

## Correspondence

### Dislocating medial head of triceps

*Sir*—We read with interest the recent case report by Melikyan and Burke (2000) on dislocating medial head of the triceps. We wish to emphasize that snapping of the medial triceps is not rare (Spinner and Goldner 1998), is frequently underdiagnosed, and is often misdiagnosed and mistreated (Spinner et al. 2000). Patients may have medial elbow pain, snapping, ulnar nerve symptoms, a combination of these, or they may be completely asymptomatic with the dislocating medial triceps detected incidentally on physical examination. The diagnosis can be suspected preoperatively on clinical examination (Spinner and Goldner 1998), although snapping triceps can not always be differentiated from an isolated dislocating ulnar nerve. Preoperative confirmation of dislocating structure(s) can be made with axial imaging (MRI or CT) performed with the elbow extended and flexed (Spinner et al. 1996), or with dynamic ultrasound. Intraoperatively, the diagnosis can be made easily intraoperatively, by observing the medial structures (ulnar nerve and medial triceps) as the elbow is flexed and extended sequentially. Anatomic variations (Spinner and Goldner 1998), (whether acquired (posttraumatic) (Spinner et al. 1999a), inherited (Spinner et al. 1997) or developmental (Spinner et al. 1999b)) affecting the triceps muscle or tendon, the distal humerus or the olecranon, may predispose to snapping of the triceps.

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*Sir*—We thank Drs Spinner and Goldner for their informative letter concerning our paper on dislocating medial head triceps. They clearly have an extensive experience of the condition. We were particularly interested in the use of ultrasound preoperatively to facilitate diagnosis. It has a very obvious appeal as a “cost effective, non invasive imaging technique” and we will certainly consider its use when the next clicking elbow presents!

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