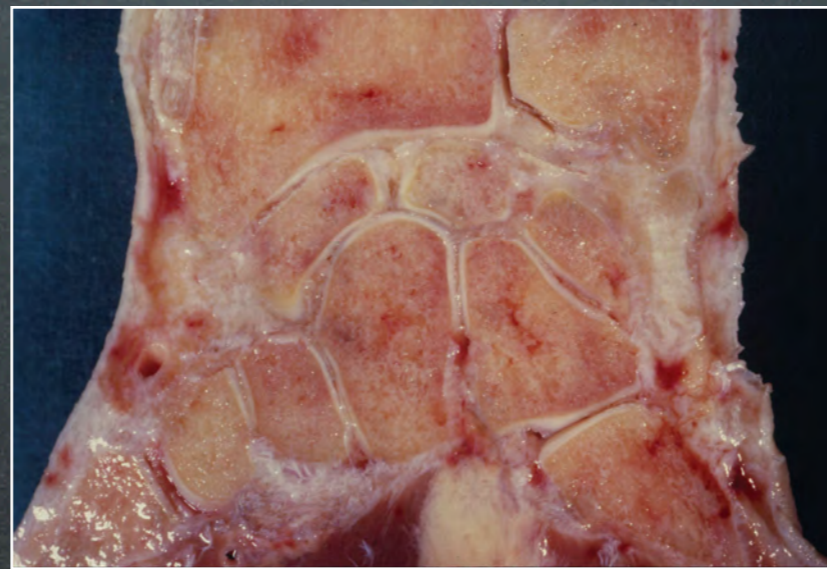
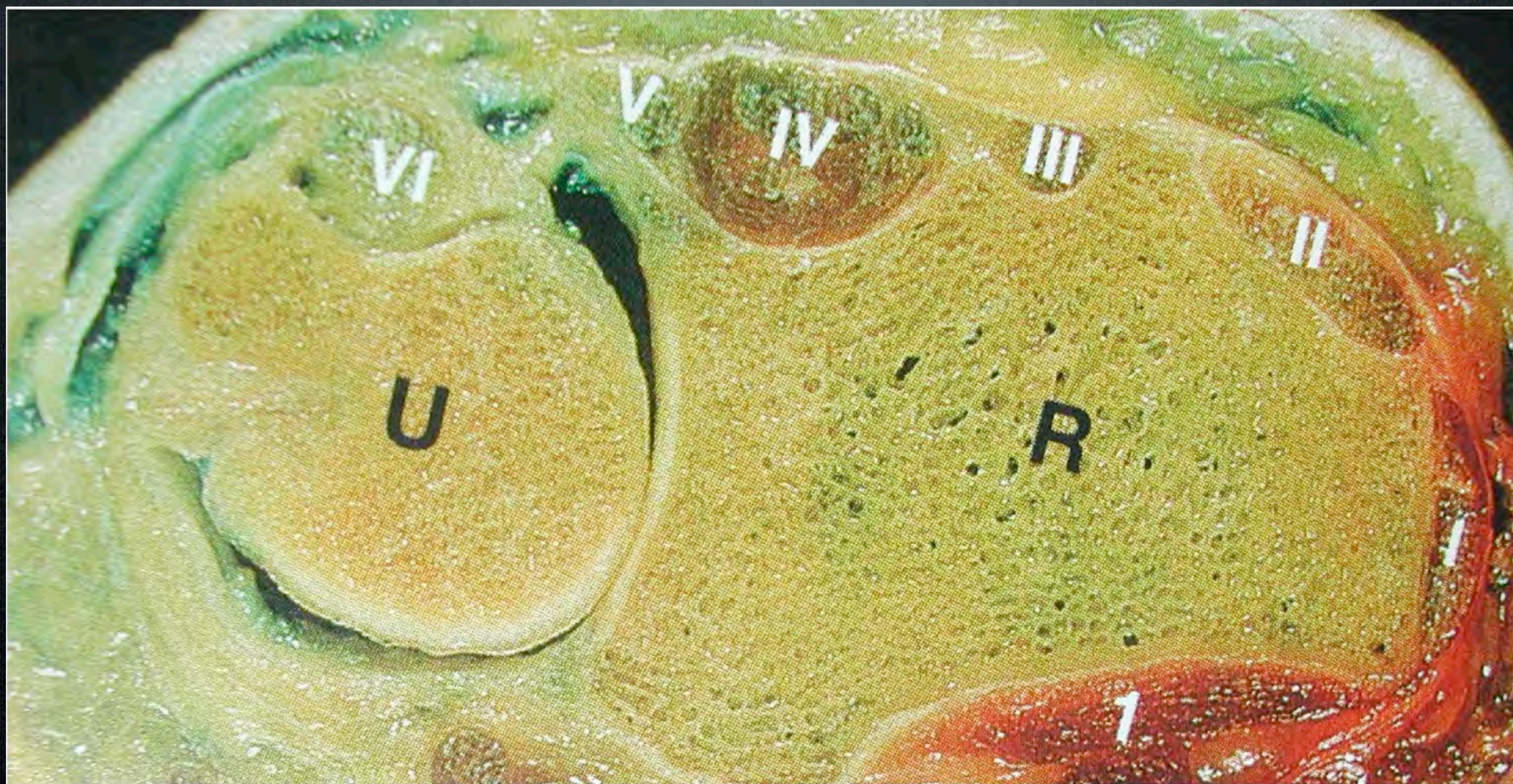


