

# Scaphoid Dislocation

**Indication:** Scapholunate dislocation

**Product(s) Used:** OsteoMed ExtremiFix 2.4mm x 22mm cannulated headless screw

**Surgeon:** Dr. Kenneth F. Taylor, Tripler AMC

## Patient History

16 year-old female presented with pain localized in the wrist after injury sustained playing football about 1 year ago. Patient is a very high level musician with an unusual injury pattern. Patient has a history of a nondisplaced scaphoid waist fracture which was successfully treated with cast immobilization. She has persistent tenderness along the scaphoid in the radial aspect of her wrist as well as radiating pain to her elbow laterally. MRI demonstrates a tear of the dorsal band of the scapholunate interosseous ligament. The scaphoid is now flexed relative to the lunate and the lunate is assuming more of a DISI pattern. The capitulate angle is also increased compared to previous MRI. Additional pain films were requested which demonstrate a mildly extended lunate with a normal capitulate angle. Any attempts to stabilize the scapholunate internally will likely result in stiffening of the wrist joint, which in a musician of her caliber, may have functional consequences. On the other hand, if this indeed is scapholunate instability, there is the potential for developing joint arthrosis, the onset of symptoms of which would be unpredictable, if those arthritic changes present themselves in the future, salvage options would probably be the only availability so again this is a very confusing situation clinically. Initially therapy was continued while the case was discussed with consulting hand surgeons. Patient presented for a second opinion evaluation of right hand. Surgeon confirmed the right wrist scapholunate dislocation. All treatment options were discussed.

## Treatment

Pin fixation with scapholunate interosseus ligament repair. RASL of right wrist was performed with an OsteoMed cannulated headless screw, 2.4 mm x 22 mm. The scapholunate dislocation was repaired with a screw that will be left in for about 6 months. A suture anchor was also used as evidenced by the photos.

## Post-Op Results

Patient returned to clinic 1 week post op for first follow-up. Patient has done well. Dressing and splint were removed. Patient was placed in a short-arm thumb spica cast. Next follow-up is in 4 weeks at which time the cast will be removed and the pin will be taken out and gentle progressive range of motion of the wrist will begin. Anticipated removal of the screw is at approximately 6 months post-op.

Post-operative

