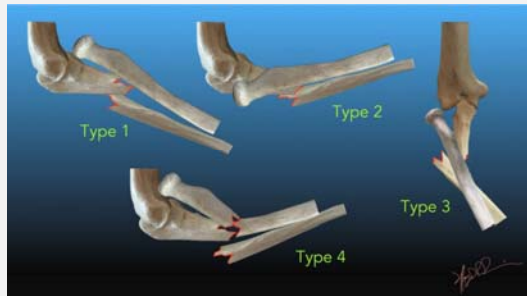


MONTEGGIA FRACTURE DISLOCATION

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POSTERIOR MONTEGGIA FRACTURE- DISLOCATION

- Surgical plan
- DORSAL
- Coronoid fx
- Radial Head fx – Kocher interval
- Olecranon
- Check Stability

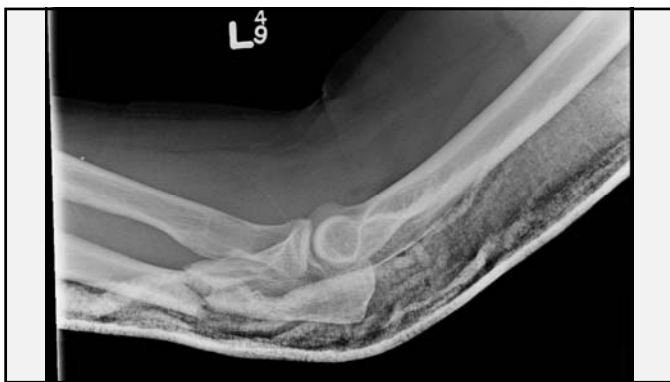
MONTEGGIA FRACTURE-DISLOCATION

- Radiocapitellar joint reduction requires anatomical restoration of the ulna
- Instability or block to rotation results from inaccurate reduction
- Complications
 - Malunion
 - Radioulnar synostosis
 - Pain
 - Mechanical dysfunction

66 YO MALE
MVC
ISOLATED INJURY







**POLL
OPEN**

**OBSTACLES TO RADIAL HEAD
REDUCTION INCLUDE:**

- 1 Capsule 0%
- 2 Annular Ligament 0%
- 3 Biceps Tendon 0%
- 4 Brachialis insertion 0%
- 5 All of the above 0%

THE MOST COMMON OBSTACLE TO RADIOCAPITELLAR REDUCTION IS...

POLL OPEN

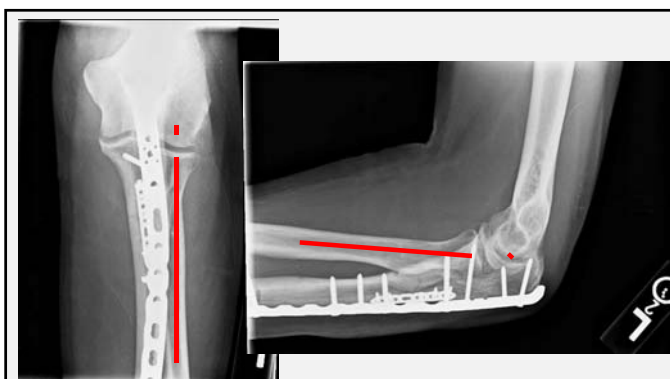
APPROACH TO THE RADIOCAPITELLAR MALREDUCTION IS BEST:

- 1 Posterior incision and approach through the fracture 0%
- 2 Posterior incision and Kocher approach 0%
- 3 Anterior incision 0%





