INTRODUCTION

For the treatment of Bennett’s dislocation fracture, numerous techniques have been described. From reduction and casting to open synthesis. Berger in 1999 described the technique for performing a correct arthroscopic assessment of the CMC thumb’s joint by using two portals. Culp and Johnson JW published in 2010 *arthroscopically assisted percutaneous fixation of Bennett’s fracture*.

MATERIAL AND METHODS

We present three clinical cases of Bennett’s fracture-luxation. Two men and one woman, all young patients.

In all three cases, the surgery was performed under regional anaesthesia with axillary block, applying ten-pound traction on the affected thumb.

We proceeded to perform the TMC arthroscopy with 1.9mm optics through radial dorsal and ulnar dorsal portals and using a hook, joint reduction of the fracture was proven.

In two cases synthesis was performed with cannulated screw under arthroscopic control and the other required two 1.6mm screws after insertion of two K wires.

Immobilization was maintained with a cast splint until the removal of stitches, initiating the physiotherapy afterwards.

RESULTS

The three patients returned to work before the month of surgery. Re-starting their sports activities after two months, with full CMC mobility.

In the 9 months control they were all asymptomatic, the patient in which the non cannulated screws were used required removal of the osteosynthesis material 6 months after the surgery.

DISCUSSION

The surgical technique is simple, it allows to see the correct reduction of the joint fragment, as well as to evaluate accompanying lesions either cartilaginous or ligamentous.

It allows the joint hematoma to be evacuated, as well as the removal of small free bodies and checking the synthesis of the joint.

The clinical results are comparable with other treatments using less immobilization time.

We believe that it is a reproducible and simple technique that can improve the reduction of the joint fragment, which would condition a better result in the long term.

Bibliography.