Irreducible Posterior Dislocation of the Elbow

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All published reports on posterior dislocation of the elbow are concerned with old dislocations (Vangorder, 1932; Allende and Freytes, 1944), dislocations associated with fracture of the medial epicondyle with displacement into the joint (Roberts, 1934; Outland and Hanlon, 1938; Patrick, 1946; Smith, 1950; Purser, 1954), dislocation associated with rupture of the brachial artery (Spear and Janes, 1951; Henderson and Robertson, 1952), dislocation complicated by ulnar nerve injury (Outland and Hanlon, 1938), and recurrent dislocations of the elbow (Milch, 1936; Reichenheim, 1947; Wainwright, 1947; Kapel, 1951; King, 1953; Spring, 1953; Osborne and Cotterill, 1966). However, a search of the literature from the English-speaking world has not revealed any reported case where there was failure to reduce an uncomplicated posterior dislocation of the elbow by manipulation under anaesthesia soon after injury. This must be extremely uncommon. This report describes such a case.

CASE REPORT

A girl aged 7 years was seen with an injury to her left elbow after a fall on her outstretched hand. On examination the elbow was deformed and there was no bruising or swelling around that joint. There was no nerve or vascular injury. X-ray examination of the elbow showed posterior dislocation without fracture.

Three hours after the injury the elbow was manipulated under general anaesthesia, but the dislocation could not be reduced despite a further attempt later. Even at this stage the elbow did not show any bruising or swelling. Because of the absence of bruising and swelling an old dislocation of the elbow was considered, but the patient was very intelligent and maintained that the left elbow was normal before the fall. Open reduction was undertaken the following day.

Operation.—Initially, the elbow was explored through a medial vertical incision. There was no bruising in the soft tissues. The medial ligament and the medial epicondyle were normal. A posterolateral incision was made and the head of the radius was found dislocated through a small buttonhole tear in the posterolateral capsule of the joint. The proximal ulna was found dislocated posteriorly without any tear in the capsule. On attempting reduction the buttonhole in the capsule tightened around the narrow portion of the neck of the radius and prevented reduction. After

enlarging the buttonhole the dislocation was reduced quite easily. The orbicular ligament was found intact.

Postoperative progress was normal and the elbow was immobilized for three weeks. Two months later the elbow movements were satisfactory except for the last few degrees of extension.

COMMENT

It is quite evident in this case that closed reduction failed because the head of the radius had passed through a small tear in the posterolateral capsule and the buttonhole effect tightened around the narrow portion of the neck of the radius. When traction was applied in the line of the deformity the buttonhole tightened and prevented reduction of the dislocation. Once the buttonhole was enlarged the reduction was very easy.

Another interesting feature in this case is that there was no bruising or swelling—a feature sufficient to make one consider the possibility of an old injury. One would expect some bruising and swelling on the medial side of the joint in a recent dislocation of the elbow. In this case the medial ligament would have been stretched and not torn. The torn blood vessels in the buttonhole tear in the capsule did not bleed, probably because the vessels were compressed by the neck of the radius or because displacement was so minimal.

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Human Infection with a Tapeworm, *Bertiella* sp., probably of African origin

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Proglottides of a tapeworm were passed intermittently for six months in the faeces of a British boy aged 6 who was otherwise well and had no complaint of bowel disturbance. He had lived in Aden for the previous two years. The proglottides proved to be terminal segments of *Bertiella* sp. Identification to species was not possible. The boy was successfully treated with niclosamide (Yomesan).

Bertiella is normally a parasite of monkeys. On further inquiry it was found that nearly two years previously the boy had spent a fortnight's holiday in Mombasa, East Africa, where he had close contact with monkeys; these were thought to be of the rhesus type and were tame enough to be fed by hand.

The life history of *Bertiella studeri* (Blanchard, 1891), which is the principal species of the Eastern Hemisphere, was eluci-

dated by Stunkard (1940); he fed eggs of the tapeworm experimentally to various free-living mites and later found cysticercoids (the infective stage for the final, definitive host) in the

Segments of *Bertiella* sp. tapeworm. (×5.)