OUR EXPERIENCE IN RADIOCARPAL FRACTURE-DISLOCATION TREATMENT
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DEFINITION and PECULIARITY:

*Loss of congruence* between carpus and distal radius.

High energy trauma
Important *soft tissue* damage
Common error diagnosis and misdiagnosis

OUR EXPERIENCE:
Twelve patients with a minimum follow-up of two years. Complications and functional results with Quick-Dash and Mayo Wrist Score (MWS) were obtained.

SURGICAL TECHNIQUE:
1. Volar approach with arthroscopy assistance.
2. Small osteochondral fragments resection.
3. Osteosynthesis of avulsed fragments.
5. Test distal radioulnar joint stability.
6. External fixator vs 6 weeks plaster immobilization

OUR RESULTS:

12 PATIENTS
- 2 scaphoid fractures, 4 DRUJ instability, 8 type I.
- 8 traffic accident, 4 fallen from height.
- 8 volar approach alone, 4 volar approach and arthroscopy.
- All were dorsal dislocations.

RESULTS:
- No immediately complications.
- Quick Dash 40.
- MWE 60.
- Medium range of movement: 60° of supination, 70° of pronation, 40° of dorsal flexion and 50° of volar flexion.

PATIENTS:
- 5 NO PAIN WITH ACTIVITY
- 6 MODERATE PAIN WITH ACTIVITY
- 1 INTENSE PAIN WITH ACTIVITY
- 3 POSTRAUMATIC ARTHROSIOS
- 1 DRUJ INSTABILITY
- 1 TOTAL WRIST ARTHRODESIS

TO TAKE HOME...

High energy trauma. Always surgical treatment.
Test radial styloid fragment and carpal and volar radiocarpal ligaments.
Dumontier Type 1: High risk of complications. Volar capsular ligaments repair to prevent late volar and cubital traslation.
Dumontier Type 2: Anatomical reduction of styloid fragment.