get plain x-rays of the area. While the injury is usually tissue based, some bone can be broken off when the tendon tears and can easily be seen on x-ray.

MRI now is standard to give the exact diagnosis.

Treatment
Most patients with complete rupture do better with surgical repair. Partial rupture can be treated nonsurgically with splinting. Older patients who do not require normal elbow strength and endurance and rotation of the forearm might be treated appropriately without surgery.

Red Flags
Surgical repair of biceps tendon ruptures at the elbow is difficult. Ability to repair the tendon if delayed beyond one to two weeks may not be possible.

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