











Adult distal humeral fractures are relatively rare injuries, comprising 2% to 5% of all fractures and 30% of all elbow fractures.









A bimodal age and sex distribution has been reported consisting of high-energy injuries in younger males and low-energy falls in elderly females with osteoporosis.









The success of ORIF is dependent on the surgeon's ability to anatomically reconstruct the articular surface with a rigid fixation construct that is durable enough to allow early mobilization









For acute distal humeral fractures not amenable to open reduction and internal fixation, total elbow arthroplasty has become an established alternative









Its use as a primary treatment for non repairable acute intra-articular distal humeral fractures in elderly patients gained widespread acceptance when Cobb and Morrey first published their series in 1997.









The primary goal of Elbow replacement surgery is pain relief, with a secondary benefit of restoring motion, strength, function, and assisting with returning patients to an activity level as near to normal as possible.

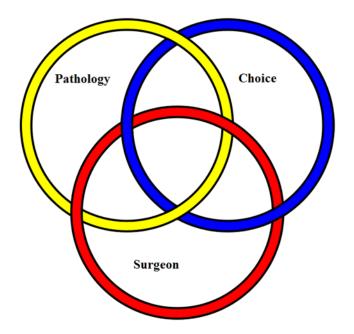








Rationale Of Choice











Rationale Of Choice

Modular
Total/Hemi/Uni
Constrained/Unconstrained
Platform System





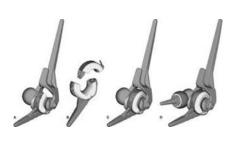




Constrained / Semi

















Morrey et al and Stanley et al have published good outcome in Trauma in elderly 1998

Gill DR, Morrey BF. The Coonrad-Morrey total elbow Arthroplasty in patients who have rheumatoid arthritis. A ten to fifteen-year follow-up study. J Bone Joint Surg Am. 1998;80(9):1327–35.









Complex fractures of the distal humerus in the elderly: Is primary total elbow arthroplasty a valid treatment alternative? A series of 20 cases

P Calvert et al 2013

20 patients (18 women and two men) having an average age of 80 years (range 65–93, median 80). 4 year follow up no infection 2 ulnar nerve problem 85% happy









Total elbow arthroplasty for acute distal humeral fractures in patients over 65 years old – Results of a multicentre study in 87 patients

P.Mansata 2013

Eight-seven patients (80 women and 7 men) mean age 79 years old (65–93) underwent total elbow arthroplasty for the treatment of an AO type A fracture in 9 cases, type B in 8 and type C in 70. 6 years 87 % happy









Distal Humeral Hemiarthroplasty Versus Total Elbow Arthroplasty for Acute Distal Humeral Fractures Rajesh Rangarajan 2017

Using modern implants and techniques, distal humeral hemiarthroplasty has shown outcomes comparable to those of total elbow arthroplasty at short- to mid-term follow-up, with an overall higher but different complication rate. Choice available













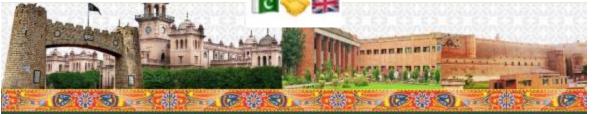






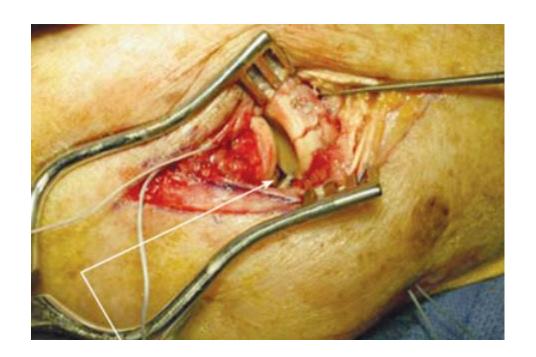




















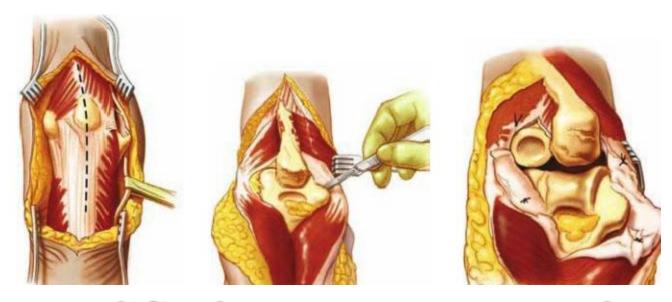












Modified Morrey Approach





































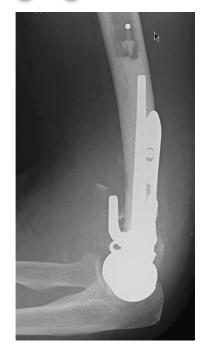
























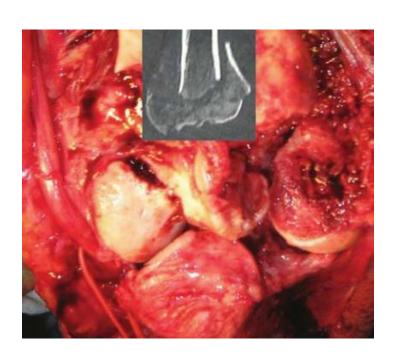


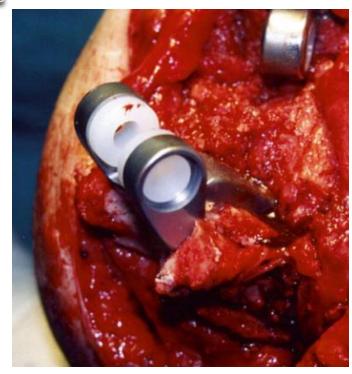










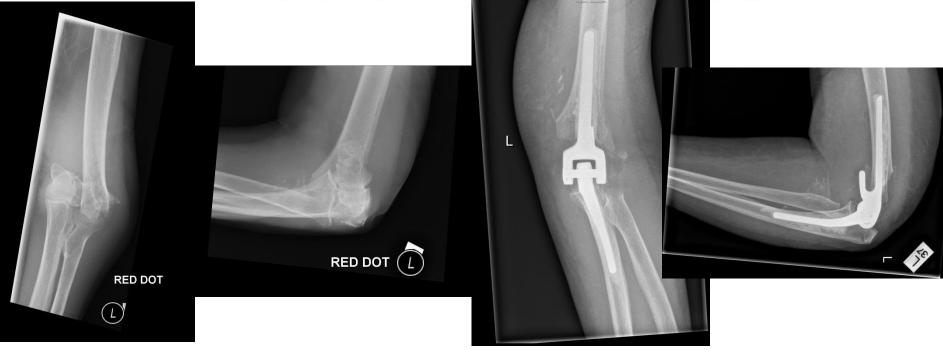




















- 10-15 TER per year 90% Trauma
- 2-3 hemi elbow per year 100% Trauma
- 0-1 uni elbow per year 100% Trauma
- 4-5 Radial head replacement 100% Trauma









Done more than 100 TER since 2004

65 plus and unsalvageable elbow









45 TER in Last 5 years
Post approach modified Coonrad approach
Semiconstrained Conrad Moorey TER









No Revision

No Infection

No Nerve problems

- 1 Triceps detachment
- 1 Olecranon fracture









Satisfaction
95% feel better than before
95% have Functional ROM
All will have same operation as before









My results are comparable with published results



