TRAUMA CASE OF THE WEEK

Case Six

A 24 year old man felt sudden pain over the front of his left elbow while working out lifting weights at the gym. He is finding it difficult to use his elbow and thinks his elbow looks “a bit odd”

- Describe and interpret the clinical photograph
- How does this presentation differ from the more common form of this problem?

The scenario and photograph point towards features of a distal biceps tendon rupture. There is a visible defect or depression above the antecubital fossa and the patient is pointing to an area in the upper forearm that appears swollen and with the eye of faith perhaps also appearing bruised. The apparent prominent appearance of the biceps is partly due to the defect and partly to the biceps muscle being retracted proximally. An ultrasound or MRI would clearly show the deficit.

Most biceps tendon ruptures are proximal rather than distal and involve the long head only, with the short head still intact. In a distal rupture the attachment and action on the radial bicipital tuberosity is lost. Differences in presentation between the two include:

Proximal ruptures typically occur in 40-60 year olds and are apparently spontaneous, while distal ruptures occur at younger ages and often involve excessive forces during sporting activities. Pain is minimal with a proximal rupture and the contracted ruptured long head (referred to as a ‘Popeye muscle’) is very obvious.

Functional impairment with distal rupture is marked with weakness in flexion and supination while with proximal there may be little or none. Proximal ruptures are treated conservatively while distal ruptures will need surgical repair.