Entorse et Instabilité Scapho-lunaire

Hôpital Saint Antoine

Diagnostique lésionnel

- Entorse SL à radio normal.
- Entorse SL avec disjonction et diastasis radiologique SL.

Diagnostique clinique

-Chutte sur le poignet.

-Hte ou basse énergie.

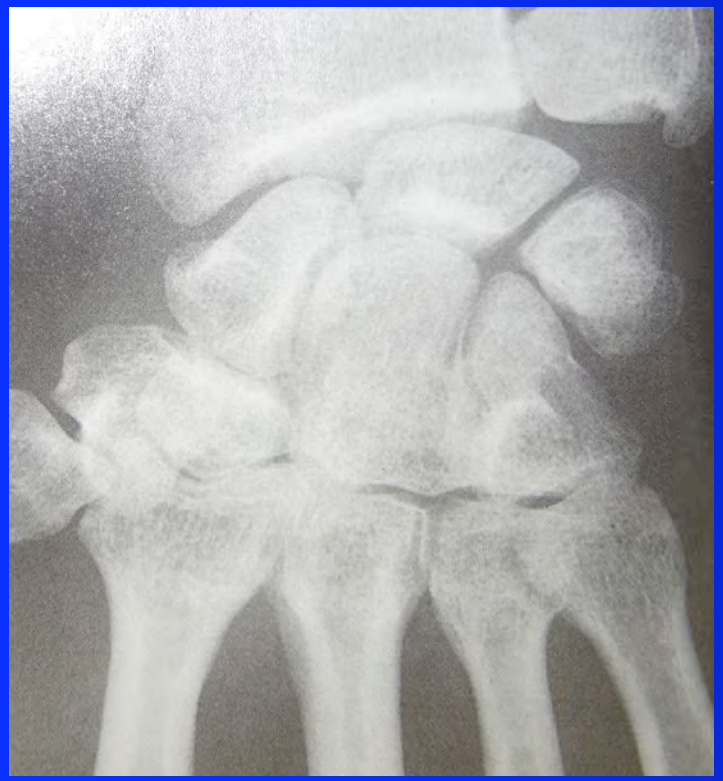
-Douleur dorsale sur l'interligne scapho lunaire.

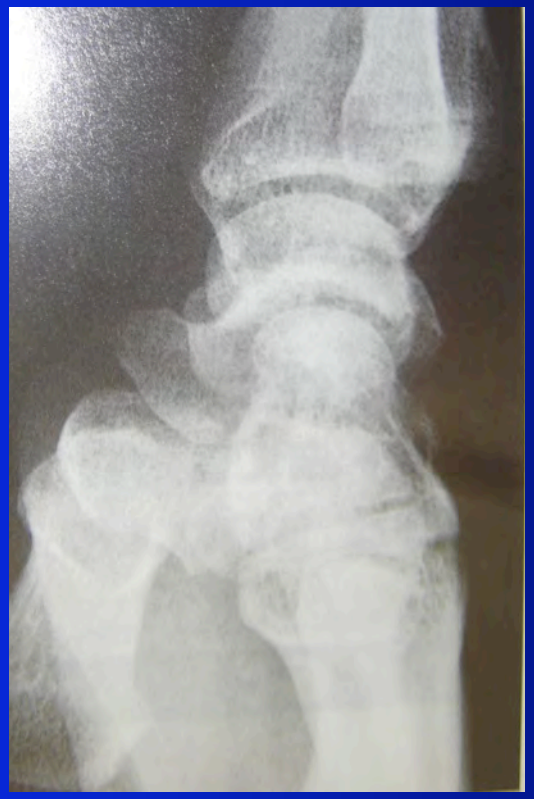
-Recherche d'instabilité: Test de Watson

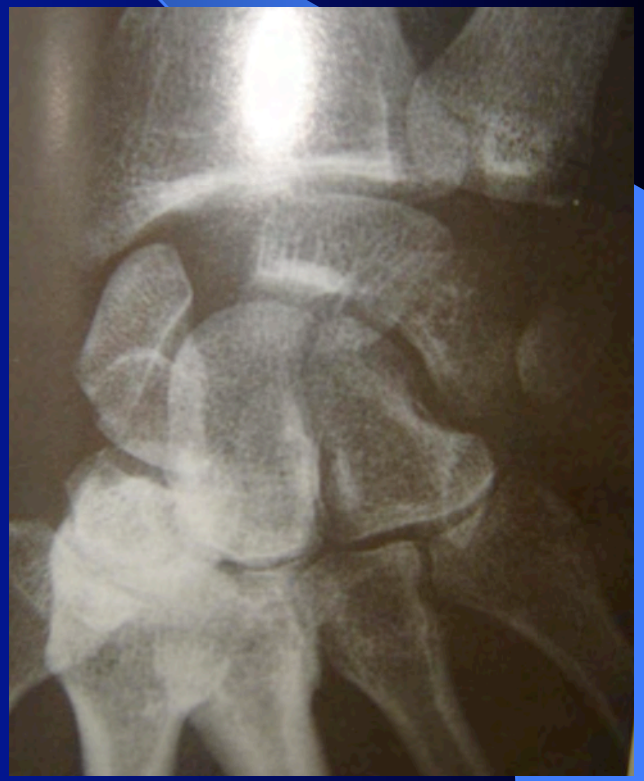
Diagnostique paraclinique

- Radio: Face, inclin uln, rad, PF: diastasis SL

  Profil: DISI







- Instabilite clinique:

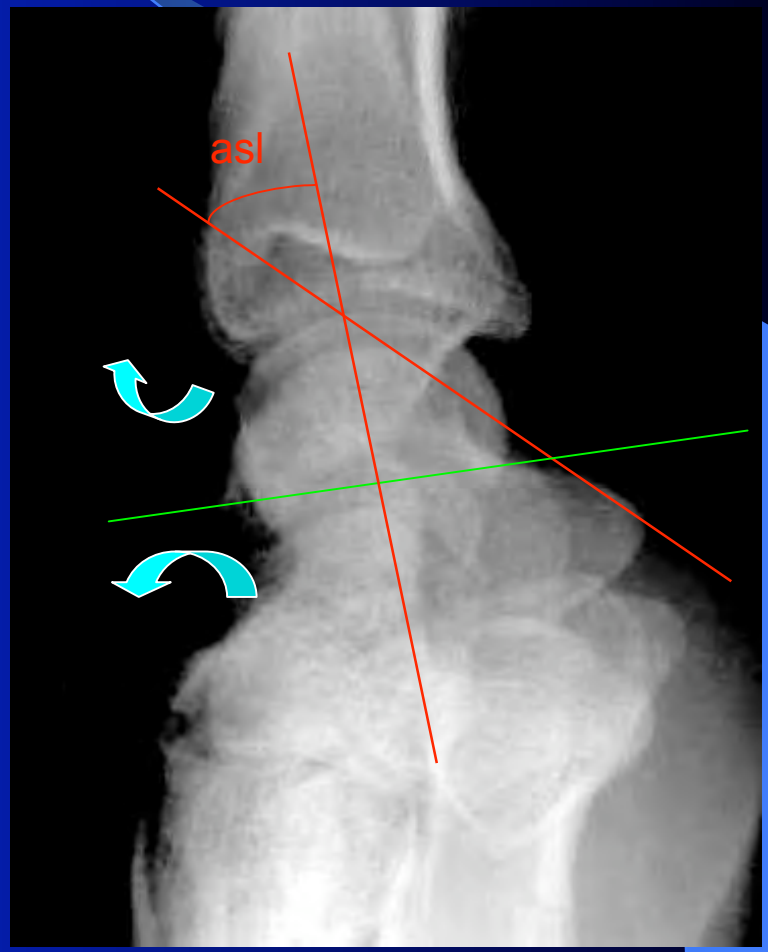
-Test de Watson: pression sur le tubercule du scaphoide lors du passage de l'inclinaison ulnaire a l'inclinaison radiale.

