Apollo HOSPITALS VISAKHAPATNAM

Case of the Week

UCL REPAIR BY INTERNAL BRACE/ LIGAMENT AUGMENTATION: AN INNOVATIVE APPROACH

A 30 year old male presented with persistent left elbow pain since last one year. He injured his elbow in the gym. He was diagnosed as Golfers Elbow and treated with rest, analgesics, activity modification, brace and local steroid injection with little relief. His left elbow MRI scan showed a high grade rupture of the anterior band of ulnar collateral ligament.

Normally, for this condition as per current practices in our region, conservative treatment is continued routinely. But as the patient was young, active and quite keen to go back to his activities in the gym, we opted for Ulnar Collateral Ligament repair.

After informed consent, we did left ulnar collateral ligament repair with internal brace/ ligament augmentation through modified Tommy John approach.

Normally, Palmaris longus autograft is taken. But that involves two more incisions in the forearm and associated morbidity. We opted for the new Internal brace/ ligament augmentation system. In this, we can use 2 SwiveLock anchors (one inserted in the medial epicondyle and other in the sublime tubercle) with a FiberTape acting as an internal brace/ ligament augmentation. We also used FiberWire to repair the remaining ligament.

We also debrided and repaired his common flexor/ pronator group attachment in the medial epicondyle. We preserved his Ulnar and Medial antebrachial cutaneous nerve.

Patient had an uneventful recovery after the procedure.

With this innovative approach, we can improve both his pain and function significantly which is unlikely to happen with continued conservative treatment.

This is the first surgery of its kind done in our Telugu States and adjoining regions.

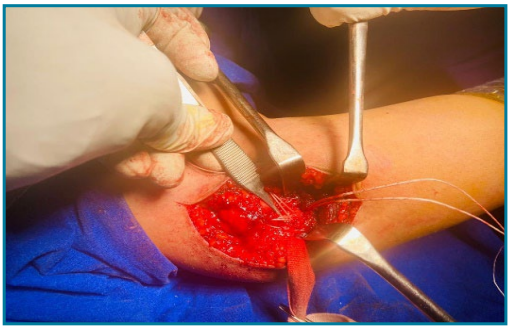

Fig1. Reconstruction of UCL using FiberTape

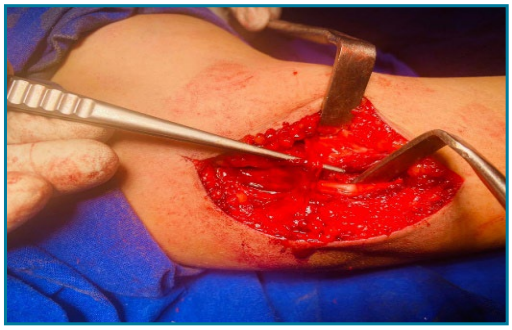

Fig 2. Protected medial antebrachial and ulnar nerves

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