**FALSE SCAPHOLUNATE LIGAMENT LESION. WHAT’S BEHIND?**

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**CASE REPORT:**

A 17-year-old male with a left distal radius fracture after a fall two weeks before came to our emergency department for revisión.

Initial X-Ray shows 12º of dorsal angulation, 18º of radial inclination, open phyisis and an **increased scapholunate space**.

Before a new attempt to reduction and thinking in a surgery for repairing the scapholunate ligament, we did a **CT-Scan** that shows a Type II epiphysiolysis with no signs of consolidation, scapholunate space of 3 mm, dorsal inclination 11º and radial inclination 17º with deviation of the lunate in DISI. Additionally shows a **coalition between the scaphoid and trapezius bones (ST coalition)**.

Taking this finding into account, we did a **comparative X-Ray** showing the **same findings**. The patient was asymptomatic of the contralateral wrist as well as the fractured one previously to the fall. Due to this findings and the non-improvement of the radiological parameters after a new fracture reduction, **conservative treatment** was decided and the plaster was removed 5 weeks after the fracture.

2 months after trauma the patient was asymptomatic and full range of motion was obtained.

We performed **X-Rays** of both hands of the **patient’s mother** objectifying the **same type of coalition**, being on the right side a synchondrosis and in the left one, a synostosis without an increase in the scapholunate space. Also asymptomatic clinically.

**Carpal coalitions** are produced by synostosis or synchondrosis of two or more carpal bones. Incidence in the adult population varies from 0.1% - to 9%. The limited bibliography suggests that complete coalitions are more frequent between the lunate and triquetral bones and between the capitate and hamate, both of them between bones of the same row. **Intercarpal coalitions like between the scaphoid and trapezius bones, however are very infrecuent.**

It is essential to emphasize the importance of performing **comparative radiographs** when we observe unusual findings in unilateral radiography or when, as in this case, a **increase of scapholunate space** is observed. The realization of this kind of studies help us to correct diagnosis, and therefore to choose the most appropriate treatment for our patients.