Introduction

• Mallet finger deformity is caused by an injury of the terminal extensor tendon/mechanism.
• The most injuries occur due to rupture of the closed extensor mechanism, most commonly by indirect trauma, although they can be caused by injury or laceration.
• Studies suggest that an avascular zone in the terminal region can predispose to rupture 1-3.
• Its incidence is 1 per 1,000 individuals per year and is most common in young men.
• Most affected fingers are the small, ring and middle ones of the dominant hand. The literature report injuries occurred within four weeks were considered as acute.
• The consensus diagnostic method is clinical and involves limiting the range of motion and flexion deformity.

Objective

• To evaluate the outcome of nonsurgical treatment of acute lesions of the terminal extensor tendon (Doyle type I) in patients attended to the emergency room of Municipal Public Server Hospital (Hospital do Servidor Público Municipal) in São Paulo, from January to September 2014.

Methods

• The research was approved by the ethics committee. Twenty-five patients sustaining mallet finger acute injury (Table 1) attended at Municipal Public Server Hospital (Hospital do Servidor Público Municipal) of São Paulo, between January and September 2014, and referred to the Hand Surgery clinic.
• Inclusion criteria were the type I lesions of Doyle’s classification (Table 1). The open lesions or subluxation were excluded.

Table 1. Doyle’s classification

Table 2. Classification of results according to Crawford

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<tr>
<th>Excellent</th>
<th>Total extension of interphalangeal distal, full flexion, no pain</th>
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<tr>
<td>Good</td>
<td>0 – 10° of extension deficit, total flexion, no pain</td>
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<tr>
<td>Regular</td>
<td>10 – 25° of extension deficit, bending loss, no pain</td>
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<tr>
<td>Bad</td>
<td>&gt; 25° of extension deficit, pain</td>
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• In our casuistic, the average angle found after nonsurgical treatment was 8.1° (zero to 18°). There was no case of complications referring to immobilization.
• According to Crawford’s criteria, the results obtained were excellent in 14 cases, good in eight and regular in three cases.

Conclusion

• The non-surgical treatment of the mallet finger presented satisfactory results in this series of cases, with a good arc of motion and minimum complications.

References