

BILATERAL DISTAL RADIUS FRACTURE: A CASE REPORT***Dr. Tolgahan Kuru, Gürdal Nüsrán, H.yener Erken and Onur Yılmaz**

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ABSTRACT

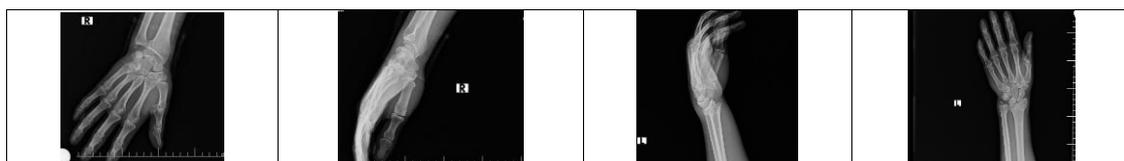
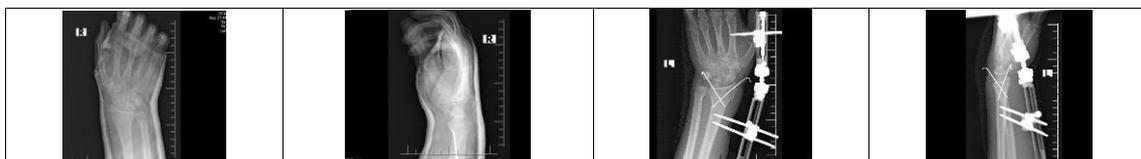
Introduction: Bilateral distal radius fractures are rare injuries and only a handful of case reports exist. Understanding the demographic variables and associated injuries in patients with these fractures may improve awareness and treatment of concomitant injuries.^[1] **Case Presentation:** A patient with bilateral distal fractures of the radius, right distal radius non displaced die punch fracture and left distal radius displaced fracture. Non displaced side treated with closed reduction and casting in operation room and left side was treated with external fixator and 2 kischner wires. **Conclusion:** Bilateral distal radius fractures are rare injuries and it is important to start early active rehabilitation of the wrist. In this patient non diplace die punch distal radius fracture side treated with closed reduction and casting immobilization and displaced right distal radius side treated with 2 kischner wires and external fixation.

INTRODUCTION

Bilateral fractures of the distal radius and scaphoid are extremely rare injuries.^[1] In this case, we report the case of a 21 years old man who sustained high-energy with motorcycle accident. The patient has bilateral distal radius fracture. Right distal radius has non displaced die punch fracture, was treated with casting immobilization and left distal radius has displaced AO type b fracture, treated with 2 kischner wires and external fixator fixation.

CASE PRESENTATION

A 21 years old man has motorcycle accident while working as a pizza courier. Roentgenograms displayed combined bilateral fractures of distal radius. After bilateral distal radius tomography, we saw right distal radius has non comminated die punch fracture and treated with casting immobilization (Figure 1) and left distal radius has displaced AO tybe b distal radius fracture and treated with closed reduction, 2 kischner wires and external fixator fixation. (Figure 2)

**Figure 1: Preoperative AP and lateral roentgenogram of the right and left distal radius fractures.****Figure 2: Postoperative and after close reduction and casting AP and lateral roentgenogram of the right and left distal radius.****DISCUSSION**

Unilateral distal radius fractures are common, the incidence of bilateral injuries remains unclear. Bilateral fractures of the distal radius rare injuries.^[1] Only scattered case reports exist describing bilateral distal

radius fractures. Two of these reports describe the injury in an adolescent athlete and in an adult after a fall from a height; both injuries were treated nonoperatively.^[1] Among all patients with bilateral injuries, 71% were male with a mean age of 22.5 years. This is in contrast to the majority of unilateral injuries, which typically are

sustained by older female patients with osteoporotic bones.^[4,5,6] This discrepancy is consistent with other bilateral long bone fractures, which also are found in predominantly young male populations.^[6] 88% of the skeletally mature patients had a high-energy mechanism of injury, most commonly from a motor vehicle accident. In contrast, 86% of the bilateral injuries occurring in skeletally immature patients were sustained through a low-energy mechanism. The high rate of intraarticular fractures with bilateral involvement is consistent with unilateral adult distal radius fractures, where a large percentage of the fractures also are intraarticular.^[7] We performed non displace distal radius fractures closed reduction and casting immobilization and we performed surgery in patients which were unstable fractures with metaphyseal comminution or intraarticular derangement. In this case we performed closed ruction and cating immobilization in right non displaced die punc distal radius fracture and performed external fixation and 2 kischner wire in left displaced distal radius fracture.

CONCLUSION

High-energy traumas to the wrist can result in bilateral fractures of the, and initiation of an early rehabilitation program requires rigid fixation of these fractures and tomography is important to understand intraarticular fractures especially in distal radius fractures.

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