

Transscaphoid Perilunate Fracture/Dislocations—Results of Surgical Treatment

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Abstract

Sixteen cases of dorsal transscaphoid perilunate fracture/dislocations in 15 patients were treated by open reduction and internal fixation of the scaphoid with a Herbert screw and/or Kirschner wires. All patients were male, with a mean age of 31 years. The average follow-up period was 3 years. These perilunate dislocations were transscaphoid in 13 cases, and transstyloid and transscaphoid in 3 cases. There was one case of median nerve deficit preoperatively. Open reduction was performed through a volar approach in all cases. Herbert screw fixation of the scaphoid was performed on 13 cases, of which supplemental Kirschner wires were used in 2 cases. Three cases had fixation with Kirschner wires only. There were 2 cases of non-union which required bone grafting on follow-up. A clinical evaluation scoring system assessing pain, occupational ability, range of motion and grip strength was used. Based on this, there were 10 excellent to good (62.5%) and 6 fair results. For the majority of our patients, surgical outcome is characterised by acceptable relief of pain, functional motion and grip strength.

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Key words: Cooney's criteria, Herbert screw, Kirschner wires, Scaphoid fracture, Volar approach

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