ABSTRACT:

**Aim:** To evaluate the functional outcome of a modified technique of crossed pinning comparing it with traditional techniques.

**Materials and methods:** In this study groups A and B were compared with respect to fracture characteristics, post-reduction radiographs which shows satisfactory randomization. Included in this study are 20 patients who were operated for displaced type III supracondylar fracture of humerus. The average age group 10 years with male preponderance. All were of type III gartland’s with. In group A (lateral pinning group). Displacement posteromedial in 8 patients, 2 had posterolateral. No iatrogenic ulnar nerve injury was seen. No patients had post-operative loss of reduction. Flynn criteria satisfactory in 8 unsatisfactory in 2 patients. Only 2 had minor limitation in daily activities. The group B (traditional pinning group) Displacement was posteromedial in 9 patients, 1 had posterolateral. 2 patients had iatrogenic ulnar nerve injury. No patients had post-operative loss of reduction. Flynn criteria satisfactory in 8 unsatisfactory in 2. 8 patients had full return to function. Only 2 had minor limitation in daily activities. Average follow-up was 6 months in this study.

**Conclusion:** Lateral crossed pinning can be used especially in very unstable fractures where lateral only pinning cannot give enough stability and it gives good results when general principles of surgery are followed with a lower risk of iatrogenic ulnar nerve injuries.

**Keywords:** paediatric, supracondylar humerus fractures, Flynn’s criteria, crossed pinning, Dorgan’s technique, ulnar nerve iatrogenic injuries.