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A rare cause of elbow pain with a controversial name

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INTRODUCTION

- 13-year-old R-handed male presenting with 1 year of bilateral elbow locking, popping, and pain.
- No known mechanism of injury.
- With extension, the elbow will “lock up” and result in pain randomly
- He cannot extend past the locked point without first going back into flexion.
- He then, can push through into full extension with a resulting “pop” heard and felt.
- There is ensuing pain for about 5-10 minutes.
- Happens about 4 days out of 7.
- 8th grader who plays baseball, basketball, and tennis.

Differential D/x

- 1) Capitellar OCD
- 2) Panner disease
- 3) Loose bony fragment
- 4) Elbow subluxation
- 5) Arteriovenous Malformation

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Imaging

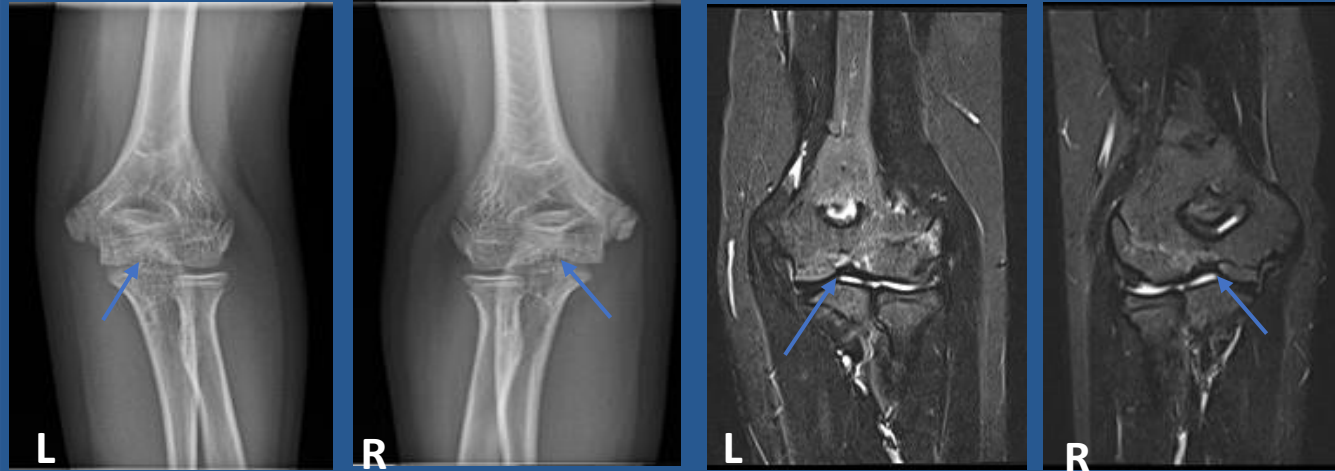


Figure 1: AP Xray images showing no fracture or dislocation but possible abnormality of medial trochlea (possible OCD). Follow up bilateral MRIs showing “fishtail deformities” of the trochlea of the humerus bilaterally.

Discussion

Hegemann’s Disease is a rare and controversial diagnosis. It presents with elbow pain, locking sensation, decreased range of motion, and sometimes swelling. A discussion has begun on whether this diagnosis would more properly exist on the same playing field as the still rare but more well-known, fishtail deformity. Osteonecrosis of the humeral trochlea that occurs after a distal humeral fracture is known as a Fishtail deformity. The etiology of both have been postulated to be secondary to disruption of the vulnerable vascular supply of the trochlea. It has been proposed that these two diagnoses be lumped together and more accurately termed post-traumatic disturbance of the epiphysis of the trochlea. Our patient provides another example of such a deformity though would be in the minority of these rarely reported cases as it lacks a clear inciting injury. It is also unique in its bilateral nature.

Physical Exam (Elbow bilateral)

- Normal appearance, range of motion, strength, pulses, and neurologic exam.
- Tender to palpation
 - 1) Radio-capitellar Joint
 - 2) Flexor-Pronator Complex
 - 3) Extension-Supination Complex.
- Normal valgus, varus, and moving valgus testing.

Treatment

- Recommended no throwing or weight bearing exercises that stress the elbows.
- Begin formal physical therapy in a graded manner with a HEP.

Follow Up

- Recommended close follow up in 6 weeks to monitor progression and symptoms.
- Lost to follow up despite recommendations.