

## Editorial

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Over the last decade, new arthroscopic and prosthetic techniques have radically changed the treatment strategies employed in elbow surgery. As it is difficult to clinically diagnose elbow instability, arthroscopic tests for determining posterolateral rotatory instability—which is the most frequent but also the least-understood posttraumatic instability—have been developed. The fact that instability leads to stiffness due to pain is becoming common knowledge, and surgeons should be aware that stabilization procedures are needed in order to achieve a pain-free and functional joint. The techniques used in arthroscopic instability evaluation and ligament repair are described in the article of Hollinger et al.

Burkhart et al. present their thoughts on radial head fractures. It is accepted that resection of the radial head in an acute trauma setting can potentially lead to a major problem with instability. In this context, reconstruction of the radial head using anatomically precontoured low-profile locking plates is preferred. In fractures that cannot be reconstructed, implantation of a metal radial head prosthesis in the acute trauma setting is the treatment of choice.

It is important to realize that while it is difficult to correctly implant a radial head prosthesis without overstuffing, it is crucial to do so in order to prevent dislocation and cartilage wear.

Distal humerus fractures in osteoporotic bone are difficult to stabilize, especially when they are combined with a shear component of the trochlea or capitulum. Such cases in old patients potentially indicate total elbow arthroplasty. When using a modular prosthesis, the surgeon can decide intraoperatively whether to use a linked or an unlinked prosthesis (or even a hemi-endoprosthesis, which is always unlinked), although an unlinked prosthesis demands ligamentous stability/reconstruction, which is very difficult and time-consuming. This is why Dietz et al. prefer linked prostheses in the acute trauma setting in most cases.

The topics relating to the elbow that are discussed in this issue are of practical relevance, as they concern diagnostic and therapeutic knowledge and provide options for the reader.

**Conflict of interest** None.

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