Posterolateral dislocations of the bilateral elbow associated with medial epicondyle detachment in children are rare lesions following high-energy trauma and are more often observed in children elbow dislocation associated with unilateral epicondyle detachment but bilateral remains exceptional. Constitute a pediatric emergency and ineffective treatment causes instability of the elbow and pseudarthrosis of the lateral epicondyle. We report the case of a case of bilateral posterolateral elbow dislocation associated with detachment of the medial epicondyles. This is an 11-year-old patient, admitted for blunt trauma to the bilateral elbows, the clinical examination noted edema and deformities of both elbows. Radiological assessment showed bilateral posterolateral dislocation of the elbows associated with stage IV medial epicondyle detachments according to the Watson-Jones classification. The patient underwent closed manual reduction and open-hearth pinning and then BABP cast; for right medial epicondyle and open screwing for left medial epicondyle and then BABP cast. Immediate and remote postoperative control deemed satisfactory, splints removed at 3 weeks, elbow rehabilitation was prescribed, osteosynthesis materials removed at 6 weeks with good clinical results.

**Keywords:** Trauma, postero-external dislocation, detachment, deformity, elbows, pseudarthrosis.
Figure 1: Dislocation of the right elbow associated with detachment of the medial epicondyle

Figure 2: Dislocation of the left elbow associated with detachment of the medial epicondyle

Figure 3: Reduction of the right elbow under scopic control
Figure 4: Reduction of the left elbow under scopic control

Figure 5: Open osteosynthesis of both elbows

Figure 6: Satisfactory scopic control of the right elbow
**DISCUSSION**

Dislocation of the elbow is a rare lesion in children, isolated it represents 3% to 6% of elbow injuries, it affects children between the age of 10-15 years [1, 3], most often from male sex and remains rare months of 3 years, there are often detachments associated with this dislocation, it is most often the unilateral medial epicondyle which incarcerates generally intra-articularly, then the fracture of the radial head, olecranon and coronoid process [4], bilateral elbow dislocation associated with lateral epicondyle detachment remains an exceptional entity, no such case has been reported in the literature. This lesion remains complex from an anatomical point of view, given that the elbow joint had its different ossification nuclei that can be the subject of a diagnostic impasse outside of radiological interpretation [1] and can leave functional sequelae. In the event of a delay in treatment [1]. In our case, the standard X-ray made it possible to make the diagnosis in the shortest possible time. The general treatment of a dislocation is orthopedic consisting of a reduction under anesthesia and reassessment of the other associated fractures under scopic control Surgical reduction is essential with a pinning by two parallel pins of the right elbow and two parallel screws of the left elbow followed by contention by BABP cast[5, 6], removal is done every 3 weeks concomitant with early rehabilitation [5], removal of osteosynthesis materials is done around 6 weeks after consolidation and clinical and radiological monitoring remains mandatory to detect a probable complication.

**CONCLUSION**

Dislocation of the bilateral elbow associated with detachment of the lateral epicondyles remains an exceptional lesion in children and constitutes a complex injury to the elbow, therefore diagnostic and therapeutic management must be early and adequate to avoid possible subsequent complications secondary to the development of malunion, or growth abnormalities due to damage to the growth cartilage.

**CONFLICTS OF INTEREST**

The authors declare no conflict of interest.

**AUTHOR CONTRIBUTIONS**

All authors participated in the development of this work. All authors have read and verified the final version of the manuscript.

**REFERENCES**