Positif: ressaut ou reproduction douloureuse.

- Instabilite radiologique:

- DSL

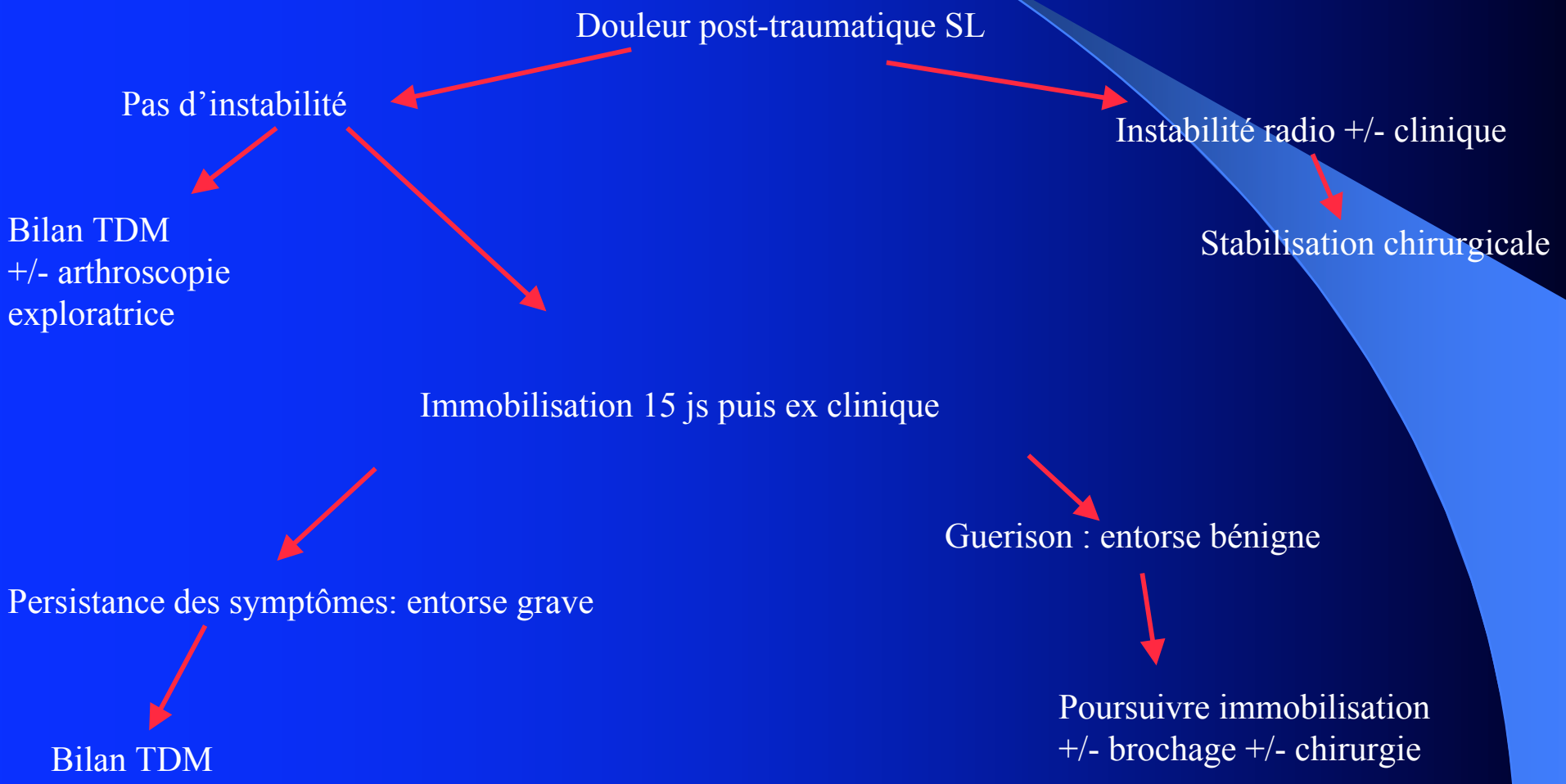
-Angle SL: 30-70*



Diagnostique paraclinique

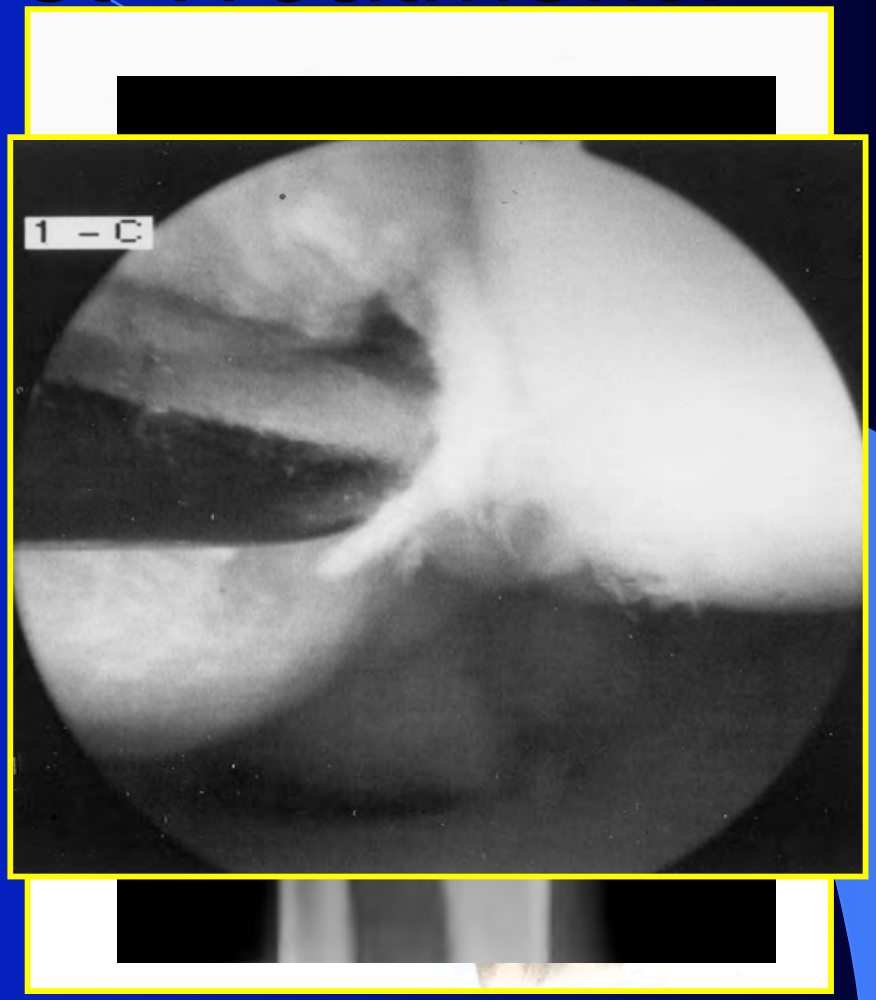
- Arthroscanner:fuite PC
- IRM
- Arthoscopie exploratrice +++