# Voies d'abord de la luno-triquetrale et du TFCC

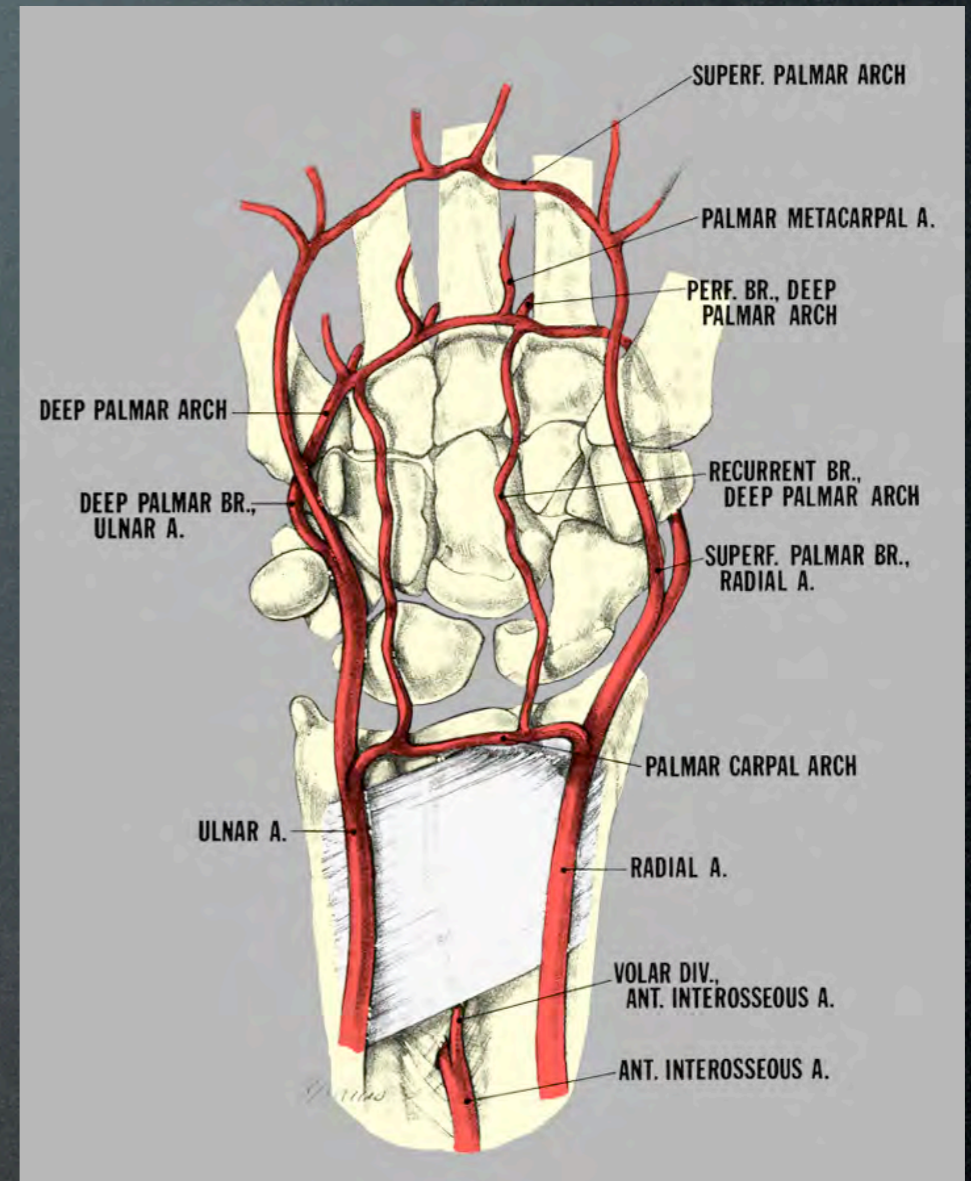
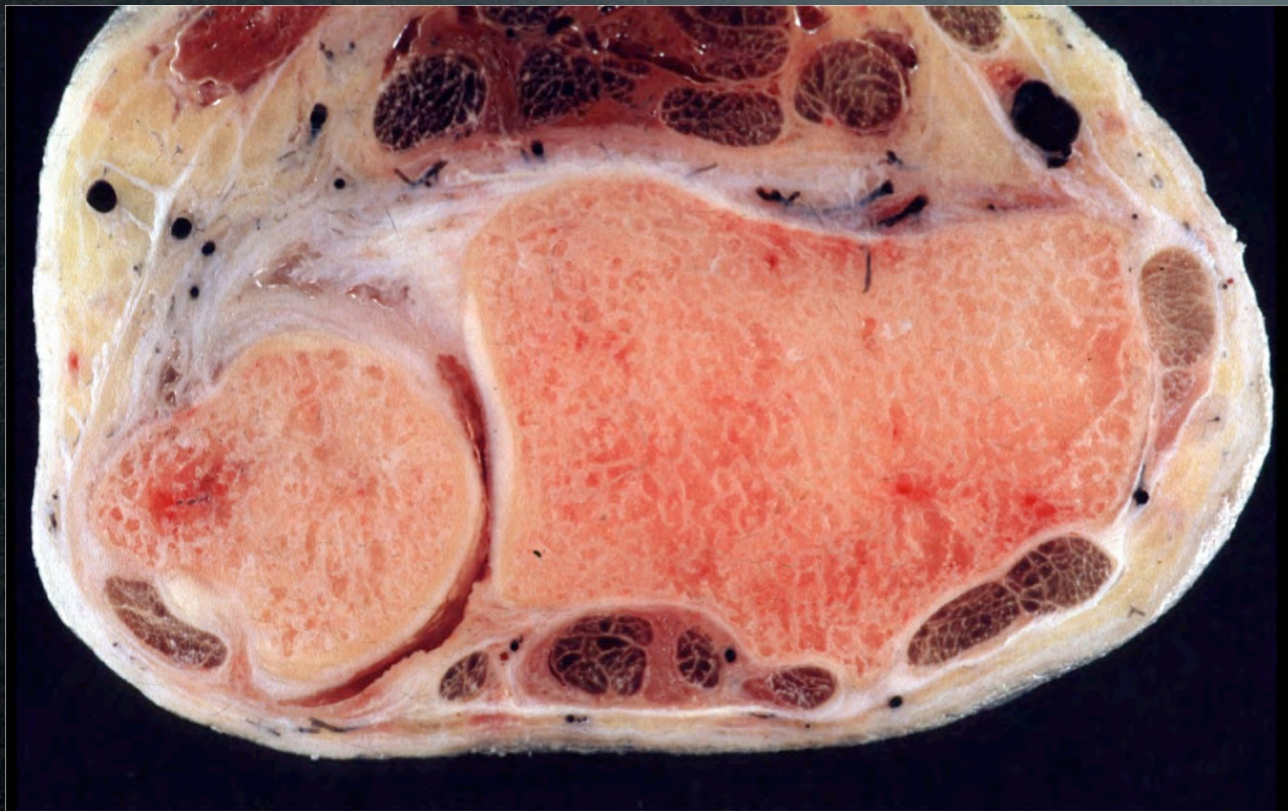


