



Lateral Condyle Fracture

What is a lateral condyle fracture of the distal humerus?

The humerus is the long bone of the upper arm extending from the elbow to the shoulder. A lateral condyle fracture is a break in the lower part of this bone, near the elbow.

This is a common fracture, especially in younger children. This fracture often occurs because of a FOOSH (a fall onto an out-stretched hand) or a direct blow to the elbow, like in falls from scooters, skates or monkey bars.

How is this injury treated?

These fractures are usually either displaced (the fractured bones have separated) or non-displaced (the bone fragments did not move). These fractures can be very hard to see on x-ray, as the fracture line is barely visible in some cases.

Surgery is usually needed when the bone is widely displaced. In surgery, the bone will be moved and set back to its normal position with pins or screws, where it can heal properly.

Your child will wear a cast for protection. In order to leave room for swelling, your child will probably start with a bivalved (split) cast on their arm. The sides of the cast are taped with cloth medical tape, which you can buy at the pharmacy and replace if the tape begins to peel off. You may also use cloth athletic tape or duct tape, but avoid these if your child has a latex allergy. The cast is held tightly in place from the inside, so it should not fall apart if the tape does start to peel. We do not usually use waterproof material for these first casts due to swelling.

Swelling in the fingers is common. Help your child keep their arm and hand lifted or resting above their heart to help with swelling.

Will my child be in pain?

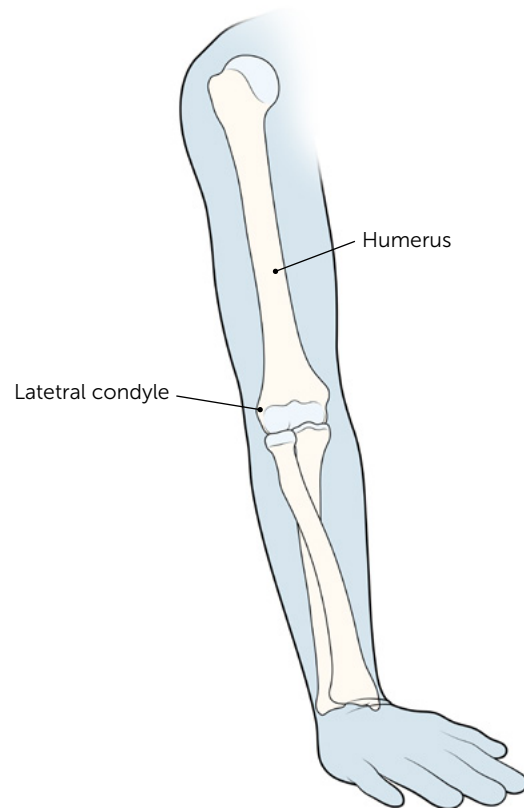
Soreness is usually at its worst in the first few days through the first week. Pain from soreness can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®) as needed. **Always talk with your provider about allergies your child may have before giving over-the-counter medication.**

We may prescribe a small amount of prescription pain medicine after surgery if we feel it is needed.

Can my child be active?

While the cast provides some protection, a blow to the arm could make the injury worse. Your child should not do any activities where there is a risk of falling or taking a direct hit to the arm. This includes activities like:

- playing on playground structures (i.e. jungle gyms or swing sets)
- contact sports like basketball, hockey or soccer
- horseback riding, ice skating or skiing



How long will my child be out of sports?

We assess each patient and make recommendations based on how their fracture looks and the potential injury risks of the sport your child plays. This kind of injury may keep patients from playing contact sports for eight to 12 weeks.

Will my child need physical therapy or treatments after casting?

Most patients do not need physical therapy. Your child will probably get full strength and movement back within one to two weeks after the casting ends, but if there is any trouble restoring motion, we may prescribe therapy as needed.

When should I follow up?

We often see patients back once a week for x-ray checks during the first two weeks. The muscles in the arm put tension on the bone even though your child is in a cast and cannot move. This tension can make the bone drift out of the correct position. We watch closely for this so we can treat it early if it does happen.

If the first cast was bivalved and everything looks good at the one-week appointment, we overwrap the cast. This means we put on a new layer of casting material to close off the cast, which keeps it from getting too loose as swelling comes down.

How long will my child need a cast?

The most common timeline for this injury is four to six weeks in a long arm cast. Your child will then come back to get the cast removed and have an x-ray. Pins from surgery are removed once the bone has healed and is stable. If screws were used, they may not need to be removed.

When should I contact the office?

Call us if your child has:

- pain that increases quickly and without warning
- swelling with no new fall or injury
- new redness and warmth around the wrist with new fevers, chills or nausea (feeling sick)
- pain that does not get better after taking acetaminophen (Tylenol®) or ibuprofen (Advil®)
- numbness and inability to wiggle fingers

These could be signs of a different problem and we may direct you to take your child to our clinic or the emergency department.

Notes