Stratégie thérapeutique



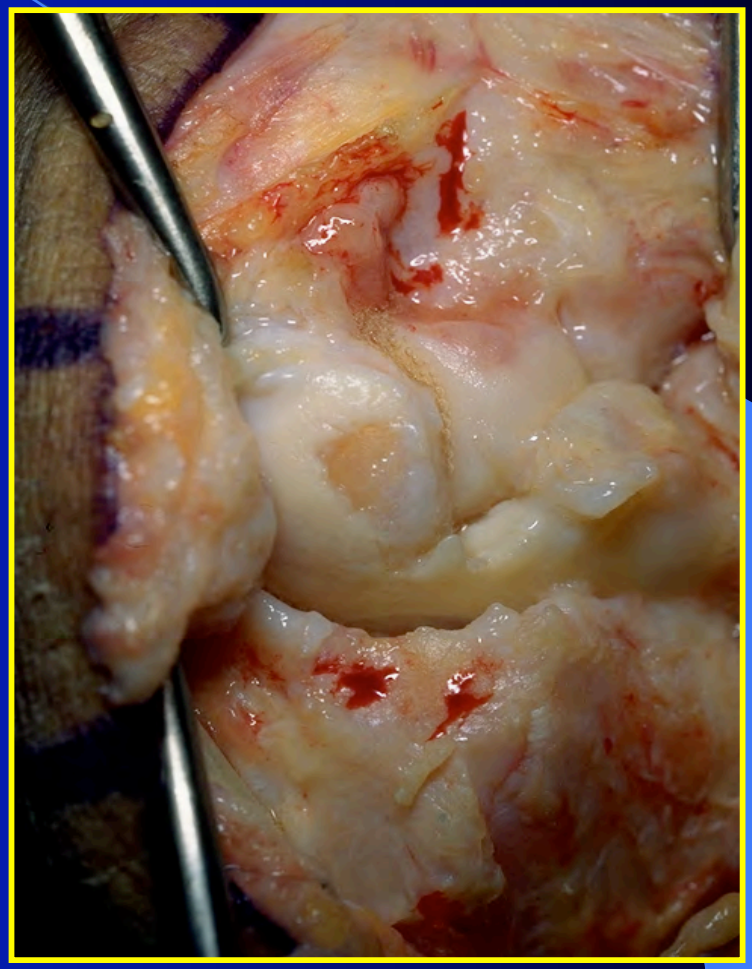
What is the Best Treatment?

