

RADIOLOGY QUIZ

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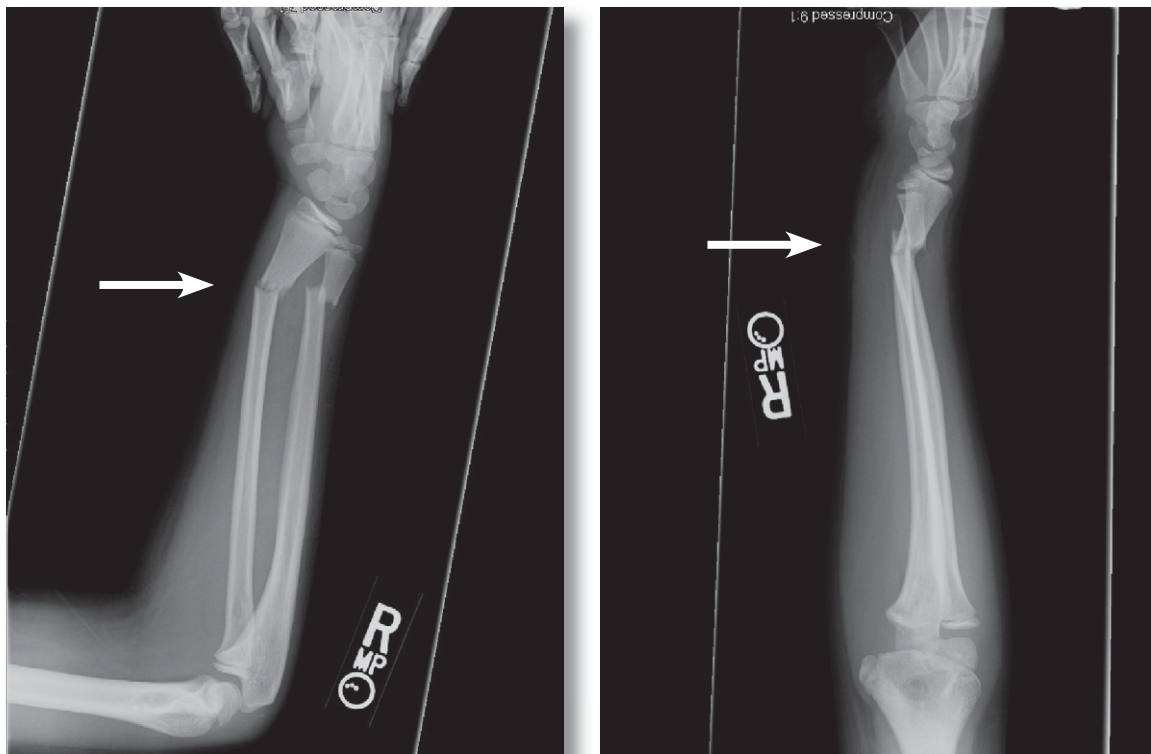
PROBLEM



A 9-year-old boy was playing with his brother when he fell on his right hand and his brother “rolled” over his forearm. The patient appreciated a “snap” in his forearm during the incident and has had pain and swelling since. He presents to your urgent care center, where your examination demonstrates that his right hand is neurovascularly intact with a gross deformity to the wrist. What is your interpretation of these views of his forearm?

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ANSWER



➔ The images reveal a fracture to the distal radius and ulna with dorsal angulation (apex volar). Nonangulated or nondisplaced fractures of the distal forearm in children can be managed conservatively with a long arm cast or a sugar-tong splint for 2 weeks, followed by a short arm cast for an additional 2 weeks.¹ However, since this patient's fracture involved angulation, treatment consisted of placement in a volar splint with elasticized wrap for support, acetaminophen with codeine for pain, and referral to orthopedic surgery. Angulated distal forearm fractures in children usually require closed reduction under general anesthesia.

REFERENCE

1. Griffin LY. Fracture of Distal Radius. In: Griffin LY, ed. *Essentials of Musculoskeletal Care*. 3rd ed. Rosemont, IL: American Academy of Orthopaedic Surgeons; 2005:350-353.

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