Christian Dumontier  
Institut de la Main & SOS Mains, hôpital  
saint Antoine, Paris

Par où passer ?



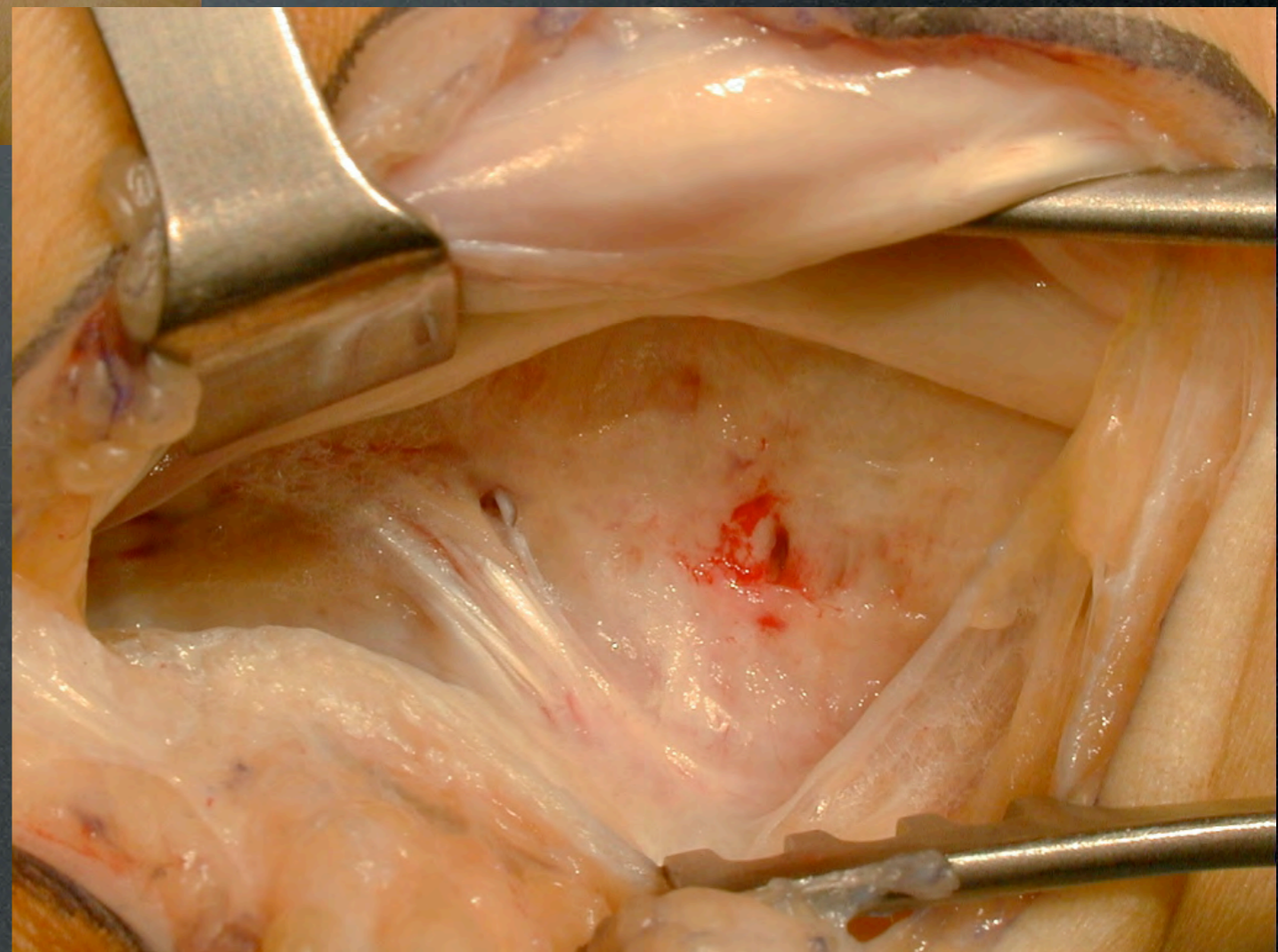
# L'abord antérieur



- Peu d'indications
- L'abord est barré par le canal de Guyon et le pédicule ulnaire en dehors, le pisiforme et le FCU en dedans

