**Capitellum Fracture**

- Usually a coronal fracture of the distal humerus from a FOOSH
- 1% of elbow fractures
- Long term prognosis is good following algorithm, but residual stiffness common and surgery associated with re-operation rates as high as 48%
- CT often needed to delineate anatomy and classify (Bryan & Morrey with McKee modification):

  - **Type 1**
    - large osseous piece
    - undisplaced (2mm) - backslab 3 weeks max
    - displaced - ORIF
  - **Type 2**
    - shear of articular cartilage with very little bone
    - undisplaced - backslab 3 weeks max
    - displaced - fragment excision
  - **Type 3**
    - severe comminution
    - fracture excision if displaced
  - **Type 4**
    - coronal shear including capitellum and trochlea
    - double bubble sign on lateral x-ray distinguishes from Type 2
    - usually all require ORIF
    - total elbow replacement in elderly and comminuted

- Complications:
  - Non-union 1-11% with ORIF
  - Ulnar nerve injury
  - Heterotopic ossification (4% with ORIF)
  - AVN – avoid disruption of postero-lateral blood supply
  - Non-union of olecranon osteotomy if posterior approach used