A Shattered Ulna

Uma Ulna Estilhaçada

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Palavras-chave: Lesões do Antebraço; Lesão por Arma de Fogo; Fraturas Cominutivas; Fraturas da Ulna; Ulna/lesões

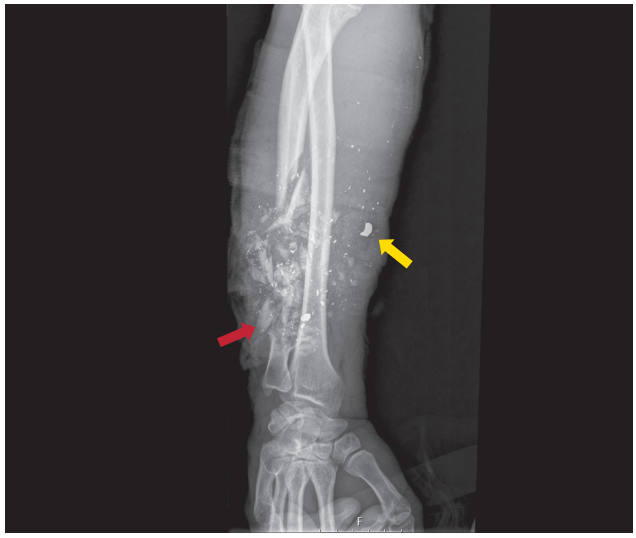

Figure 1 – Radiograph of the right forearm, at admission. Yellow arrow: metallic fragment; red arrow: bone fragment.

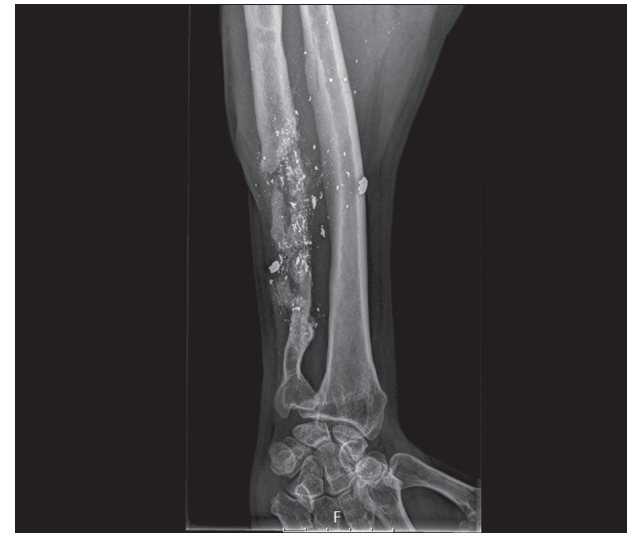

Figure 2 – Radiograph of the right forearm, two years after the injury

A 41-year-old man was admitted to the emergency department with severe gunshot injuries: three penetrating wounds at the volar side and ulnar border of the right forearm, with bone exposure. The radiograph showed an irregular multi-fragmented meta-diaphyseal fracture of the ulna with multiple small metal fragments spread across the forearm (Fig. 1). External fixation was used for stabilization during five months. Two years later, the radiograph showed nonunion of the remaining fragments, that were insufficiently bridged by mature bone (Fig. 2).

Gunshot fractures of the ulna are infrequent and there is scarce literature about their management.[1] Severe comminution may arise without high local energy transfer, due either to very fast transfer or to concentration in a small area.[2-4] Although gunshot injuries often result in neurovascular lesion or infection,[1] a highly-comminuted gunshot fracture might have a relatively maintained soft-tissue envelope, which must be preserved with an appropriate stabilization method to allow for consolidation.[2]

AUTHORS CONTRIBUTION

FV: Conception and coordination of the work; draft of the manuscript.

FM: Analysis and description of the images; draft of the manuscript.

EP: Draft of the manuscript; critical review.

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