Triceps tendon rupture:
A case report and review of literature.

Abstract

Introduction

Avulsion or rupture of the triceps tendon is very rare injury with only 50 cases reported from 1987 to 2006 and .It is the least common of all tendon injuries. It accounts for less than 1% of all tendon ruptures within the upper extremity.

In a large series of 1014 muscle and tendon injury cases at Mayo Clinic, Anzel et al reported its incidence to be 0.78%. Complete tears are generally managed surgically: most reported repair techniques describe the use of Bunnell or Krakow techniques, passing the sutures through trans osseous drill holes in the ulna.

Case presentation

A 21 year old Syrian man presented to the clinic after a fall on an outstretched hand 4 weeks before, radiological examination revealed fracture head radius; above elbow slab done for 10 days then ROM started.

Physical examination right elbow depression proximal to the olecranon. Radiographs were taken again and revealed a small fleck of bone avulsed from the olecranon. Diagnosis of triceps rupture was confirmed by MRI which showed complete triceps rupture from the tendo-osseous junction . Primary surgical repair of triceps rupture was performed. The rupture was repaired with Ethibond No. 5.

By taking a full thickness bite from the proximal ruptured part of triceps tendon and passing it through the 2 drill holes made in the olecranon.

Secure fixation was ensured by checking elbow flexion and extension. The elbow was immobilized at 60° of flexion to prevent excessive tension on the suture line. Flexion of the elbow increased actively and gradually from the 3rd week till it reaches full flexion by the 6th week. Normal strength had been reached after 8 weeks.

Conclusion

Early repair of complete triceps tendon rupture is recommended for a good functional outcome, and the prognosis of these lesions is good.