- Arthroscopy
- Repair
- Capsulodesis
- Reconstruction
- Arthrodesis



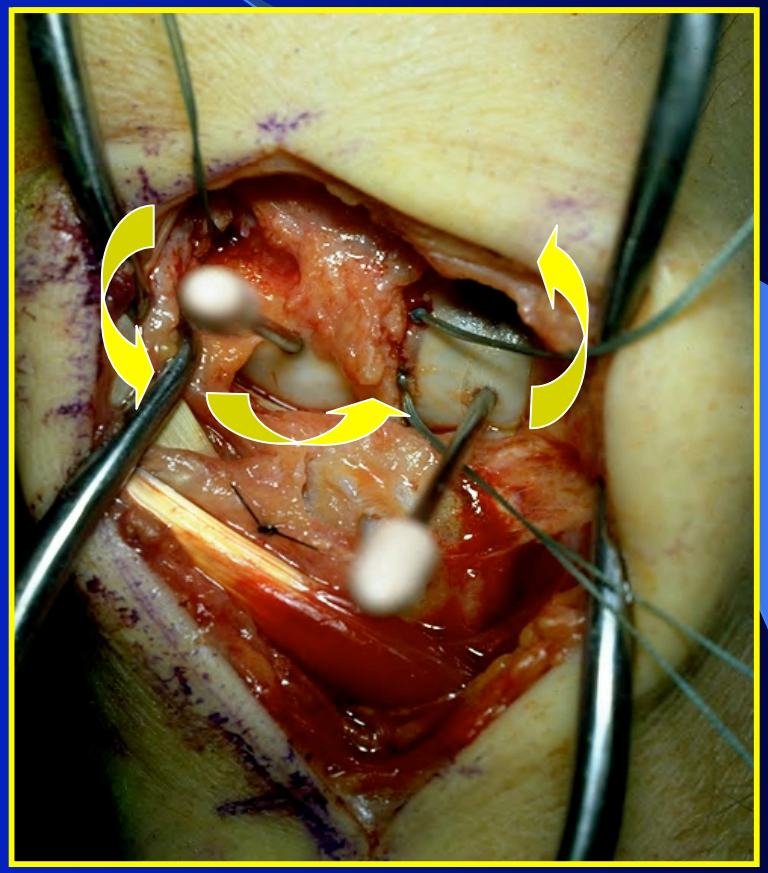
INDICATIONS

- Reducible Scaphoid
- No Arthritis
- Adequate Ligament



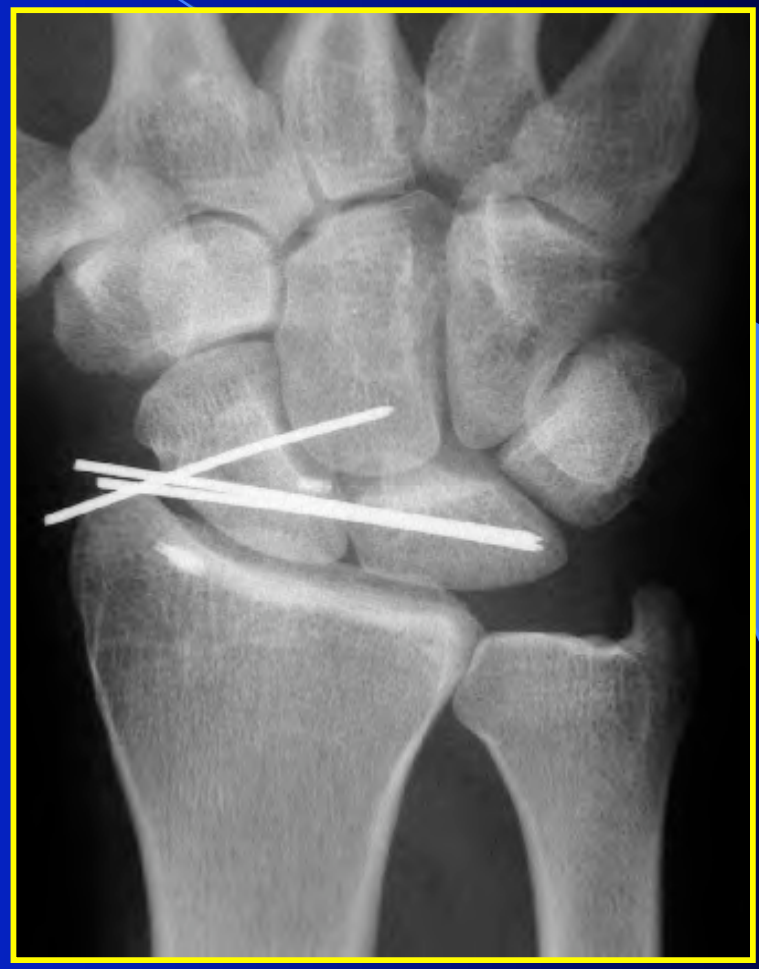
REDUCTION TECHNIQUE

- Joy Sticks
- Flex Lunate
- Extend Scaphoid



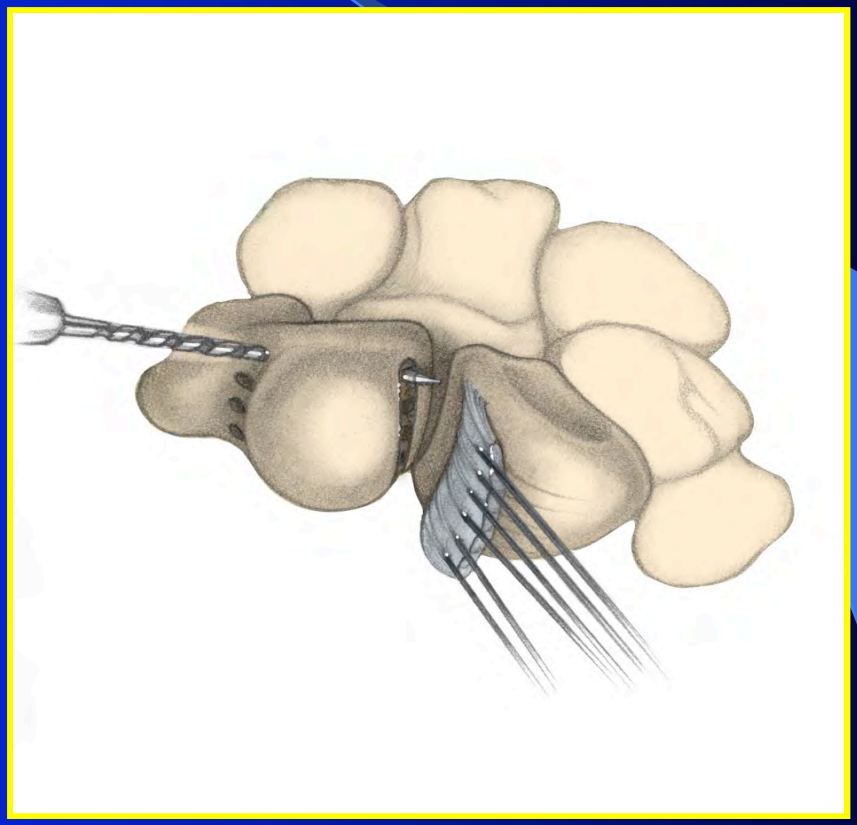
STABILIZATION TECHNIQUE

- Kirschner wires
- Scapholunate
- Scaphocapitate



SUTURE TECHNIQUE

- Direct Suture
- Drill Holes
- Bone Anchors



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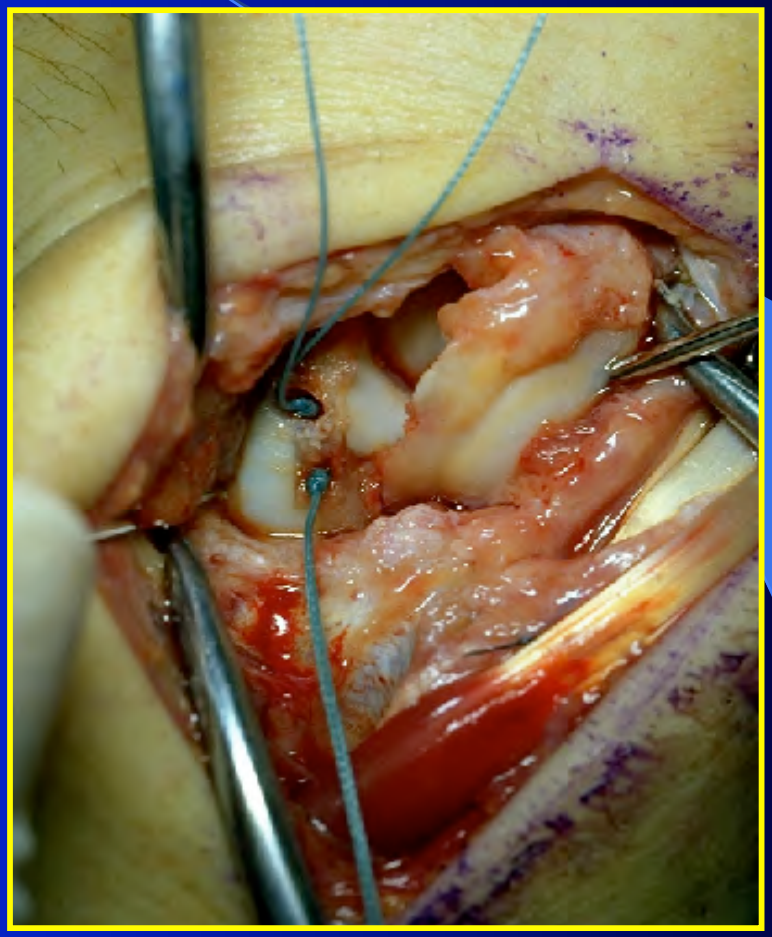
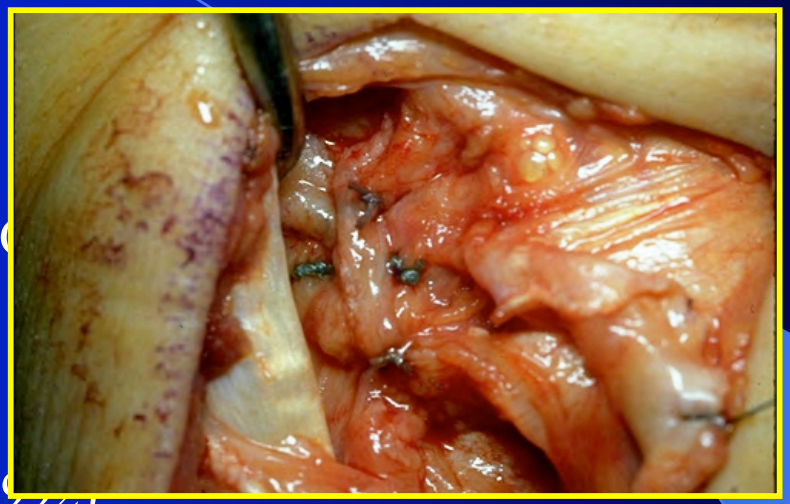
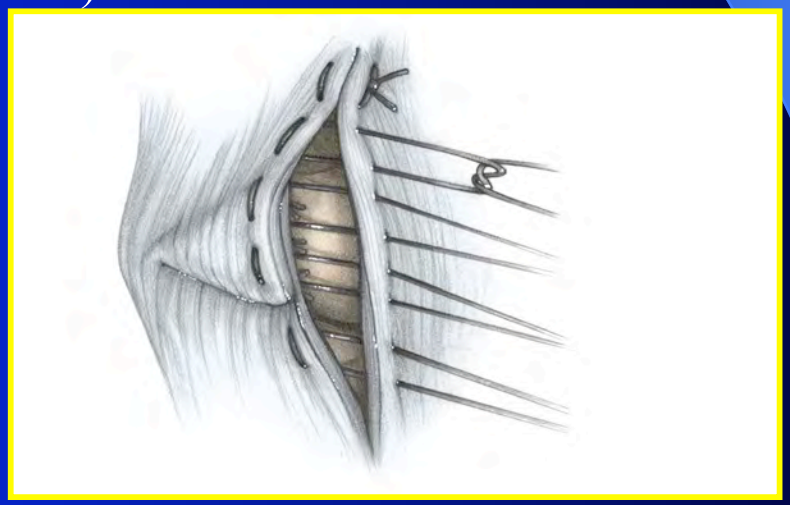


