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Radial nerve palsy

The conservative strategy was a good choice for patients with low-energy closed fractures of the humerus with radial nerve injury. Ge et al. recommend early radial nerve exploration (within the first 2 weeks) in patients with open fractures or high-energy closed fractures of the humerus with radial nerve injury ¹⁾.

From May 2016 to June 2021 a retrospective analysis of all patients who underwent elbow arthroscopy in our department was performed. Patients were separated into three groups: non-ultrasound; preoperative ultrasound; and intraoperative ultrasound. The minimum follow-up period was 1 year. Nerve injuries, visual analog scale (VAS), Mayo elbow-performance score (MEPS), Disabilities of the Arm, Shoulder, and Hand Questionnaire (DASH), and range of motion (ROM) of the elbow were evaluated for comparison among the three groups pre-and post-operatively.

Results: All 55 patients completed a 1-year follow-up: non-ultrasound (n = 20); preoperative ultrasound (n = 17); and intraoperative ultrasound (n = 18). There were 3 cases (15.0%) of transient radial nerve palsy in the non-ultrasound group. No nerve complications occurred in preoperative ultrasound and intraoperative ultrasound groups. The probability of postoperative radial nerve injury in the three groups was statistically different (P < 0.05). There was no significant difference in the VAS score, MEPS, DASH score, and ROM among the three groups at the follow-up evaluation (P > 0.05).

Conclusion: Performing anterolateral portal placement during elbow arthroscopy with ultrasound-assisted techniques successfully avoided radial nerve injury ²⁾.

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