

## Outcome of Fracture Supracondylar Humerus in Paediatric Age Group Treated by Lateral Entry Pinning



### Medical Science

KEYWORDS : Supracondylar fracture humerus, Lateral pinning, ulnar nerve palsy.

<b>Dr Gaurav vala</b>	(M.S.Ortho) Assistant professor
<b>Dr Darshan Padhiyar</b>	(D.Ortho) Senior Resident
<b>Dr kushal Doshi</b>	(D.Ortho) Senior Resident
<b>Dr Neel Gohil R</b>	
<b>Dr Jayesh Baldaniya R</b>	

#### INTRODUCTION

Supracondylar fractures of humerus in children are the commonest & important injury around the elbow. There has always been conflicts, about type of operative management of displaced fracture, between lateral & cross pinning. Aim of this study is to find out outcomes by lateral pinning in form of stability and complication by various clinical and radiological parameters.

#### PATIENTS AND METHODS :

25 childrens of fracture supracondylar humerus treated by lateral pinning taken for retrospective study. Patients were analysed clinically & radiologically using flynn's criteria. Results were compared with other similar studies & study of cross pinning also.

#### RESULTS :

Of 25 cases, 16 were of Gartland Type III and 9 were of Gartland Type II fractures. 22 of patients were treated by 2 K-wires & 3 treated by 3 K-wires . Baumann's angle in majority of our patients was between 10-15° in immediate post-operatively and between 15-20° at final follow up. Humero-capitellar angle ranges between 30° to 40° in about 80% of patient at both immediate post-operatively & final followup .Carrying angle was between 5° to 15° in 68% of patients immediate post-operatively and in 84% of patients at final follow-up, suggests remodeling capacity. Average range of motion at final follow-up, 0 to 125%. Using flynn's criteria, we got 96% good to excellent results which is comparable to similar study of lateral pinning done by Guy & Rao. None of patients had ulnar nerve palsy, which were 10.6% in study of skaggs who operated with cross pinning.

#### CONCLUSION:

Lateral entry pinning is stable configuration both biomechanically and clinically, without risk of ulnar nerve injury at minimum 6 months follow up.