DORSAL CAPULODESIS

- Blatt (Hand
  1987)
- Taleisnik (JHS 1992)
- Modifications

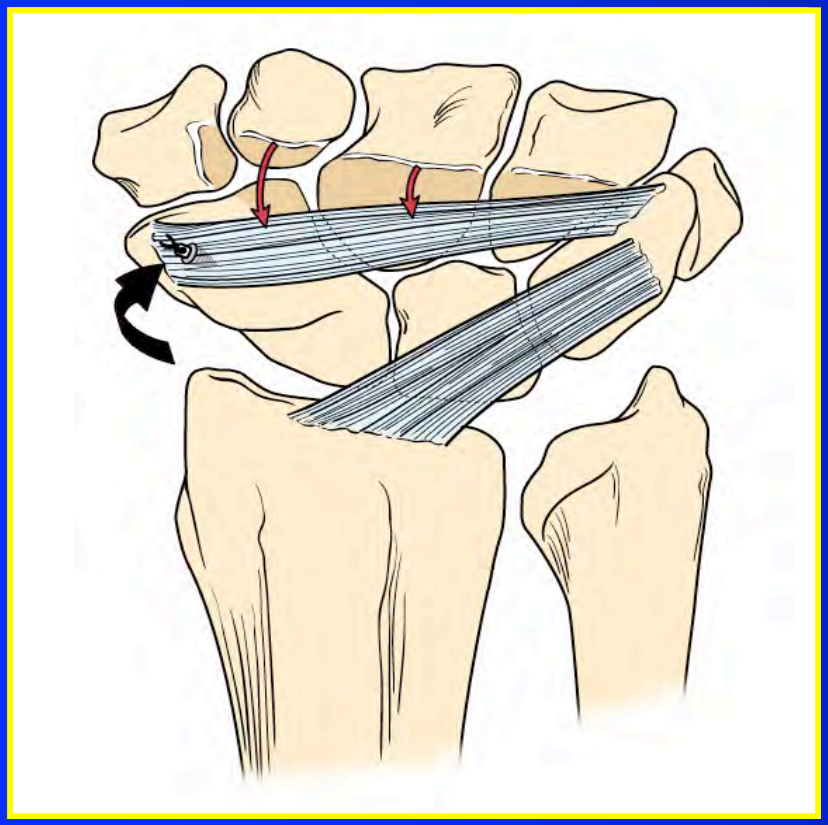




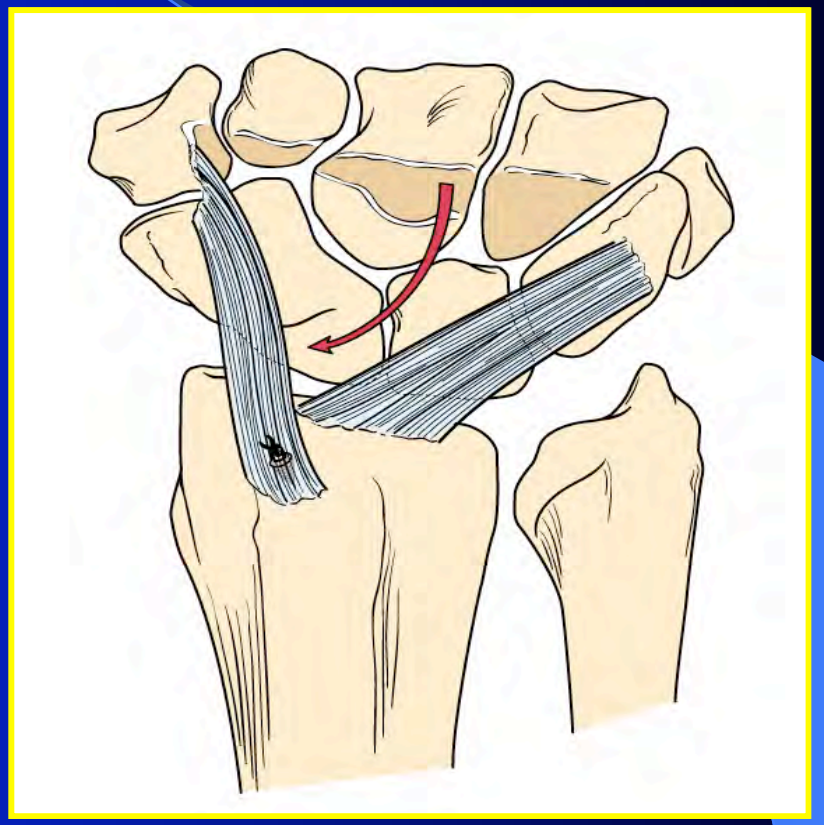
DORSAL CAPULODESIS

- Ligaments
- Radiocarpal
- Intercarpal

REPAIR MODIFICATIONS

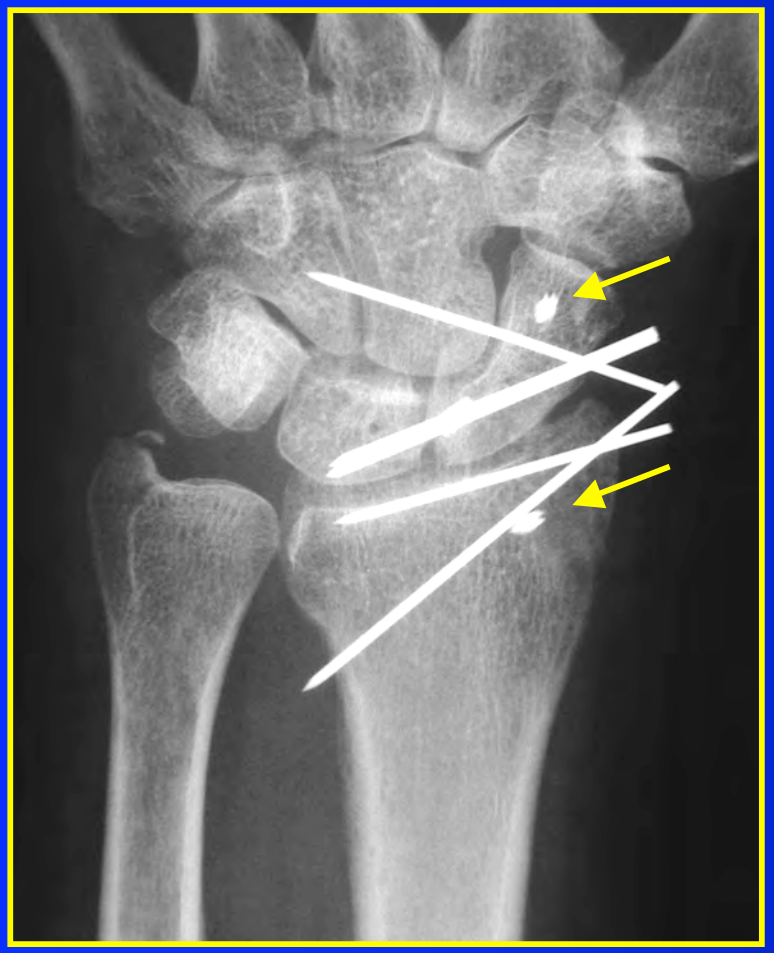


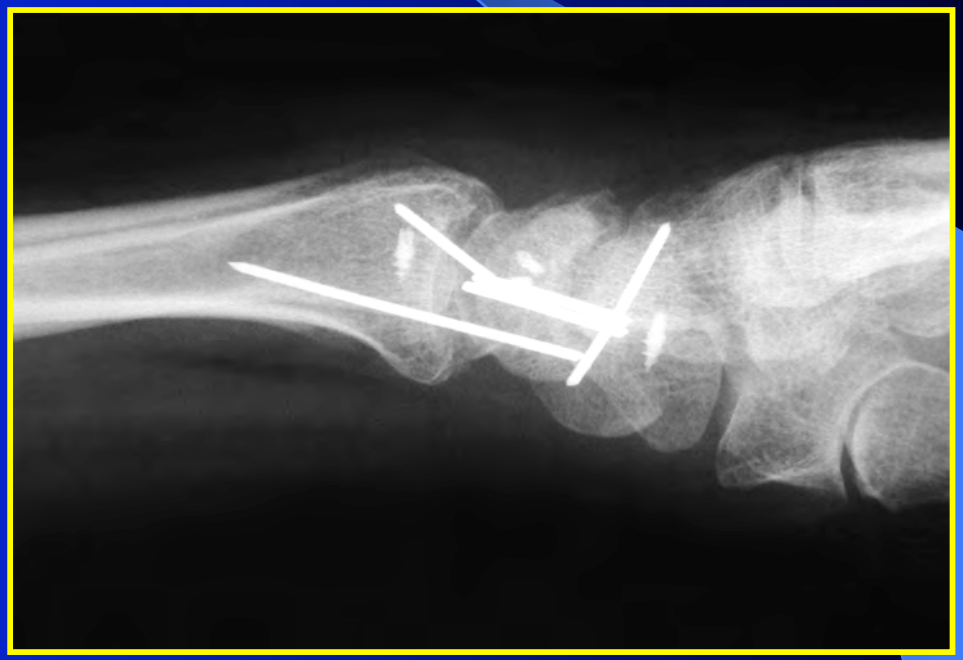
Szabo (JHS 1999)