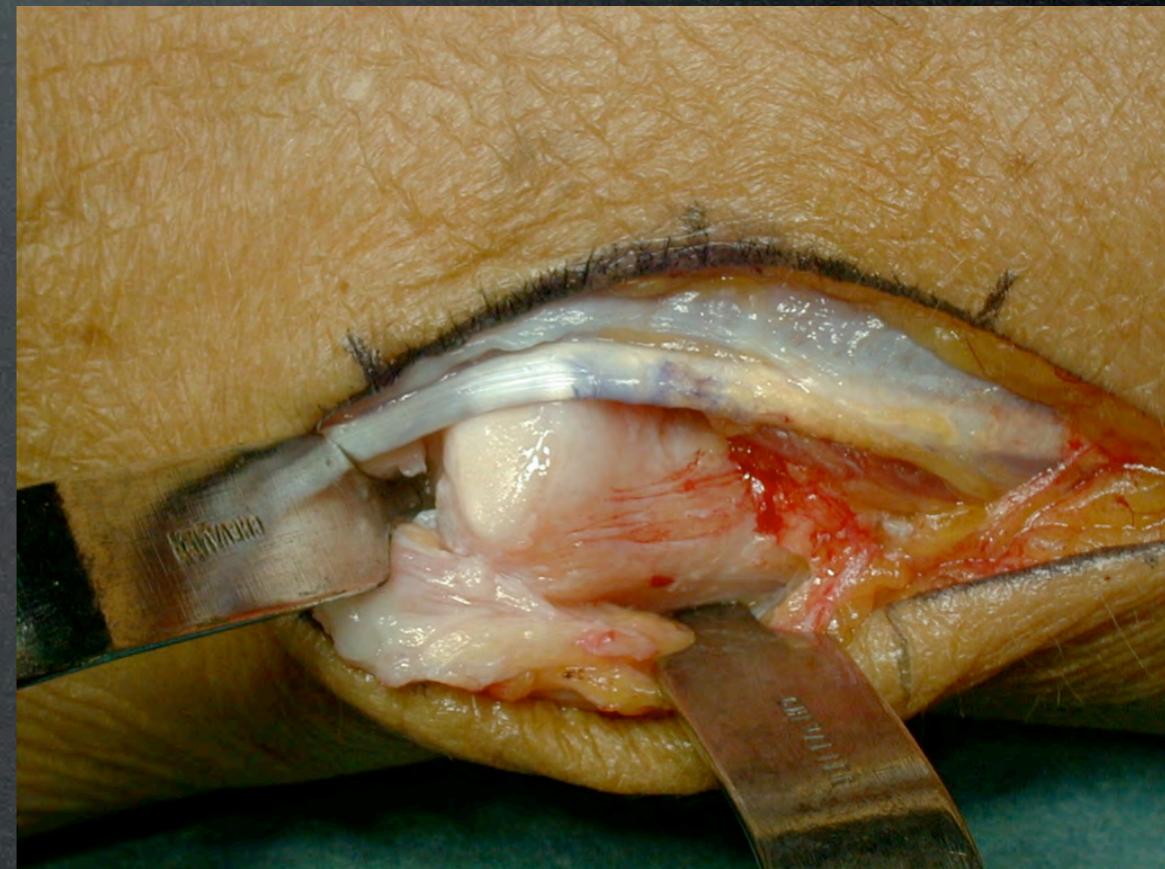
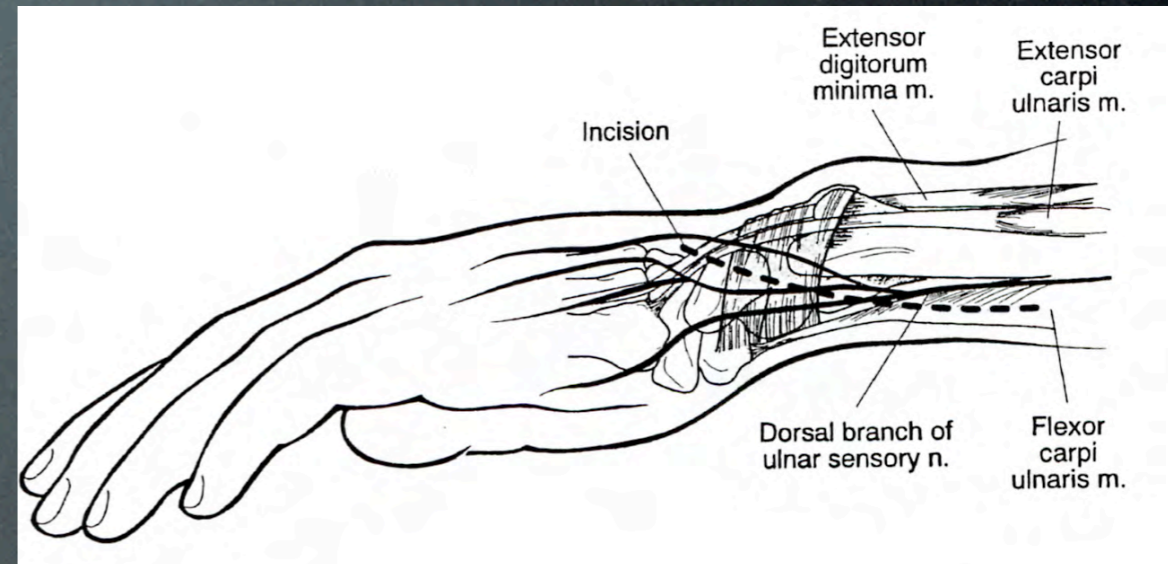


