EATON’S PLASTY for the TREATMENT of the TRAUMATIC LUXATION of the TRAPEZIUM-METACARPAL JOINT

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Introduction
Trapezium-metacarpal dislocations are infrequent lesions. Its treatment continues in controversy. There is no consensus in the management of acute injury. Some authors propose an early stabilization by ligamentous reconstruction, while others advocate a closed reduction and immobilization. If a stable joint is obtained after reduction, it is immobilized in a Zancolli cast and visited weekly. In case of instability, pinning with two k-wires with or without ligamentous repair, or a tendon reconstruction are the surgical options. In chronic symptomatic lesions open surgery and ligamentous reconstruction are recommended. We have not found any recommendation for instability after the failure of closed stabilization.

Aim
Treatment proposal for acute instability of trapezium-metacarpal joint dislocation after failure of closed stabilization.

Material and Methods
We present a case of a 15-year-old male who suffered a post-traumatic TMC dislocation self-reduced 4 weeks earlier. X-rays shown a dorsoradial subluxation. Patient is unable to perform key pinch. A closed reduction was performed and remained immobilized for 6 weeks. After removal of kischner wires and immobilization the joint remained unstable. Then an open reduction and reconstruction by Eaton plasty with FCR was performed.

Results
The surgical technique is illustrated. At 6 months the patient presents a non-painful, symmetric mobility, maintaining a correct reduction on the x-ray.

Conclusion
The treatment of acute TMC dislocations continues in controversy. A stable dislocation after closed reduction can be treated with immobilization with or without percutaneous stabilization. There are authors who propose an early reconstruction of the ligament. In our case, with a "subacute" presentation, closed stabilization did not solve the problem, and we had to resort to a reconstruction with FCR plasty to achieve a stable joint. Although both techniques are useful in acute injury, in delayed presentations it may be preferable to propose a ligamentous reconstruction.

References