

Causes of Unsatisfactory Results of Elbow Fracture Treatment

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Actual problems of medical and social expertise in Ukraine are the issues of prevention and reduction of disability due to injuries and diseases of the musculoskeletal system, which occupy the third place in the structure of primary disability. Disability due to the consequences of elbow joint fractures ranges from 5.8 to 45.8%. Complications of the elbow joint injuries are caused in 10.5-15% of cases by the intraarticular localization of the fracture, in 9.8% by the ulnar nerve injuries, in 4% by vascular trauma, and in 10-18% by morphological changes of the elbow joint due to late medical treatment.

The high percentage of primary disability in patients with elbow joint fractures is associated with the development of its contractures in 82% of patients, paraarticular ossifications in 28.2%-49%, ischemic-compression ulnar neuropathy in 6-15%, and pseudarthrosis in 2-7.5%. Moreover, the cause of elbow joint contractures in 50-62% of cases is the posttraumatic consequences of trans- and supracondylar fractures. In particular, unsuccessful attempts of closed reduction account for 51%, and secondary displacement of fracture fragments in cast immobilization is observed in 31.2% of patients. During surgical treatment, pronounced contractures of the elbow joint after open reduction and internal fixation reach 10-11.1%, and fixation instability and secondary displacement occur in 2.2% of cases. Unsatisfactory results of medical rehabilitation and high percentage of primary disability in patients with elbow joint fracture outcomes are of particular concern because these injuries account for 30% of fractures in the elbow joint and a large

number of conservative and surgical treatment methods have been developed for them [1-3].

The aim of this work was to analyze the results of conservative and surgical treatment of elbow joint fractures. The study of the results of conservative and surgical treatment of patients with fractures in the elbow joint revealed a high proportion of unsuccessful results, which indicates the inadequacy of the medical rehabilitation measures performed and the need for significant improvement in treatment methods.

The main reasons for unsuccessful results in the treatment of patients with fractures of the elbow joint are:

- Use of techniques of unstable fixation of fracture fragments, which do not allow mobilization of the elbow joint within the first day after surgery;
- Prolonged cast immobilization for more than 3-4 weeks, which leads to development of persistent arthrogenic contractures and degenerative-dystrophic and degenerative-dystrophic complications.

Conclusions

1. Unsuccessful results of treatment of fractures in the elbow joint were found in 72.6-91.4% of patients, which indicates the relevance of this problem and the presence of unresolved issues of medical rehabilitation.
2. A frequent complication of elbow joint fractures is the formation of contractures, which was noted in 78.6% of patients,

which determines the importance of this problem and the need to improve methods of medical rehabilitation.

3. The choice of treatment methods for fractures in the area of the elbow joint should be based on the possibility of the fracture healing with preservation of anatomical relations during 3-4 weeks of immobilization in case of conservative treatment and in case of operative treatment - on the mobilization of the elbow joint during the first day after the intervention.

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