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Veterinary Specialists

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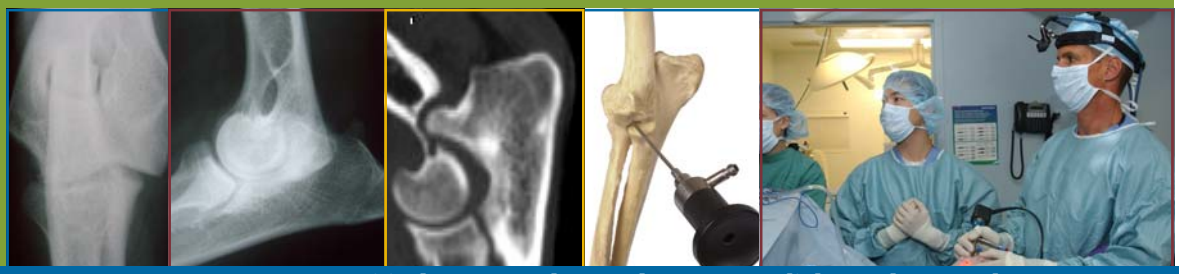
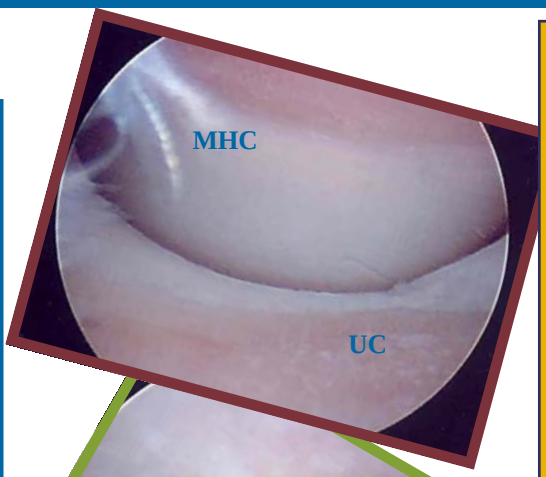


internal medicine | surgery | emergency & critical care | dermatology | radiology, ultrasound & CT scan

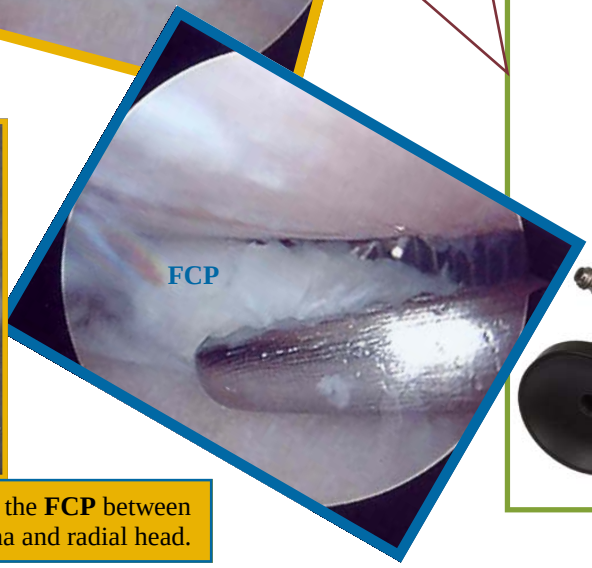
Elbow Dysplasia • FCP

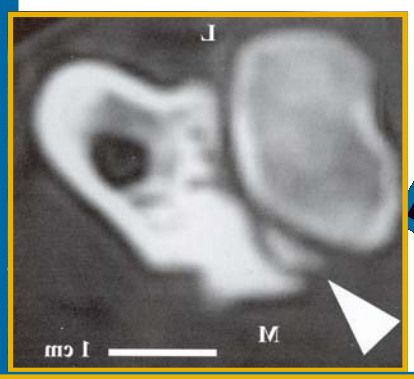
Fragmented Coronoid Process (FCP)

This condition usually develops at 5-6 months of age and is a common component of almost all types of elbow dysplasia. As with most manifestations of elbow dysplasia, this condition is thought to result from a "poor fit" and incongruent joint with pressure on the medial coronoid process. Fissuring and fragmentation of the coronoid process occur. Early surgical intervention with arthroscopy to evaluate the medial compartment of the joint, remove loose fragments, and smooth the joint surface (chondroplasty) is recommended. In the example pictured to the left, there are full thickness (grade 4) cartilage lesions on the articular surface of the medial humeral condyle (MHC), and main body of the ulnar coronoid (UC), as a result of joint incongruency and repeated trauma from the loose FCP. Exposed raw subchondral bone is pink, remaining articular cartilage is white.



Step by step elevation, mobilization, and removal of the fragmented coronoid process (FCP) using arthroscopic forceps.





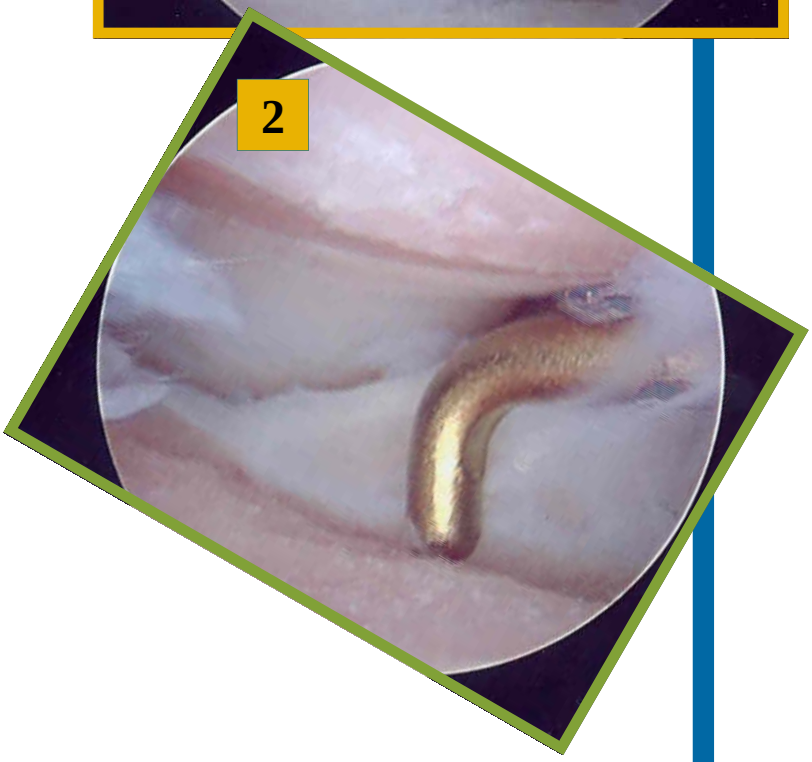
CT image showing typical location of the **FCP** between the medial coronoid process of the ulna and radial head.

Arthroscopic view
Left Elbow

Abrasion Chondroplasty
- Subtotal Coronoidectomy -

In addition to fragment removal, a critical aspect of treatment for FCP is removal of pathologic bone to establish a more congruent joint surface and "unweight" the medial aspect of the joint. This procedure is called "abrasion chondropasty" and frequently involves subtotal coronoidectomy. In the example shown to the right (1), the coronoid fragment has been removed and a power shaver is used to remove additional pathologic bone in the area of the medial coronoid. The lower right picture (2) shows a measuring probe indicating 3 mm of the medial coronoid process has been removed to unweight the medial aspect of the joint and thus shift weight to the lateral (radial head) side of the joint.

Arthroscopic view
Left Elbow



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