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DOUBLE INJURY OF TUBULAR BONES IN CHILDREN

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**Abstract:** Childhood injuries are a common occurrence, and double injury of tubular bones in children is a particularly concerning issue. Tubular bones, such as the long bones in the arms and legs, are crucial for proper growth and development. When these bones sustain multiple injuries, it can lead to severe complications and affect a child's quality of life. This article aims to explore the causes, symptoms, diagnosis, treatment, and prevention strategies associated with double injuries of tubular bones in children.

**Keywords:** cause, diseases, impacts, side effects, tubular bones, treatments

**Introduction:** Albeit a crack including the lower arm bones is the most widely recognized injury in youth, little has been distributed about the occurrence, characterization and treatment of segmental wounds confined to either the range or the ulna. The relationship of Monteggia or identical wounds with breaks of the distal piece of a similar lower arm is the most often detailed segmental injury, while the main past endeavor for grouping of lower arm segmental wounds in kids was presented by Sen et al.

Seventeen kids that were conceded for segmental wounds including the span, the ulna or both were remembered for the review. This report proposed a pragmatic grouping plan, which was likewise tried on beforehand unclassified cases from the writing. It was likewise used to assess the last clinical and practical outcomes following treatment of these complicated bone wounds in kids.

A sum of 1377 youngsters that were conceded for intense wounds of the sweep or potentially ulna somewhere in the range of 1984 and 2013 were recognized from the clinic data set. Short term cases were excluded from the review, since the radiographs of patients treated over quite a while back are normally reused.

This search distinguished 17 kids with segmental wounds including the sweep, the ulna or both. There were five patients with segmental wounds including both lower arm bones. There were 12 segmental wounds of the span and 10 of the ulna. The typical age of the 17 patients at injury was 8.9 years (range 3-13 years). There were 11 young men and 6 young ladies. All wounds came about because of a fall on the outstretched hand that happened while running at game or school. There were no polytrauma patients and wounds with vascular shortage or an intense compartment condition.

The radiographic assessment commonly included anteroposterior and parallel radiographs of the lower arm, elbow and wrist. Processed tomography (CT) was utilized in just a single patient.

Both sweep and ulna were partitioned into three sections. The proximal part incorporated the proximal epiphysis and metaphysis; the distal part incorporated the distal epiphysis and metaphysis, while the focal part incorporated the diaphysis. Bone wounds included breaks and disengagements, while cracks incorporated a wide range of horrendous bone sores, for example, complete or deficient breaks, intense bowing or bone swelling. Segmental wounds demonstrated the presence of more than one horrible injury all through the entire degree of each lower arm bone. Segmental lower arm bone wounds were grouped in five sorts in view of their area. In type I sore, wounds of the proximal and the distal piece of the range or the ulna were incorporated; in type II sore, wounds of the proximal part and the diaphysis were incorporated; in type III injury, wounds of the diaphysis and the distal part were incorporated; in type IV injury, bifocal wounds confined to a solitary part were incorporated. At last, in type V sore, multiple horrible wounds in each lower arm bone were analyzed.

In the patients of this report cracks of the proximal piece of the lower arm bones included the proximal outspread physal plate or metaphysis, the olecranon or coronoid process, while separations incorporated a disengaged elbow or a disjoined spiral head. Sores including the focal part included diaphyseal breaks. At long last, sores including the distal part included physal or metaphyseal cracks of the range or ulna.

Starting treatment was moderate in all cases. Open decrease and inward obsession was vital following deficient shut decrease in three patients experiencing: a crack of the proximal spiral epiphysis, a diaphyseal break of both lower arm bones, and an open break of the distal outspread metaphysis, separately.

The patients were followed up for no less than 1 year, and break association as well as lower arm practical outcomes were surveyed by the Anderson assessment scale. Last follow-up went from 1 to 29 years (normal 10.4 years). The clinical and radiological information of these patients were looked into reflectively.

Six wounds were seen; there were five segmental wounds of the range and one segmental injury of the ulna. Two patients were determined to have a Monteggia type IV injury. This comprised of a diaphyseal crack of both span and ulna related with back and sidelong disengagement of the spiral head, separately. Two patients showed up as a Monteggia type IV comparable injury, i.e., a diaphyseal break of both span and ulna related with a physal injury of the proximal sweep.

Both these cases have been distributed beforehand. A disengaged elbow related with a diaphyseal outspread break was found in one patient. A diaphyseal break of both lower arm bones related with an olecranon crack was analyzed in one patient. None of the wounds was open. Moderate administration followed shut decrease of the cracks of the proximal span and ulna, as well as of the disjoined spiral head and the separated elbow.

Open decrease and interior obsession of the diaphyseal cracks of the range and ulna with AO plates was acted in just a single patient. All cracks joined in ordinary arrangement and the patients showed typical capability of the elbow and wrist joints at follow-up; the outcomes were evaluated as brilliant on the Anderson scale.

### Conclusion

Double injuries of tubular bones in children can have a profound impact on their well-being and development. Prompt diagnosis, appropriate treatment, and effective rehabilitation are essential in ensuring a successful recovery and minimizing long-term complications. Furthermore, a comprehensive approach towards prevention is crucial in reducing the incidence of these injuries. By raising awareness and implementing preventive measures, we can safeguard the health and safety of our younger population.

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