Permet l'abord du V  
deltoïdien mais pas  
du TFCC ni des  
ligaments LT



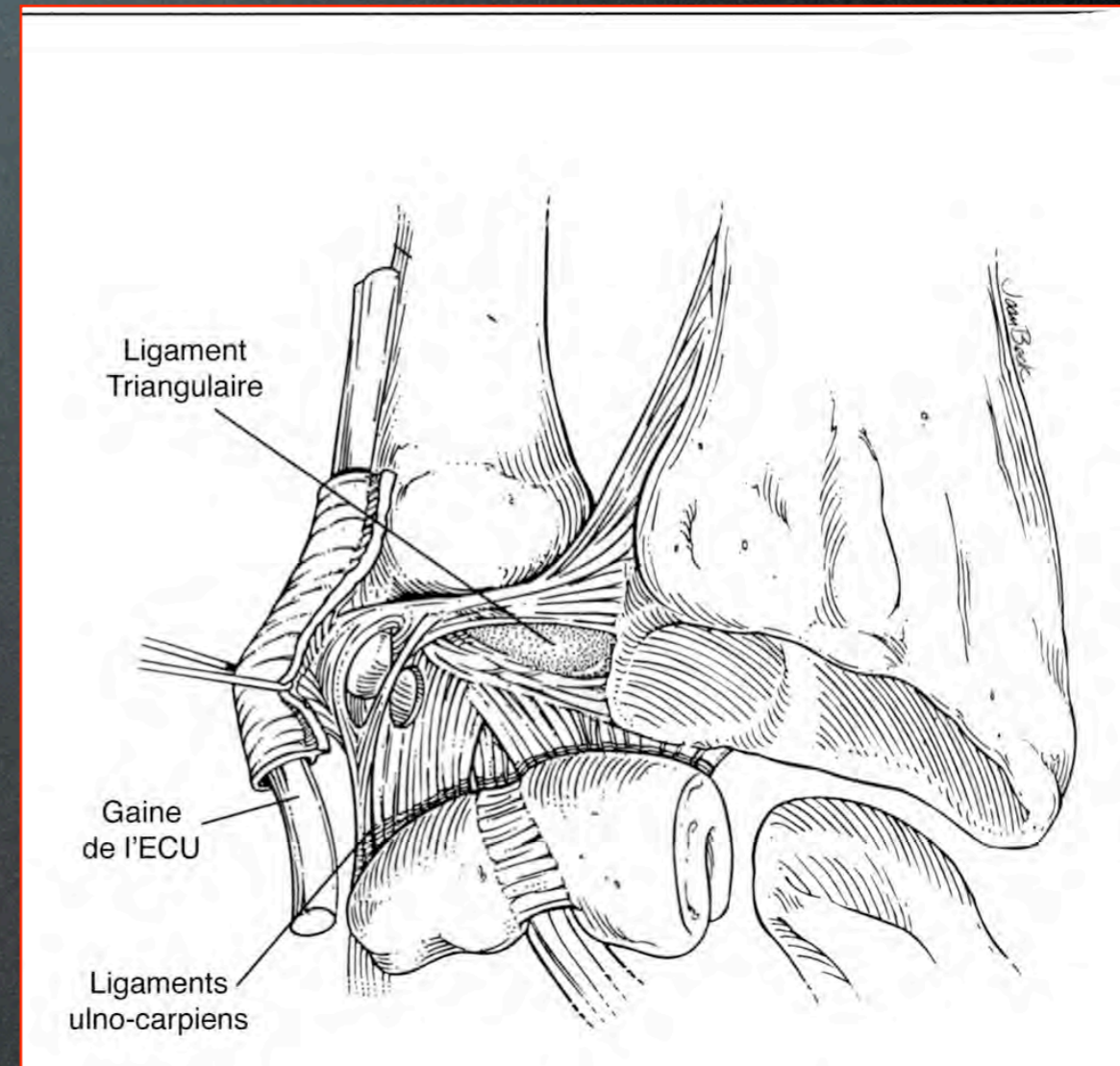
# L'abord médial

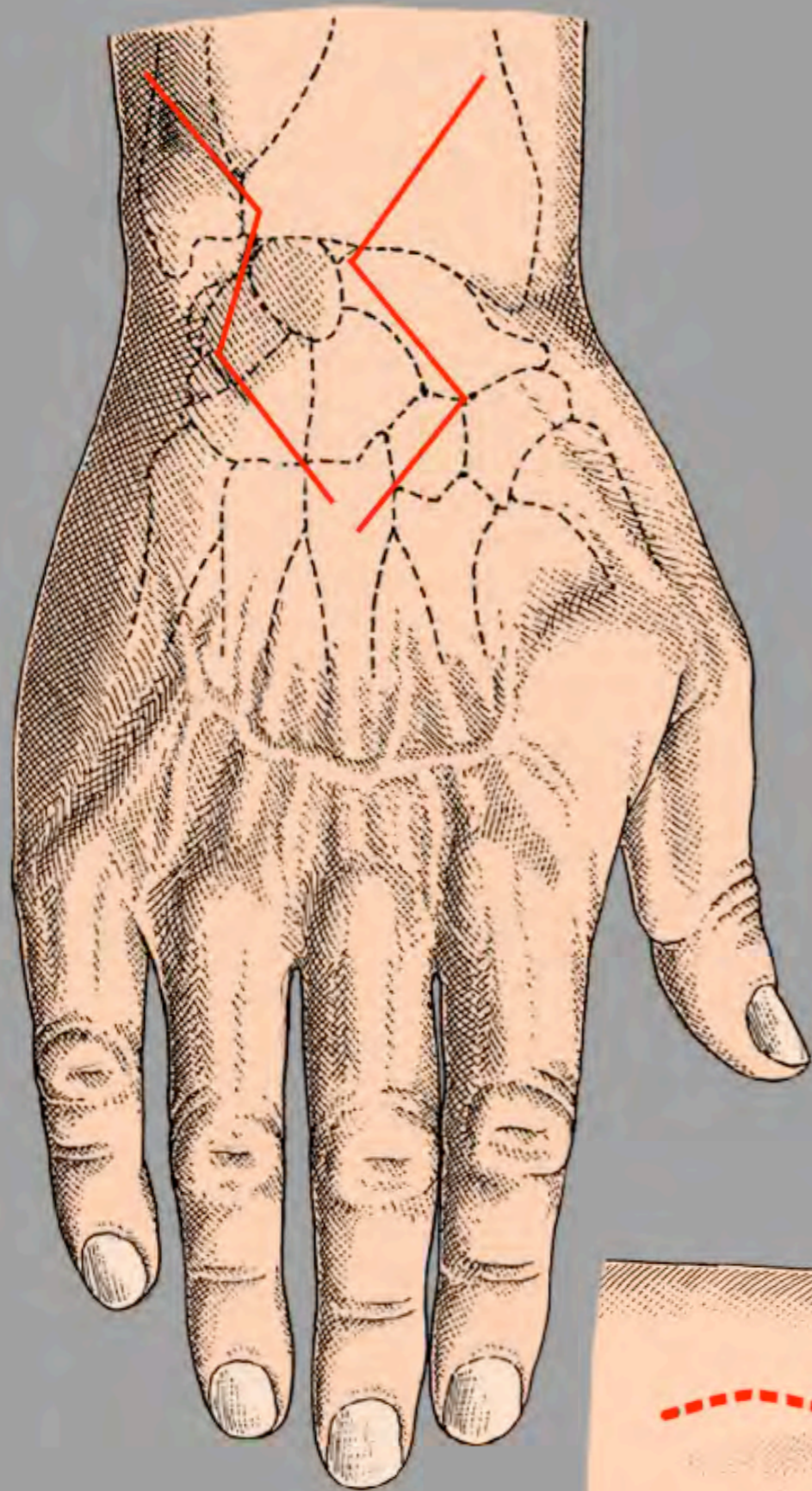
- Entre FCU et ECU
- Pour la résection de l'ulna distal (Darrach/sauvé-Kapandji)
- Pose peu de problèmes sauf la branche dorsale du nerf ulnaire



