Bilateral traumatic rupture of ulnar collateral ligament (UCL) of the thumb. Surgical treatment and outcomes.

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**Objective**: A partial or complete rupture of the ulnar collateral ligament (UCL) of metacarpophalangeal joint is the commonest injury of the thumb’s base. We present the first reported case of an acute bilateral, traumatic rupture of the UCL of the thumb and its treatment.

**Methods**: An amateur female skateboarder was evaluated at the emergency department, after sustained a fall in a ski slopes. She reported pain 5 days post-injury on both her thumbs. Clinical examination revealed pain at the ulnar side of the thumb’s base, bilaterally, and instability during valgus test, after injection with xylocaine (Oberst anaesthesia). On simple postero-anterior radiographies a detached fracture of the ulnar side of the thumb’s proximal phalanx was observed, bilaterally. Diagnosis was complete rupture of the UCL on both thumbs. The diagnosis was confirmed with Magnetic Resonance Imaging.

Under general anesthesia an open reduction and stabilization of the fractures with Kirschner wires was performed for both thumbs. A plaster spica was placed for protection.

**Results**: The plaster spica and the K-wires were removed simultaneously at 4 weeks and the patient began an intensive, gradual kinesiotherapy program. At 6 months postoperatively the patient reports mild pain on the ulnar side of both thumbs, the valgus stress test is negative and the metacarpophalangeal joints regained full function bilaterally.

**Discussion**: A complete rupture of the UCL of the thumb is a major cause for thumb instability. The incidence in the bibliography is almost 86% when considering injury of the thumb’s base. It is a usual injury amongst skiers and rarely when considering snowboarders. The use of K-wires for stabilization of the UCL, when detached with a bone fragment, is an effective and costless method of surgical treatment.