Kleinman (ASSH 2000)

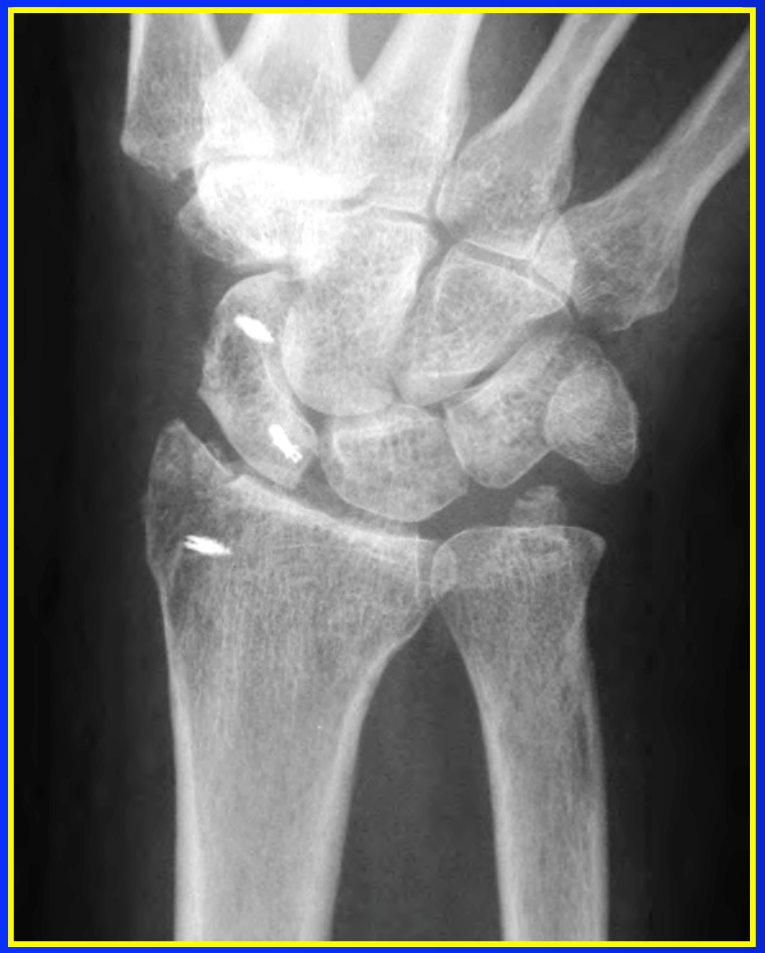
REPAIR AND CAPSULODESIS



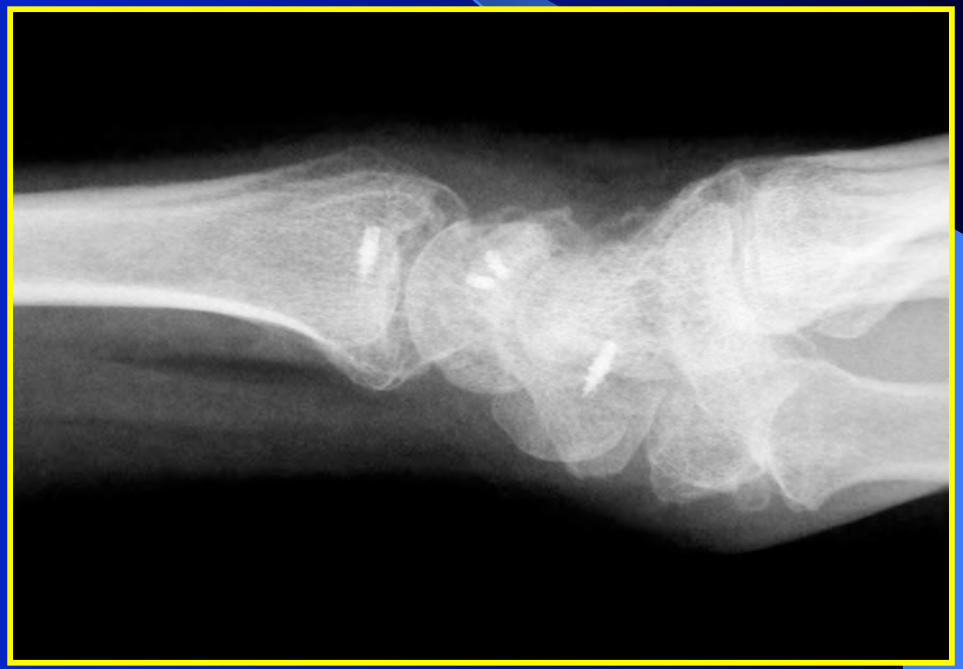


- Post-operative

RADIOGRAPHIC FOLLOW-UP



Stress View



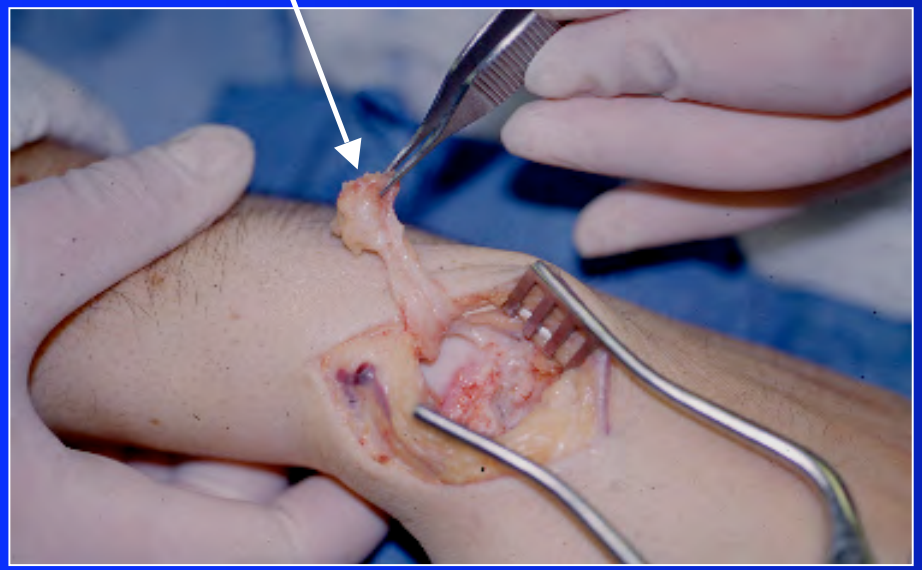
- 6 Months

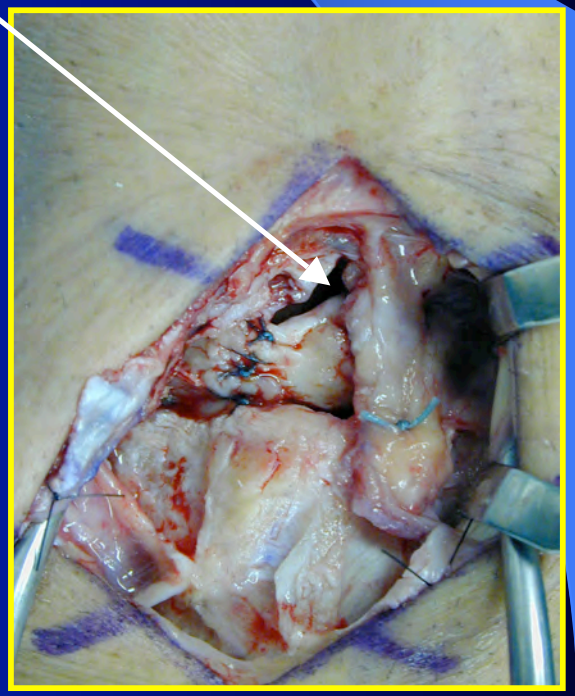
CHRONIC SCAPHOLUNATE INSTABILITY

- SL instability not amenable to primary repair
- With or without arthritis
- Treatment not always straightforward or well defined

