

Case Report: An arm that won't straighten

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By Dr Doron Sher |

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A painter's elbow is becoming increasingly painful and difficult to bend.



History

Mike, a 55-year-old right-handed painter, presents with an aching pain in the right elbow and increasing difficulty bending the elbow.

There has been no specific injury that he can recall, but on reflection he has noticed that he has been increasingly unable to fully straighten out his elbow over the past few years. Up until now, this has not interfered with his work or his occasional social tennis games.

He has presented now as it is beginning to interfere with activities of daily living, specifically he is intermittently having difficulty shaving due to the inability to bend his elbow sufficiently. On further questioning he denies any catching or locking of the joint.

Examination

On examination of his elbow Mike is found to have 40-110 degrees of flexion with normal forearm rotation.

He has normal power and hand sensation, confirming that the ulnar nerve is not irritable at the elbow. On passive elbow flexion and extension, he experiences a pinching pain in the joint at the ends of his range of motion.

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Investigation

He is sent for X-rays of the joint. These show osteophyte formation at the tip of the olecranon and the coronoid, and on the humerus.

Mike is informed that he is developing some degenerative changes within the elbow likely related to his work as a painter.

Management

Mike is initially prescribed NSAIDs, which provide some initial relief of his symptoms. Physiotherapy is not indicated for this condition and tends to further irritate the joint.

The NSAIDs help for a few months, but Mike presents again with worsening symptoms of pain and stiffness in the elbow.

This is now causing some difficulty in his work as a painter. Mike is referred to an elbow specialist who arranges a fine-cut CT scan of the elbow with 3D reconstructions. MRI scanning is not usually needed in this setting to make a treatment decision.

The CT scan confirms osteophytes, some degenerative changes and in addition, finds some small loose bodies within the elbow.

Since Mike is now having difficulty at work, and with his activities of daily living, the elbow specialist offers him surgical management — an arthroscopic stiff elbow release. Mike undergoes the procedure and after a one-day stay in hospital, returns home. Within six weeks of the arthroscopic stiff elbow release, he is able to return to work and can conduct all normal activities. He is able to return to tennis a few weeks later.

Discussion

The arthroscopic stiff elbow release operation is performed under a general anaesthetic and involves removing the extra bone, which is blocking the range of motion.

In addition to removal of the loose bodies, the tight capsule of the elbow, which is acting as a static restraint to movement, is also released to further improve the range of motion.

Patients with loose bodies in the elbow commonly also have arthritis of the elbow. The arthritis will create some ongoing pain and stiffness even after surgery, but range of motion is significantly improved, returning reasonable function of the elbow.

Generally patients are given a regional block postoperatively to provide pain relief and to allow the muscles, which have not moved through their full range of motion for some time, to be stretched out.

Recovery from the arthroscopic procedure is significantly faster than recovery from the older open technique, with a stay in hospital of 1-2 days and return to normal activities after six weeks.

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