“Sliding angulation osteotomy” for chronic radial head dislocation following missed Monteggia injuries

Anil Agarwal

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We read with deep interest the “sliding angulation osteotomy” technique for chronic radial head dislocation following missed Monteggia injuries by Rajasekaran and Venkatdass [1]. The distinct advantages of the osteotomy as rightly described are its extra-articular nature and à la carte approach to radial head reduction. We use a similar technique for our patients and would like to enhance the technical details of the technique for the reader’s benefit:

1. A mini saw is a better piece of equipment to make the sagittal cut and a half transverse cut in the pediatric ulna. Bigger saws or osteotomes tend to fracture the ulna at the Z junction.
2. One has to be careful in distraction/ lengthening of osteotomised ulna as the area for leverage with a lamina spreader is limited. When the required length is greater, try gradual distraction/ lengthening in increments.
3. The single screw fixation is a potential risk. With lessening of angulation, which sometimes occurs due to unstable fixation with single screw, the initially reduced radial

head tends to slip out. Fixation in the form of a two-mini-screw system, one near the dorsal ulnar and the other near the interosseous border, is a viable option. Ensure that the sagittal cut is of adequate length to allow for lengthening as well as fixation of the two screws. An additional fixation of the radial head with a temporary K-wire until the osteotomy stabilizes is another useful alternative.

4. Ulna is a subcutaneous bone. Despite shaving of excess bony spikes on the dorsal aspect, skin closure requires attention if angulation is exceeded.

References

1. Rajasekaran S, Venkatadass K (2014) “Sliding angulation osteotomy”: preliminary report of a novel technique of treatment for chronic radial head dislocation following missed Monteggia injuries. *Int Orthop* 38: 2519–2524. doi:10.1007/s00264-014-2514-8

A. Agarwal (✉)
Department of Paediatric Orthopaedics, Chacha Nehru Bal
Chikitsalaya, New Delhi, India
e-mail: rachna_anila@yahoo.co.in