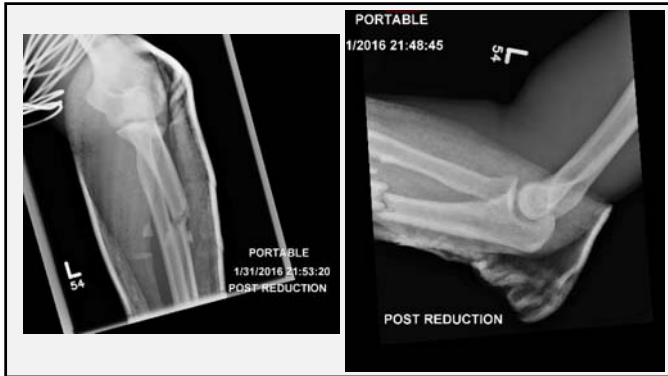


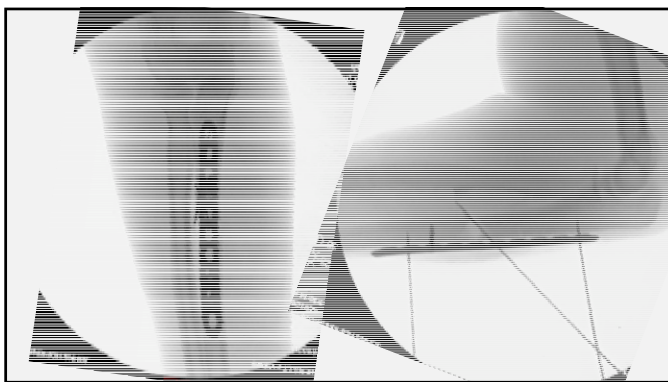


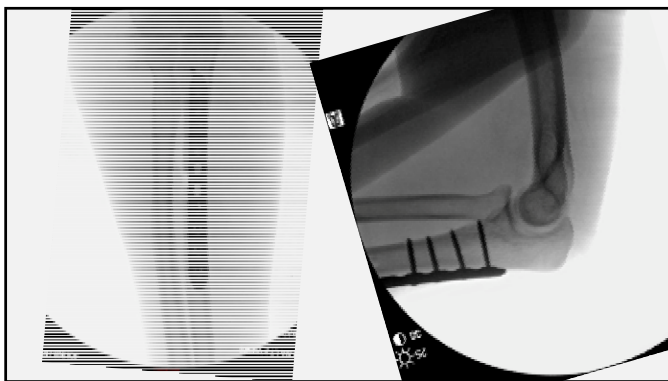


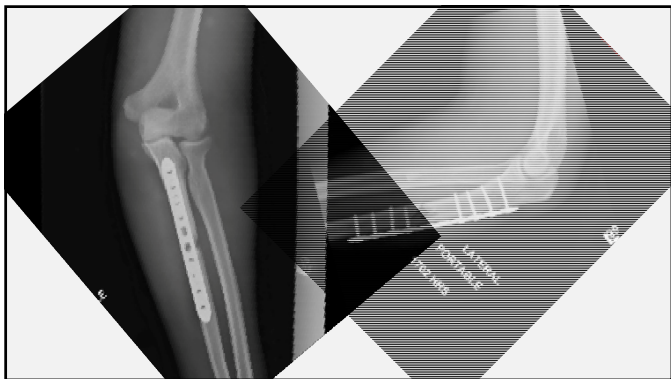
43 YO MALE
FELL FROM A LADDER
ISOLATED INJURY















42 YO MALE
FALL FROM ROOF
CLOSED, ISOLATED INJURY



Posterior Monteggia fracture dislocation



**POLL
OPEN**

THE BEST INCISION FOR THIS SURGERY IS:

- 1 Dorsal 0%
- 2 Lateral 0%
- 3 Medial 0%
- 4 Anterior 0%

**POLL
OPEN**

APPROACH TO THE FIX EVERYTHING IS BEST:

- 1 Through a single deep approach / through the fracture 0%
- 2 Through a combination of dorsal and anterolateral approaches 0%

MONTEGGIA FRACTURE DISLOCATION SUMMARY

- Uncommon
- Single posterior incision
- Separate deep intervals
- Malreduction of the ulna is most common source of radiocapitellar malreduction
- Soft tissue obstruction may occur laterally