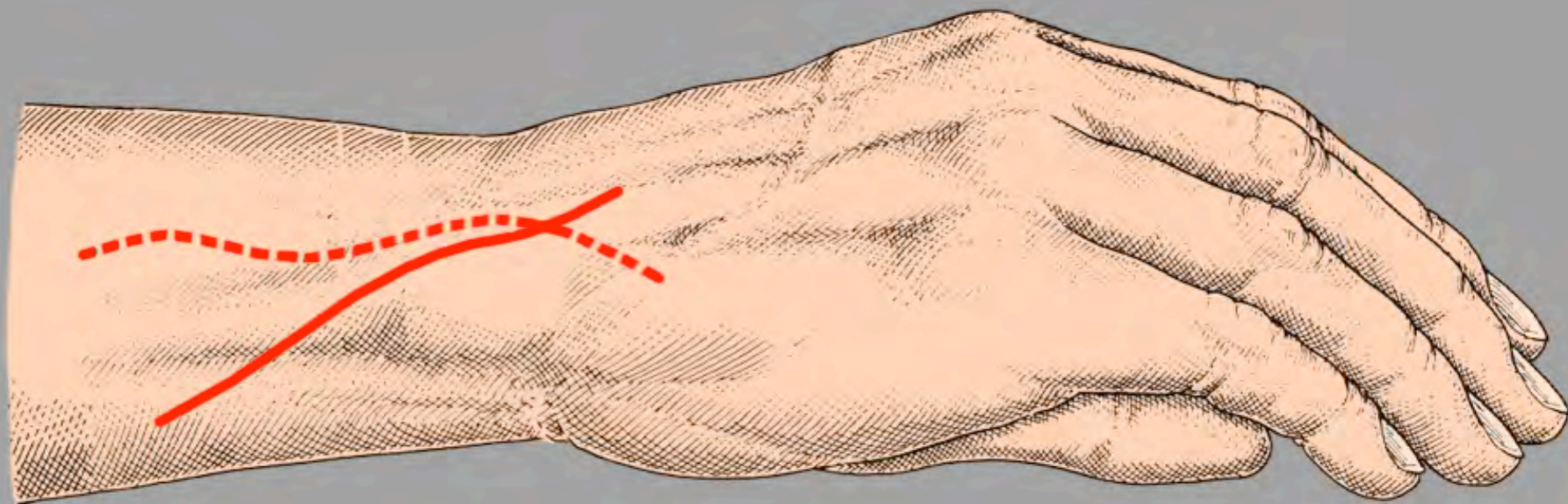
# L'abord postérieur

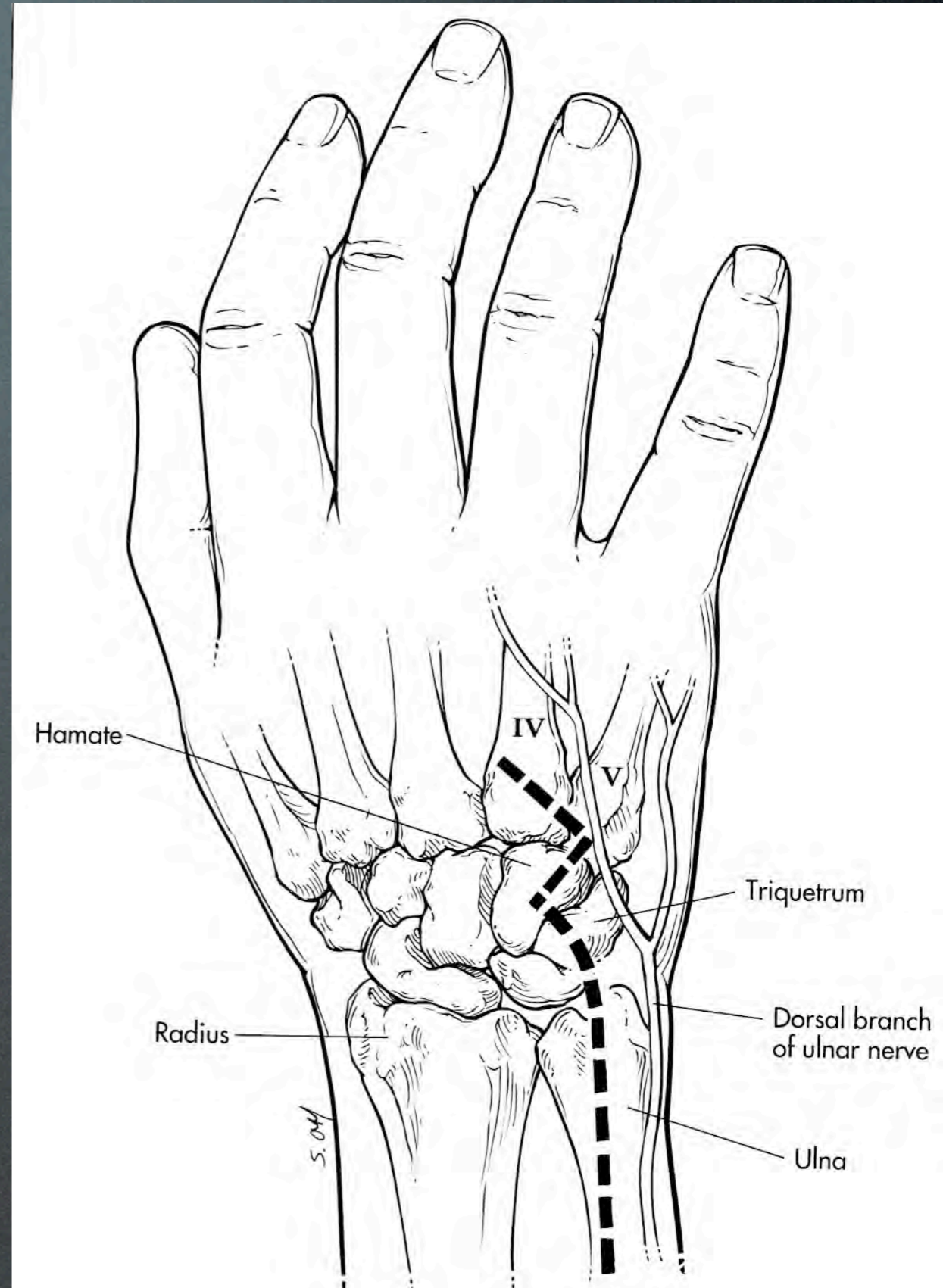
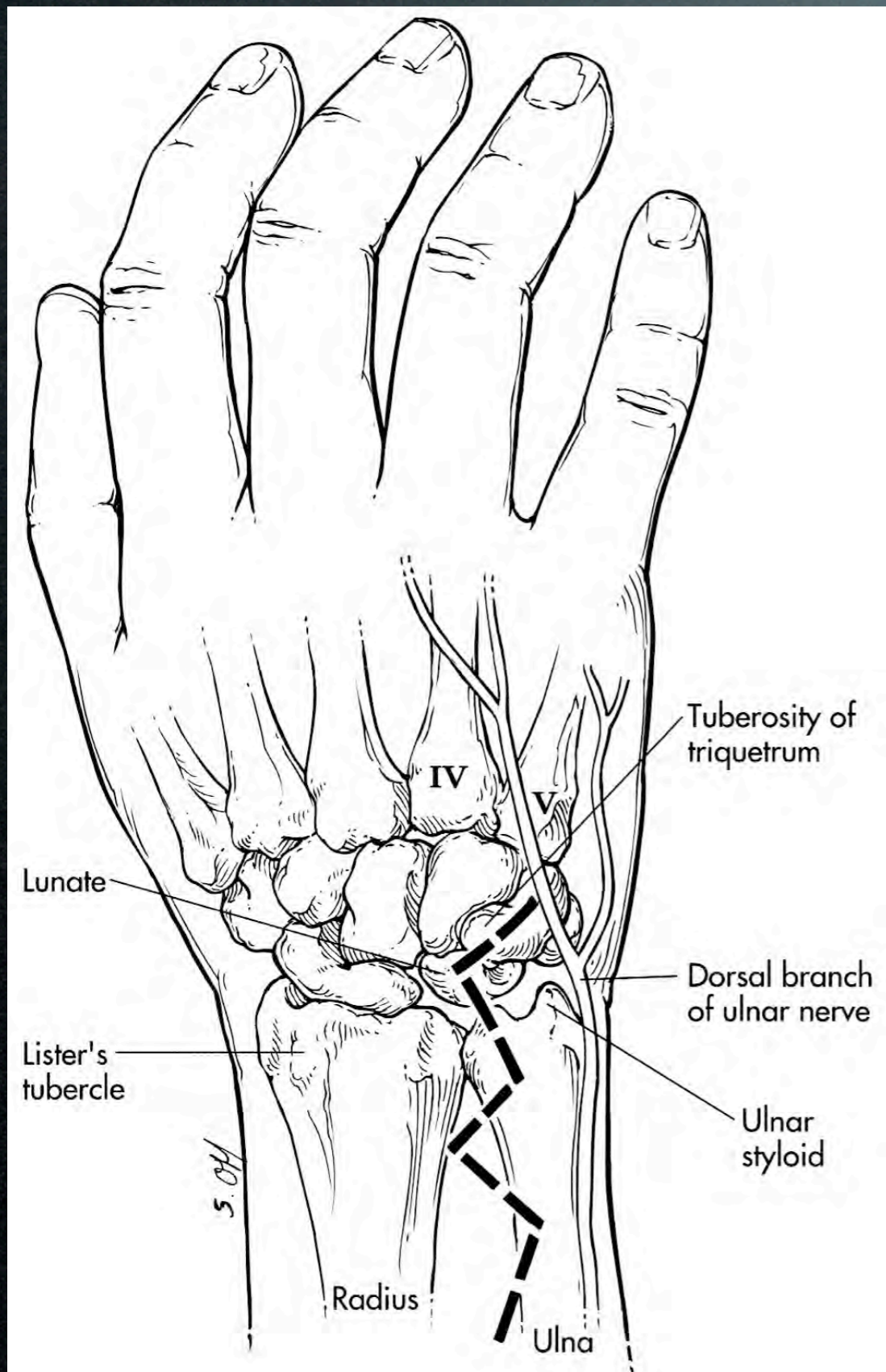
- Seul possible mais
  - Respecter le TFCC quand on aborde les ligaments LT
  - Respecter l'ECU et sa gaine dans l'abord du TFCC





