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An atypical elbow fracture: a displaced Hahn fracture type 1



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A 42-year-old man presented to the emergency department for pain at his right elbow following a fall from a bicycle onto the outstretched hand. A radiograph of the elbow was performed then an oral analgesic was prescribed with splint elbow to body. At home, the pain has decreased in intensity but it increased when he mobilized his elbow. 3 days later, he consulted our department of orthopedics for the persistence of elbow pain. Upon admission, physical examination revealed mild swelling and tenderness over the lateral aspect of the distal part of his humerus. Mobilization of the elbow was painful. The neurovascular exam was normal. X-rays of the

elbow showed a displaced capitellar fracture (A, B). 3D computed tomography confirmed the type I Hahn fracture with no other lesion (C) prompting the patient to undergo surgery. A lateral approach was performed. The intra-operative aspect showed a separated capitellum from the humeral shaft then an internal fixation of the fracture using two Herbert screws was performed (D). The patient was reviewed one week later; the physical examination found no infection and neurovascular examination was normal, the x-ray control was good and rehabilitation of the elbow allowed. At three months of follow up, our patient presented a good outcome with no pain and he had regained full activities.



Figure 1: radiographs of the right elbow (Anterior-posterior (A) and lateral (B) views) showed a capitellar fracture. Note the double line (yellow arrow); (C) 3D Computed Tomography confirmed the isolated type I Hahn fracture; (D) x-ray control showed satisfactory reduction of the fracture using two Herbert screws