

Both bone forearm fractures

- They may be caused both by direct and indirect force.

Clinical signs and diagnostics

- Typical symptoms of fractures are clinically present, ulna is easily palpable, there may be open fractures in the distal part of the forearm.
- X-ray in two projections.

Treatment

Conservative

- Only for non-dislocated fractures and in children.
- Long cast (splint or circular cast from the middle of the upper arm to the metacarpal heads, padding of the elbow pit, control of peripheral blood supply and innervation), while the elbow is positioned into 90° flexion. In case of fractures in the upper half of the forearm, the hand should be fixated in supination, in the lower half - in pronation.
- Immobilization in cast for 12-16 weeks.

Surgical

- All dislocated or open fractures, compartment syndrome, Galeazzi fracture and Monteggia fracture
- After surgical osteosynthesis, cast fixation is required for a week:

Splint osteosynthesis (compression splints)

Osteosynthesis by intramedullary nails

External fixation – for severe damage to soft tissues, open fractures, temporarily for polytrauma.

- A special type are incomplete subperiosteal fractures in children (greenstick fracture), when the cortex breaks on only one side - large angular dislocation, completing the breakage is necessary for repositioning, then conservative treatment is applied.

Links

Related articles

- Forearm fractures
 - Isolated fractures of radius and ulna
 - Proximal ulna fractures
 - Monteggia fracture
 - Smith's fracture
 - Galeazzi fracture
 - Colles' fracture
- Radius
- Ulna

Source

- PASTOR, Jan. *Langenbeck's medical web page* [online]. [cit. 2010]. <<https://langenbeck.webs.com/>>.