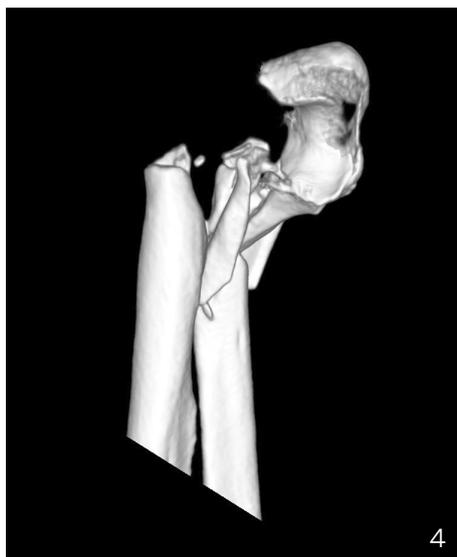
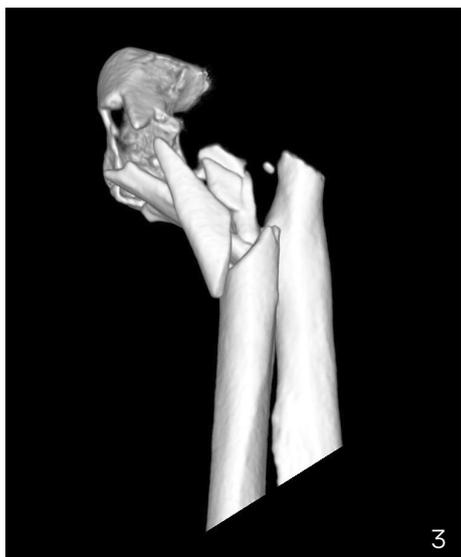


# BONEBRIDGE CLINICAL CASES

## LEPORELLO® CASE 1



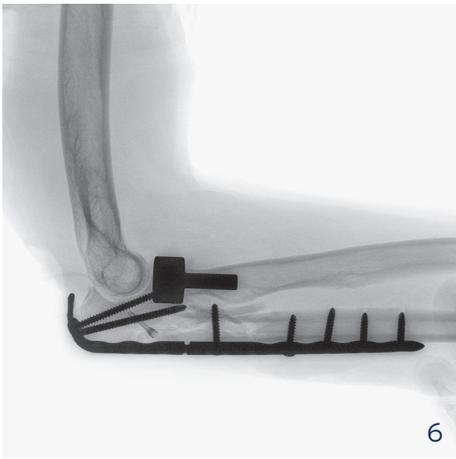
### 1-4 PRE-OP

An 83 year old female patient presented to the emergency department after sustaining an injury from a fall at standing height. She was diagnosed with a fracture to her right proximal ulna, which extended from the olecranon to the metaphysis (Monteggia fracture, Bado/Jupiter IID), as well as a fracture and dislocation to the radial head. The patient was treated by ORIF.



### 5/6 INTRA-OP

A LEPORELLO 3.5mm 9 hole plate was selected for internal fixation of the proximal ulna fracture. Anatomical reduction of the olecranon was achieved with K-wires. After splitting the triceps tendon with one longitudinal incision, the proximal end of the plate was used as a buttress to complete the reduction of the olecranon and the fracture fragments were temporarily reduced using a K-wire. A cortex screw was then inserted eccentrically into the elongated hole to produce interfragmentary compression. Two parallel VA locking screws were



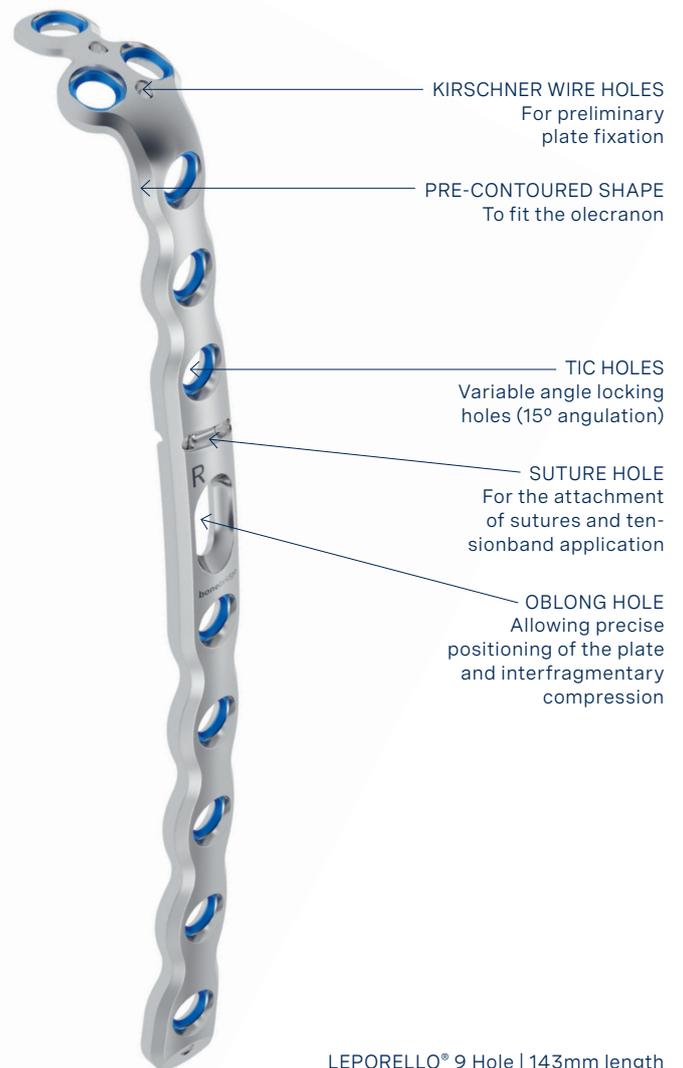
inserted in the head of the plate, adjacent to the joint line to secure the reduction. A headless compression screw was used to reattach the avulsion of the medial ligament to the correct position. The shaft of the LEPORELLO allowed for bridging of the comminuted metaphyseal fracture and restoration of the ulna shaft axis. Finally the radial head fracture was treated with a radial head prosthesis.



**7**  
**SIX MONTHS POST-OP**

The patient returned at six months with unrestricted range of motion. Imaging shows good progress in bone healing and maintenance of reduction.

Bonebridge kindly thanks  
Christian Spross M.D.  
for providing this case.



LEPORELLO® 9 Hole | 143mm length