SL INSTABILITY WITHOUT ARTHRITIS

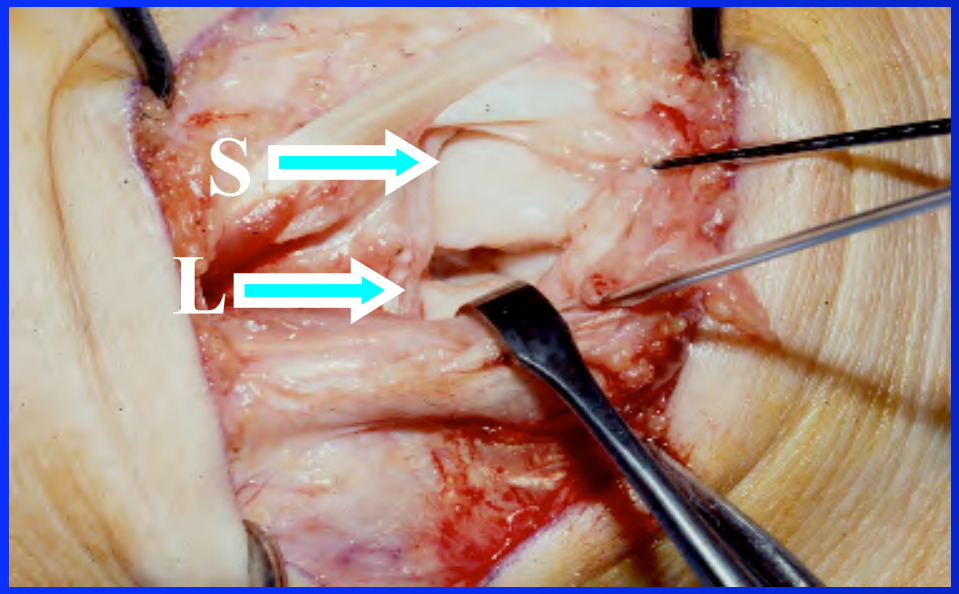
- Capsulodesis
- Capsule versus DIC ligament

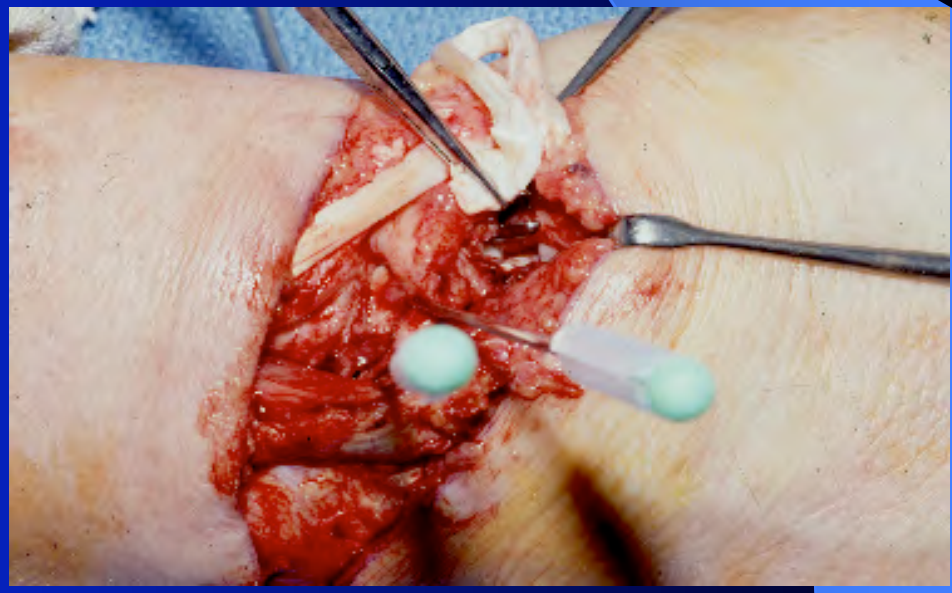




SL INSTABILITY WITHOUT ARTHRITIS

- Ligament reconstruction (tendon)
- Material properties in tendon vs. ligament → Unreliable





SL INSTABILITY WITHOUT ARTHRITIS

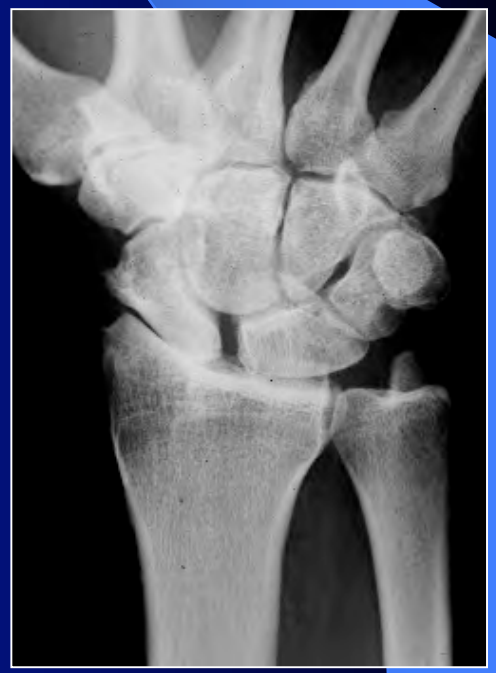
- Intercarpal arthrodesis
  - Scapholunate
  - STT
  - Scaphocapitate
  - Scaphocapitolunate

Scapholunate Dissociation-Arthrodesis

Arthrodesis	Type	Ext/flex (%)	RD/UD (%)
STT	Clinical Simulated	62-80 73-88	52-64 68-83
SC	Clinical Simulated	47 81-82	79-81 52-64
SCL	Clinical Simulated	47 59-66	46 64-91

Scapholunate Dissociation with Arthritis

- Stages
  - I. Radial styloid- scaphoid distal pole
  - II. Radius- proximal pole (ovoid anatomy, load change)
  - III. Capitolunate joint
  - IV. Radiolunate usually spared (spherical)

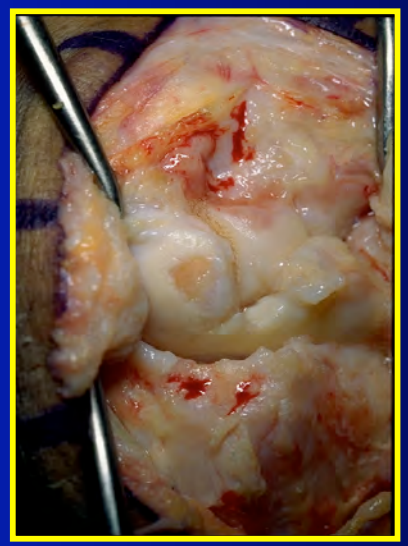


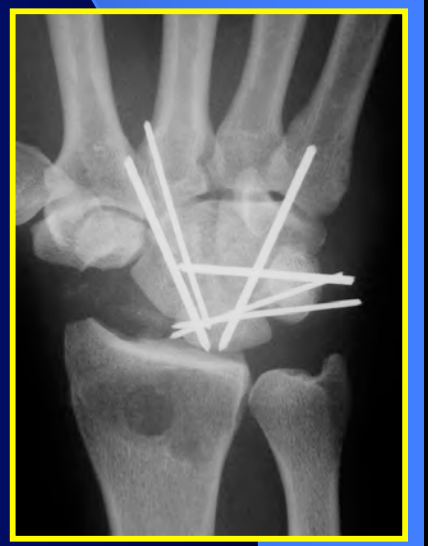
Scapholunate Dissociation without Arthritis

