

— Abstract —

Osteochondritis Dissecans of Elbow Joint

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Osteochondritis dissecans is a common cause of lateral elbow pain in throwing athletes and gymnasts between the age of 10 and 15 years. The pain frequently is insidious and progressive in nature and is relieved with rest in most cases. Compressive forces at the radiocapitellar joint along with a tenuous blood supply to the region may play a role in the etiology of this condition.

Treatment is directed according to presenting symptoms, radiographic findings and status of the involved segment. Surgical management involves either an excision of a loose lesion and removal of loose bodies or reattachment of an osteochondral fragment. The role of subchondral penetration of debridement of the defect after fragment excision is unclear. Whether to excise and debride or to fix an unstale fragment is a highly controversial topic. The clinician should recognize osteochondritis dissecans of the elbow as a potentially disabling condition where the prognosis for return to sport is guarded

17)

10 15

3,11)

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4-12

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(Fig. 1). MRI

MRI T1

T2
(Fig. 2)^{5,18)}.

Panner's disease

가
가
, 5~20°

ner's disease
limited disease 4
diasese

가
Pan-
self-
Panner's

7)

가

가 가

(integrity)
(stability)
17)

가 가 가

45°



Fig. 1. Radiographs demonstrating radiolucency and rarefaction of osteochondritis dissecans of the elbow.

가

가

가¹⁷⁾

3~6

가

17)

가

가

가

가

가



가

17)

가

(subchondral penetraton)

1,12)

14)

8,12)

가

(Fig.

Kirschner

Fig. 2. MRI of the same lesion shown in figure 1. Increased signal of the T2 image indicates disruption of the articular surface.

3)¹⁰⁾

head가

, Staple, Herbert pull-out wiring

2,4,9,16)

가

가

가

가 가

¹⁵⁾ 가
Herbert

closed wedge
7 가
(revascularization) 6
⁶⁾

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Fig. 3. Radiographs demonstrating fixation with headless screw of lesion site.

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