Lateral Elbow Pain

Mr C T Gibbons
Conditions to Consider

• Traumatic; fractures, dislocations, instability, post traumatic arthritis

• Degenerative; “tennis elbow”, OCD RCJ, osteoarthritis and associated conditions e.g. ganglia

• Plica

• Radial nerve entrapment.
Fractures

- Radial Head

- Displaced fractures causing secondary incongruency of RC or PRUJ +/- secondary arthritis. Loose bodies, non union.

- Fixation v Excision v Replacement

- Beware Essex Lopresti injury.
Fractures

• Capitellum

• RC incongruency, cartilage shearing, loose bodies.

• Ligamentous injury as part of elbow dislocation.
Capitellum Fracture
RCJ Incongruency
Lateral Instability

• Usually a painful clicking or clunking with elbow in extension and supination.

• Suspect ++ if previous dislocation.
• Also suspect if previous surgery to radial head or tennis elbow release i.e. iatrogenic.
Lateral Instability

• Several clinical tests, difficult to elicit.

• Lateral Pivot shift. Supine, arm overhead, axial compression with valgus stress in supination. +ve with apprehension or subluxation seen. Reduces with flexion.

• Postero-lateral rotatory draw test. (think Lachman)

• X-ray, CT PL capitellum impaction ("Hill Sachs of elbow") EUA/Screening.
Lateral Instability

- Ulnar part of lateral collateral ligament is the critical structure disrupted.

- Reconstruction with free tendon graft (usually Palmaris Longus)

- Complex condition, commoner than thought due to diagnostic difficulty. Refer.
Arthritis

Localised

General
Degenerative Conditions

- Tennis Elbow

- An age related avascular degeneration of the common extensor origin.
- "Tendinosis" not "Tendonitis"
- Age 40-60
- Self limiting
- Treatment for those unable to manage
Tennis Elbow

• Treatment Ladder

• Put up with it, activity modification, pills, Physio, clasp, injection, surgery

• PIN (pain radiating over extensor muscle mass on active supination, release supinator arch). Clinically selected cases only, lx unrewarding, only if risk seems worth it, nerve stimulator.
Tennis Elbow

• An operation with a poor reputation.
• I have found this an effective procedure in carefully selected patients.
• Avoidance of provocative activity is easy provided that activity is not your livelihood!
• No rationale to NSAID, Physio, steroid, clasp, injection (other than needle).
• Platelets?
Thank you