Giampietro Bertasi MD, PhD, University of Padua, Italy

CASE STUDY

The stability of the elbow is provided through osteoarticular architecture, the capsule, ligamentous parts and neuromuscular factors.¹ Regardless of this stability, dislocation of the elbow is common, especially among adolescence and young adults.² However, isolated dislocation of the radial head (RHD) in adults is rare.³ If neglected, this causes restriction of forearm supination and pronation, secondary degenerative arthritis of the elbow and distal radioulnar joints.⁴ ArthroFlex, a decellularized dermal matrix implant, has demonstrated ability to provide soft tissue support and coverage of soft tissue repair⁵⁻⁸ and shows promising potential for this type of case.

The following describes the use of ArthroFlex to treat a challenging dislocation of the radial head.

Patient

- 26-year-old female
- History of falling on an outstretched hand

Diagnosis

- Conventional x-rays (AP and L) and TAC have shown the dislocation of radius (Figure 1)
- No major neurovascular damage was noted
- Presence of pulse positive
- The elbow remained unstable after manual reduction (Figures 2, 3)

Treatment

- Surgery was performed for reduction of the luxation with reconstruction of the annular ligament with ArthroFlex.
- An optimal site in the ulna was selected, and a tunnel was drilled. A strip of ArthroFlex was passed through it and wrapped around the radial collar for reduction of radial head. (Figures 4, 5)

 The loaded suture anchor and its attached suture were placed into the hole in the bone for suturing the ArthroFlex strip. The two ends were fixed to the bone with a suture anchor. The stumps of the annular ligament were sutured over the strip of ArthroFlex.
(Figure 6)

Post Surgical and Follow-Up

- The patient was immobilized in hinged splint at 70° to 90° flexion and rotation of neutral forearm for five weeks.
- Assisted exercises were performed after removal of the splint. Shoulder abduction was avoided to reduce elbow stress when the patient was treated with active flexion.

Outcome

• The use of ArthroFlex for radial annular ligament reconstruction was successful.



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Figure 1. Radiograph of dislocated radial head.

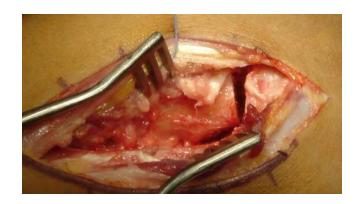


Figure 2. Image of torn annular ligament.



Figure 3. Preoperative image of the elbow joint.

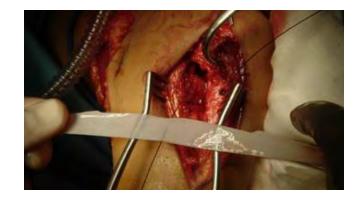


Figure 4. ArthroFlex being inserted into elbow joint.





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Figure 5. ArthroFlex wrapped around radial collar.

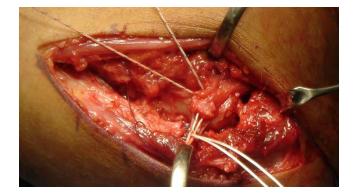


Figure 6. The torn annular ligament was sutured over ArthroFlex.





Figures 7, 8. Successful treatment of dislocated radial head using ArthroFlex at 6 months post-operative.





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References

- de Haan J, Schep NW, Eygendaal D, Kleinrensink GJ, Tuinebreijer WE, den Hartog D. Stability of the elbow joint: relevant anatomy and clinical implications of in vitro biomechanical studies. Open Orthop J. 2011;5:168-176.
- 2. Sunderamoorthy D, Smith A, Woods DA. Recurrent elbow dislocation--an uncommon presentation. Emerg Med J. 2005;22(9):667-669.
- Obert L, Huot D, Lepage D, Garbuio P, Tropet Y. Isolated traumatic luxation of the radial head in adults: report of a case and review of literature. Chirurgie de la Main. 2003;22(4):216-219.
- 4. El Ibrahimi A, Shimi M, Daoudi A, Elmrini A. Isolated, traumatic posterior dislocation of the radial head in an adult: A new case treated conservatively. J Emerg Trauma Shock. 2010;3(4):422-424.
- Perets I, Hartigan DE, Walsh JP, Chaharbakhshi E, Close MR, Domb BG. Arthroscopic Capsular Reconstruction of the Hip With Acellular Dermal Extracellular Matrix: Surgical Technique. Arthrosc Tech. 2016;5(5):e1001-e1005.

- Lee B, Acevedo D, Mirzayan R. Reconstruction of the acromioclavicular joint, its superior capsule, and coracoclavicular ligaments using an interpositional acellular dermal matrix and tibialis tendon allograft. Techniques in Shoulder & Elbow Surgery. 2014;15(3):79-86.
- Mirzayan R, Conroy C, Sethi PM. Distal Biceps Repair With Acellular Dermal Graft Augmentation. Techniques in Shoulder & Elbow Surgery. 2015;16(3):89-92.
- Gilot GJ, Alvarez-Pinzon AM, Barcksdale L, Westerdahl D, Krill M, Peck E. Outcome of large to massive rotator cuff tears repaired with and without extracellular matrix augmentation: A prospective comparative study. Arthroscopy. 2015;31(8):1459-1465.

Results from case studies are not predictive of results in other cases. Results in other cases may vary.

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