- SLAC treatment options
  - Wrist denervation
  - Radioscaphlunate fusion
  - Proximal row carpectomy (PRC)
  - Scaphoid excision & 4-corner fusion

Scapholunate Dissociation with Arthritis

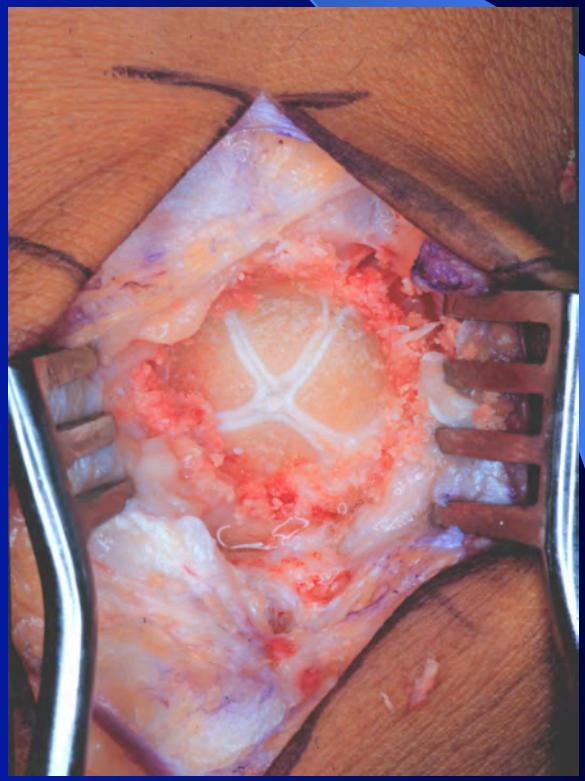
- Scaphoid excision & 4-corner fusion
- Removes or fuses arthritis areas (degenerated scaphoid and capitolunate joint)





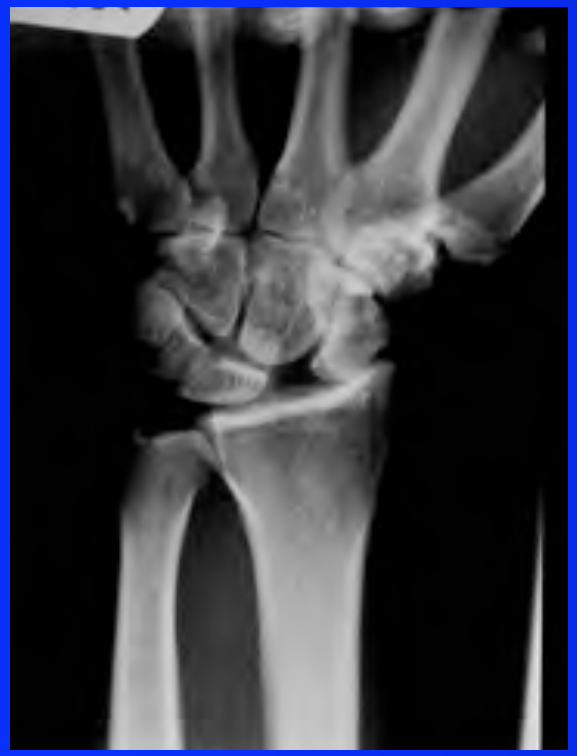
Scapholunate Dissociation with Arthritis

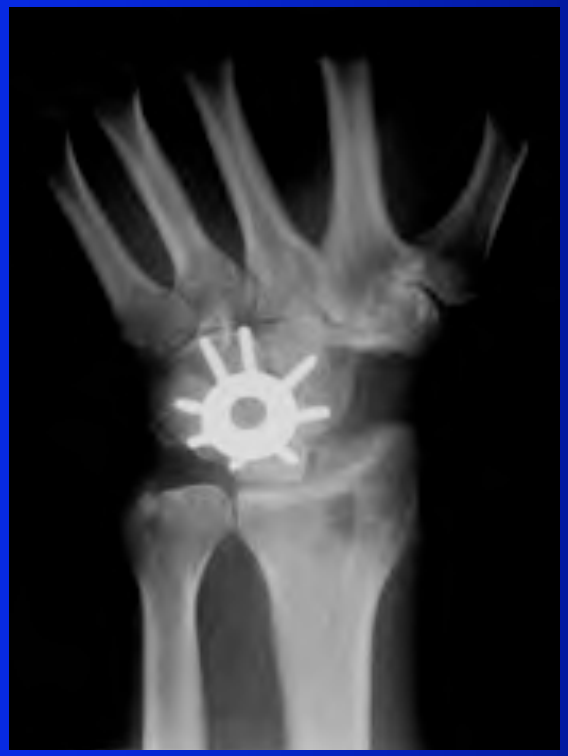
- Scaphoid excision & 4-corner fusion
- Advances in technique
  - Spider plate

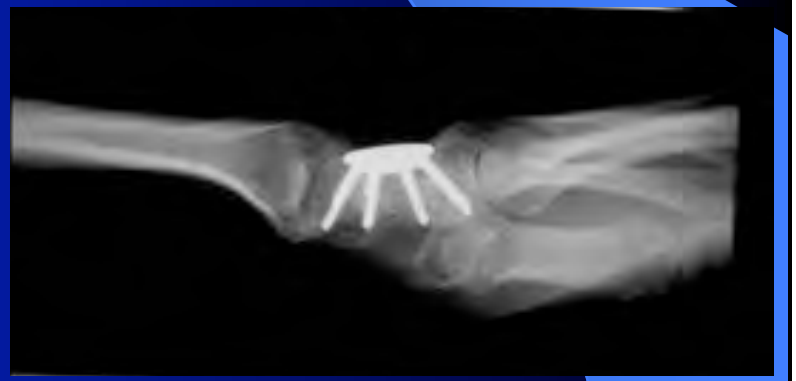


Scapholunate Dissociation with Arthritis

- Spider plate



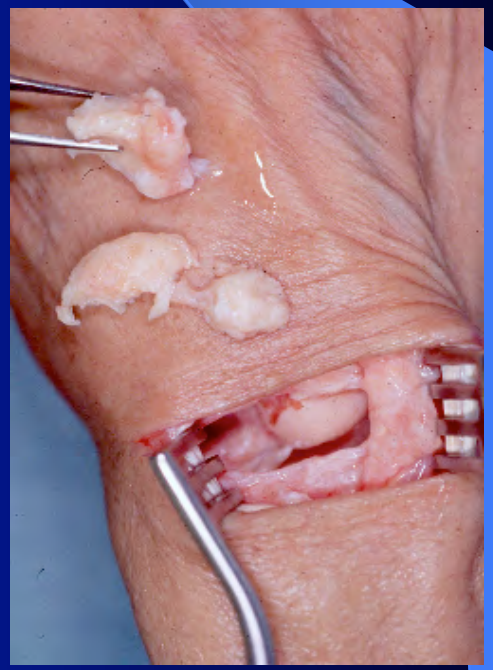




Scapholunate Dissociation with Arthritis

- Proximal row carpectomy
  - Indicated in stages I-II SLAC wrist
  - Prerequisite:

    intact capitolunate joint



CONCLUSION

- Savoir faire le diagnostique clinique et paraclinique. Athroscopie, arthroTDM.
- Continuer à évaluer les traitements chirurgicaux.