

# Galleazi Equivalent: A Case Report In Hospital Melaka

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## INTRODUCTION:

Galleazi fractures in children are less common than in adults. Neither disruption of distal radio-ulnar joint (DRUJ), nor injury of distal ulnar physis, the distal radial fragment may migrate proximally. Hence, anatomical or acceptable reduction is mandatory in order to improve outcome and prevent complications.

## CASE REPORT:

We reported a case of 13 years old boy with history of fall onto outstretched hand. He came to the emergency department with complaint of pain and deformity of the right wrist. Neurovascular status was unremarkable. X-ray shows distal third radial fracture with DRUJ disruption and distal ulnar physeal separation. Patient was arranged for closed reduction and percutaneous k-wire insertion under general anesthesia. Post operatively, below elbow cast was applied.



Figure 1.1: AP and lateral radiograph shows distal third radial fracture with DRUJ disruption and distal ulnar physeal separation.



Figure 1.2: Intraoperative image shows x2 k-wires 1.4mm inserted percutaneously after closed manual reduction

## CONCLUSION:

Fracture of the distal radius with dislocation of the DRUJ is known as a true Galeazzi fracture dislocation and an epiphyseal separation of the distal ulnar occurred instead of dislocation of DRUJ or both is called Galeazzi equivalent lesions<sup>1</sup>.

Although fracture of distal ulnar physis is uncommon, reports of ulnar growth arrest are frequently cited<sup>2</sup>. Treatment in children and adolescent is usually possible with closed reduction, percutaneous pinning and casting. However, open reduction may be necessary for anatomical or acceptable reduction of fracture to minimize chances of growth arrest which may occur as a complication of injury.

The incidence of Galeazzi equivalent with ulnar physeal injury is uncommon in children. An acceptable reduction either by closed or open technique is important in order to minimize risk of complication especially ulnar growth arrest.

## REFERENCES:

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2. Cheng PG, Chang WN, Lin HS Traumatic Separation of the Distal Ulnar Physis in Children: A New Classification for Displaced Volar-Flexion Injuries.