SPECIFIC PAEDIATRIC INJURIES Distal radial fractures

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Fractures of the distal radius are very common in children. The bone either fails at the physis, leading to Salter–Harris type 2 fractures of the distal radius, or the metaphysis fails. The treatment principle of physeal fractures is to achieve an anatomical reduction. This can often be achieved with closed manipulation and the fracture held in position until healing with a below-elbow plaster cast. Growth arrest is rare after physeal fractures of the distal radius. close attention (Figure 32.28). In most cases an acceptable closed reduction can be achieved, but holding the distal frag - ment in an acceptable position can be challenging with cast immobilisation. Brachioradialis, w hich is attached to the radial - styloid, is a continual deforming force. If non-operative treat - ment using a cast application is chosen, the position should be checked with radiographs weekly for the first 3 weeks; if re-displacement occurs, repeat manipulation and K-wire fixa - tion may be required.

(a) (b) Figure 32.28 10-year-old child showing a dorsally angulated metaphyseal fracture of the radius and undisplaced fracture of the ulna. injury was treated with closed manipulation and cast application. Eight weeks’ postinjury radiograph out of the cast. The fracture is united, with residual 11° dorsal angulation. the wrist following repeat injury 2 years later at age 12, showing complete remodelling. No residual deformity.

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