INTRODUCTION

The Medial Compartment Syndrome of the canine elbow is an orthopaedic pathology which is characterized by a complete erosion of cartilage thickness of the medial coronoid process of the ulna and the medial part of the humeral condyle, causing a joint collapse and lameness.

OBJECTIVES

The main objective is to carry out an updated bibliographic review on the etiopathogeny, diagnosis and treatment of the syndrome, giving special importance to the latter, comparing the different surgical techniques proposed.

ETIOPATHOGENY

There are two main hypothesis about its etiopathogeny

RADIOULNAR INCONGRUENCE (RUI)
RUI → repetitive mechanical overload on the medial compartment of the elbow → subchondral bone lesions → cartilage erosion

KISSING LESIONS
Abraisons due to fragments of the medial coronoid process or cartilage flaps → cartilage erosion

DIAGNOSIS

Figure 1: Physical and orthopaedic exploration:
Non-specific clinical signs of elbow pathology.

Image from: Own source

Figures 2-4: Radiography\(^2\)\(^3\) and Computed Tomography\(^4\):
Typical signs of osteoarthritis (sclerosis of subchondral bone, osteophytes and collapse of the medial compartment); but there may be cases with erosion and no lesions.


Figure 5: Arthroscopy:
Direct exploration of a complete cartilage erosion.


TREATMENT

Proximal Abduction Ulnar Osteotomy
It is the most recommended technique to date due to its favourable outcomes and to be technically easier than the other proposed techniques.

It consists of a transverse ulnar osteotomy and placement of an abduction plate in the lateral aspect of the ulna, lateraling the limb and reducing the load borne by the medial compartment.

CONCLUSIONS

- It is a pathology which is still unknown, and there are still many discrepancies regarding its etiopathogeny, diagnosis and treatment. It is important to continue performing studies in order to clarify all these doubts.
- The main hypothesis of its etiopathogeny is that it is due to a radioular incongruence.
- A combination of physical and orthopaedic examination, radiography, computed tomography and arthroscopy is recommended to diagnose the pathology. The latter is the definitive diagnostic technique.
- There are many treatments described but none of them is a curative or ideal treatment, so the prognosis is guarded. Of all the described techniques, PAUL seems to be the best and most used to date. Nevertheless, it is important to perform objective studies which compare all the different techniques in order to be able to objectively define the best one, and to perform long-term studies to evaluate the effect of the techniques on the lateral compartment.