

# Isolated fractures of the radius and ulna

- They arise through the action of direct violence

## Clinical picture and diagnosis

- pain, edema , hematoma, change of configuration
- necessary x-rays in two projections showing adjacent joints to rule out simultaneous dislocation of the head of the adjacent bone ( Monteggia fracture , Galeazzi fracture)
- in isolated fractures of one bone, the other bone often acts as a spacer and prevents the fragments from fitting correctly - the result is a post- joint - self - compression splints (DCP) are the most advantageous

## Treatment

### conservative

- non-dislocated fractures of the ulna , non-dislocated fractures of the proximal 2/3 of the radius
- cast fixation for 8 weeks from MTC heads to arm, elbow flexion

### surgery

- Dislocated fractures of the ulna, Dislocated fractures of the proximal 2/3 of the radius, Dislocated and non-dislocated fractures of the distal 1/3 of the radius (muscle strain)
- splint, secured nail

## Links

### Related Articles

- Fractures of the forearm
  - Compound fractures of the radius and ulna
  - Fractures of the proximal ulna
  - Smith's fracture
  - Monteggia fracture
  - Galeazzi fracture
  - Colles fracture
- Radius
- Ulna

### Source

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