HOOK PLATE IN TREATMENT OF BONY MALLET FINGER

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ANATOMICAL REPOSITION AND STABILIZATION OF DORSAL DISTAL PHALANX FRACTURES WITH A HOOK PLATE

- INDICATION -
Dislocated mallet fractures type Doyle IVb with dislocation of the fragment by more than 2 mm and/or tilting of the fragment as well as dislocation of the dorsal distal phalanx fractures type Doyle IVc OR type II and III of Tubiana classification.

- DOYLE CLASSIFICATION -

- TUBIANA CLASSIFICATION -
- CONTRAINDICATION -

Florid inflammation of and injuries to the soft tissues in the operation area

- SURGICAL TECHNIQUE -

Dorsal approach to the distal interphalangeal joint (Y-, S-, H-shaped). Preparation of the fragment, cleaning the fracture gap, repositioning of the fragment, mounting of the plate, placing the screw. Controlling by image converter. Suture of the skin; tape.
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- POSTOPERATIVE MANAGEMENT -

Stack splint for 2 weeks. After 2 weeks, start with exercising of the distal interphalangeal joint within the splint. Physiotherapy is usually not required. Full exertion after 6-8 weeks is possible. The period of inability to work is dependent on the patient's occupation. Due to the danger of perforation and infection, it is recommended that the plate be removed after 3-6 months.
From February 2002 to September 2009, 77 mallet fractures type Doyle IVb and IVc were operatively stabilized with a hook plate. In a retrospective study, 59 patients were followed up at a mean interval of 38.3 (3-69) months after the operation. Wound healing problems or inflammation were not observed. Visible disturbances of nail growth were macroscopically seen in 11.9%. Results were very good in 35 patients (59.3%), good in 16 patients (27.1%), sufficient in 5 patients (8.5%), satisfying in 1 patient (1.7%), and insufficient in 2 patients (3.4%).
- CLINICAL CASE -
