SYMPOSIUM ON ADVANCES IN THE MANAGEMENT OF SCAPHOID PROBLEMS

Surgical treatment of transscaphoid perilunate dislocation: a personal approach

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ABSTRACT
Transscaphoid perilunate dislocation is a challenging wrist injuries for the hand surgeon. The goal of treatment is to restore normal anatomy and function as far as possible. In the author’s experience, early surgery with a combined volar and dorsal approach is recommended and closely supervised postoperative rehabilitation is important.

INTRODUCTION
Transscaphoid perilunate dislocation is a difficult problem. The principles of its anatomy, pathology, diagnosis, and treatment have been extensively reviewed elsewhere.\(^2,13,15\) It is certainly one of the most challenging injuries of the wrist that a hand surgeon can encounter. The ideal goal of its treatment is to restore normal anatomy and function as far as possible. Prompt diagnosis and early treatment are most important for success. Yet, from the literature and from my personal experience, there is still a significant percentage of cases that were missed in their initial stages, and late treatment almost always gives poor outcome.\(^9\) The clinician should maintain a high degree of skepticism when faced with any patient who has had high-energy trauma to the hand and wrist. He should never compromise with a less than satisfactory quality X-ray. With careful examination and properly projected and exposed X-ray films, diagnosing this injury should not be too difficult.

AIMS OF TREATMENT
After making the diagnosis, one should formulate a plan of management. It is well reported that conservative treatment by plaster cast immobilisation alone is not adequate.\(^9\) Some sort of surgical fixation should be performed. Although it might not always be possible, there should be no doubt that one of the main aims of treatment is to achieve anatomical reduction. The key to achieving this goal is to restore the normal alignment of the scaphoid bone; then it will be very easy for the rest of the carpus to come into position. The reduction should be immobilised by both internal and external means. This immobilisation must be stable enough and of adequate duration for the soft tissues to heal. Intensive and structured physical therapy and exercises should follow, aimed at maximising the functional

中文摘要
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周育賢

經舟骨月骨周圍脫位是手部外科醫生須面對的一個難題。治療目標為盡量恢復正常的結構及活動功能。從作者的經驗中，腕及掌側綜合手術應及早進行，術後進行細心監察的輔導復康計劃亦非常重要。

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