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In the modern era of rapidly growing industrialization and high speed traffic, like all the fractures in trauma cases fractures of both bones of forearm are also occurring with increasing incidence. These fractures usually occur in young and middle age population.

The management of forearm fractures has always been a test to the skills of the orthopaedic surgeon. Radius and ulna function as a unit like the two wheels of a cart. Anatomical reduction of both bones, maintaining axial and rotational alignment & complex radial bow, also preserving interosseous space is of vital importance for achieving proper functional results with a good range of supination & pronation, otherwise fracture of forearm bones may result in severe loss of function even after adequate fracture healing has occurred. Mal union and non union occur frequently due to inherent difficulty in reducing and maintaining reduction of these two parallel bones in presence of pronating and supinating muscles which have angulatory as well as rotational influences on these bones.

Since time immemorial these fractures have been managed by wooden splints and till quite recently by closed reduction and plaster cast application. But despite good technique of closed reduction and plaster cast application an initially undisplaced or perfectly reduced fracture usually gets displaced or angulated while being immobilized in plaster cast resulting in mal union, delayed union and non union. Also prolonged immobilization
required for fracture union results in stiffness of adjoining joints causing poor functional results.

Most of the recent studies have proved that both bone forearm fractures in adults should be given rigid internal fixation after accurate open reduction, maintaining the axial, angulatory and rotational alignment with some form of internal fixation device.

Rigid internal fixation with intra medullary nails or plates and screws is commonly employed which results in early mobilization and excellent functional results. So far Talwalkar's square nail and compression plates with screws have become established as the most commonly used implants for internal fixation of these fractures. The choice between these two usually depends upon experience expertise and personal preference of the operating surgeon.

The aim of present study is to evaluate and compare the results of intramedullary square nailing and dynamic compression plate fixation after open reduction in fractures of both bones of forearm regarding the fracture union, the functional results and their complications.