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Surgical management of intercondylar fractures of the humerus using triceps reflecting anconeus pedicle (TRAP) approach

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Background: Operative fixation of intra articular fractures of the distal humerus requires adequate exposure. The transolecranon approach is commonly used approach. The olecranon osteotomy has potential complications related to prominence/migration of hardware, displacement/non-union of osteotomy and triceps weakness. Triceps reflecting anconeus pedicle [TRAP] approach avoids the olecranon osteotomy without compromising the operative exposure. We present outcome of fixation of displaced intra-articular distal humerus fractures with the use of TRAP approach.

Materials & Methods: We reviewed the functional and radiological results of 98 consecutive patients with intercondylar fractures of the humerus treated by open reduction internal fixation with both medial and lateral column plating (posteriolaterally with recon plate and medially with 1/3rd tubular plate) through TRAP approach between 2006 and 2017. There were 76 males and 22 females and the average age was 32 ± 4.5 years. The right elbow was involved in 77 patients and the left elbow in 21 patients. The mechanism of injury was a fall in 68 patients, a motor-vehicle accident in 22 patients and direct trauma in 8 patients.

Results: At a minimum follow-up of 12 months (average 14 ± 2 months) 87 (87.5%) patients had good triceps strength. The average range of motion was 118.4 ± 7 degrees (range 80o-130o). The average time to union was 3.2 ± 1.6 months (range two to six months). No patient had triceps rupture, implant failure, neurovascular deficit or non-union. Six patients needed removal of the implant because of subcutaneous prominence, two patients had elbow stiffness, one patient had implant failure.

Conclusions: The TRAP approach provides good visualization for fixation of intercondylar fractures of the humerus, without any noticeable untoward effect on triceps strength and postoperative rehabilitation; and one can avoid iatrogenic fracture of the olecranon and its associated complications.

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