A 28-year-old female presented to the casualty after four hours of sustaining a self fall in the bathroom. The mechanism of injury was due to fall on outstretched hands. She was a primigravida at 34 wk period of gestation. She complained of bilateral wrist pain and restriction of movements. On examination swelling, deformity, tenderness and crepitus was present over both the wrists. No ecchymosis was present. Distal Radioulnar Joint injuries were ruled out by clinical examination by provocative Distal Radioulnar Joint stability tests and by a negative piano key sign. Both injuries were of closed nature with no distal neurovascular deficits. Patient was splinted with a below elbow slab on both sides for immobilization and analgesia.

Radiographs of both the wrists were done after proper shielding of the abdomen. X-Rays revealed an undisplaced distal radius fracture on the Left Distal Radius– Frykman Type IV and a displaced fracture of the Right Distal Radius- Frykman Type VII [Table/Fig-1,4]. The routine blood investigations were normal.

Ultrasound was also done which was normal and showed a single live intrauterine foetus. Due to the non displaced nature of the fracture, closed reduction under sedation and a below elbow cast application for the left side was done. However reduction was performed without any C-ARM guidance to avoid radiation exposure. On the next day patient was operated on the right side by open reduction and fixation with a locking plate with five screws using a Volar FCR approach under brachial plexus block [Table/Fig-5,6]. Parts were scrubbed and painted using povidone iodine. The fixation was supported with a below elbow slab. C-ARM was not used during the procedure to avoid radiation exposure to the mother. Operative time was 50 min. Tourniquet was applied during the procedure and deflated in 40 min. Preoperative antibiotic prophylaxis was given using intravenous cefozolin and was continued for three doses postoperatively. The patient was discharged after two days and follow up was done every two weeks. At four weeks of follow up, radiographs were taken which showed that the distal radius fractures on both sides had united [Table/Fig-7,8]. The cast and slab was removed and active range of motion was started. The wound had healed well with primary intention on the right side.

Fracture healing is influenced by hormones like insulin, oestrogen and progesterone [1]. Therefore hormonal changes that occur in pregnancy will affect the healing of a fracture sustained during a

**Keywords:** Hormones, Oestrogen, Plating

**DISCUSSION**

Fracture healing is influenced by hormones like insulin, oestrogen and progesterone [1]. Therefore hormonal changes that occur in pregnancy will affect the healing of a fracture sustained during a
In pregnancy, there is an increase in level of progesterone in the first trimester and oestrogen and prolactin in the second and third trimesters [2]. In this case the early union can be attributed to hormonal changes in pregnancy. Oestrogen is known to cause bone formation and remodeling [3]. There is also an increase in cardiac output and stroke volume in pregnancy [4] which accelerates fracture healing by increase supply of hormones and cellular factors at the fracture site. The incidence of bilateral distal radius in adults is unclear. It is a very rare injury with only two reports described in the medical literature one in an adolescent athlete and one in an adult after fall from height both of which were managed conservatively [5,6]. There is no report describing a bilateral distal radius fracture in pregnancy [Table/Fig-9].

CONCLUSION
To conclude, we would like emphasize that bilateral distal radius fracture especially in pregnancy is a rare entity. For fractures in pregnancy non operative treatment is preferred since operative intervention poses a risk to the foetus. If surgical treatment is necessary owing to nature of the fracture, proper precautions should be followed. The effect of hormonal changes on fracture healing should be kept in mind in the management of such injuries.

Ethical Approval
Ethical consent for the work has been given.

Consent
Written informed consent was obtained from the patient for publication of this case report and accompanying images.

REFERENCES

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FINANCIAL OR OTHER COMPETING INTERESTS: None.