L'abord est  
habituellement brisé

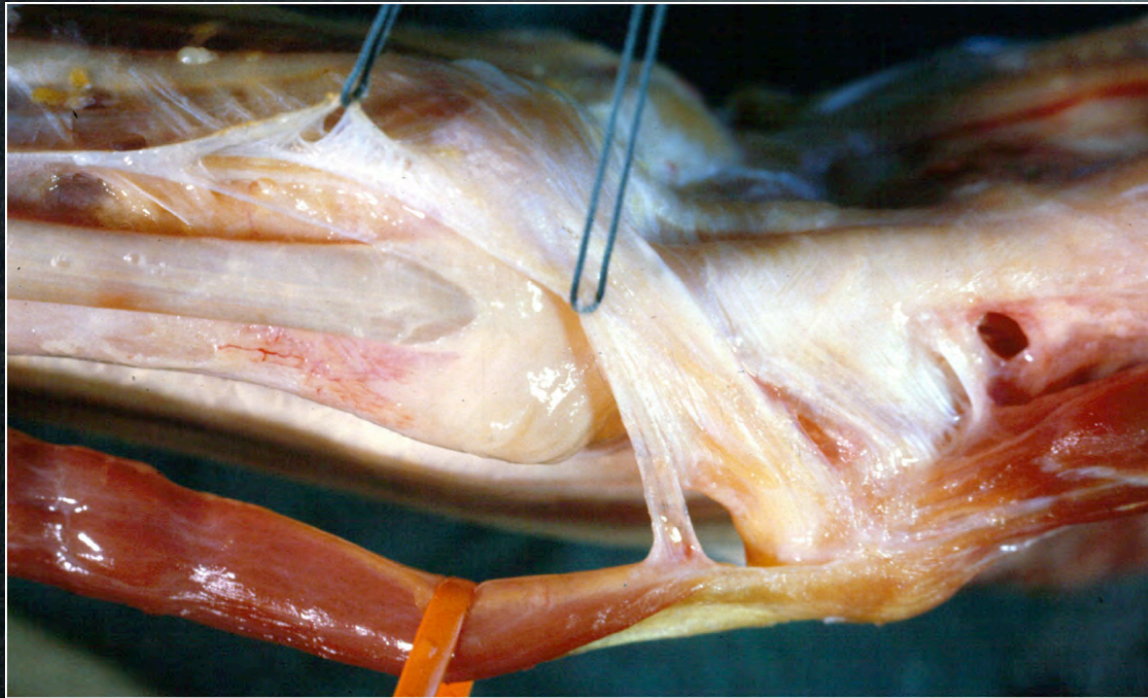




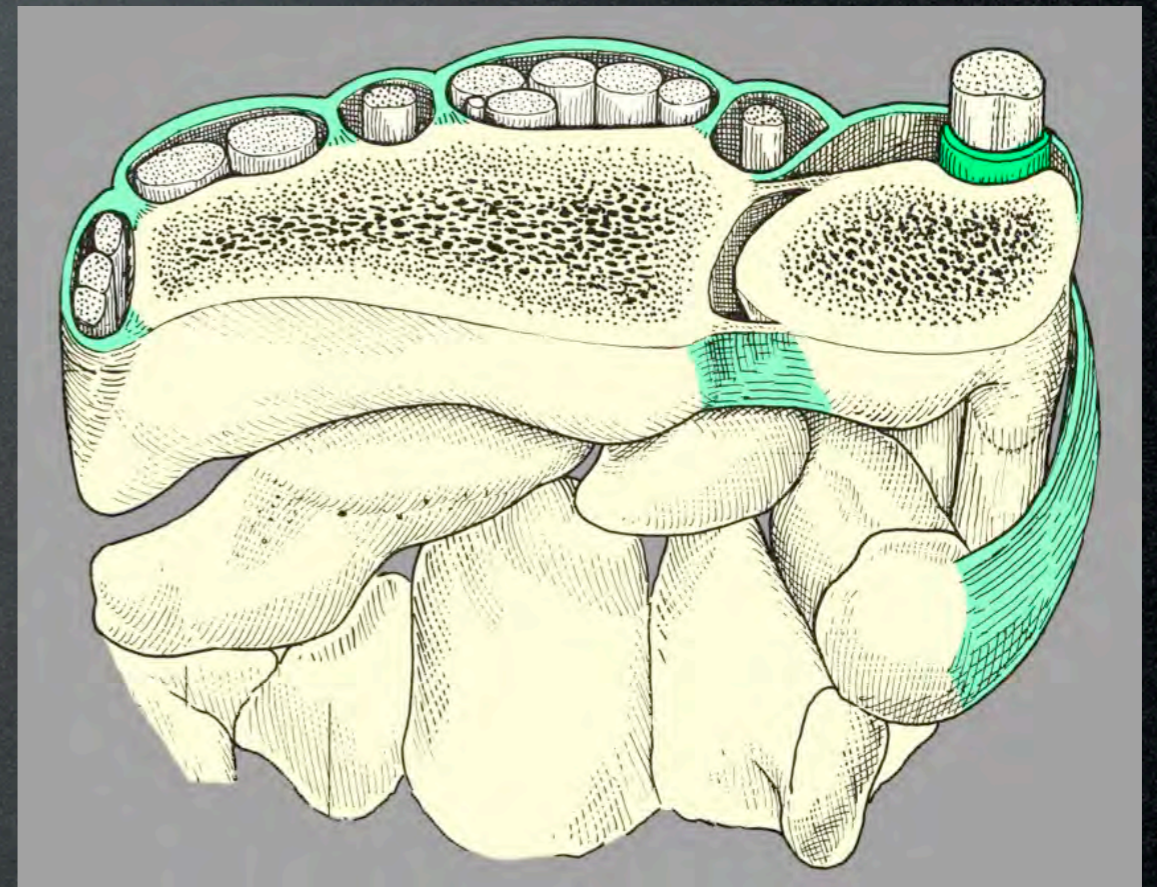
Quel que soit le dessin, le danger est lié à la  
branche dorsale du nerf ulnaire



# Le retinaculum

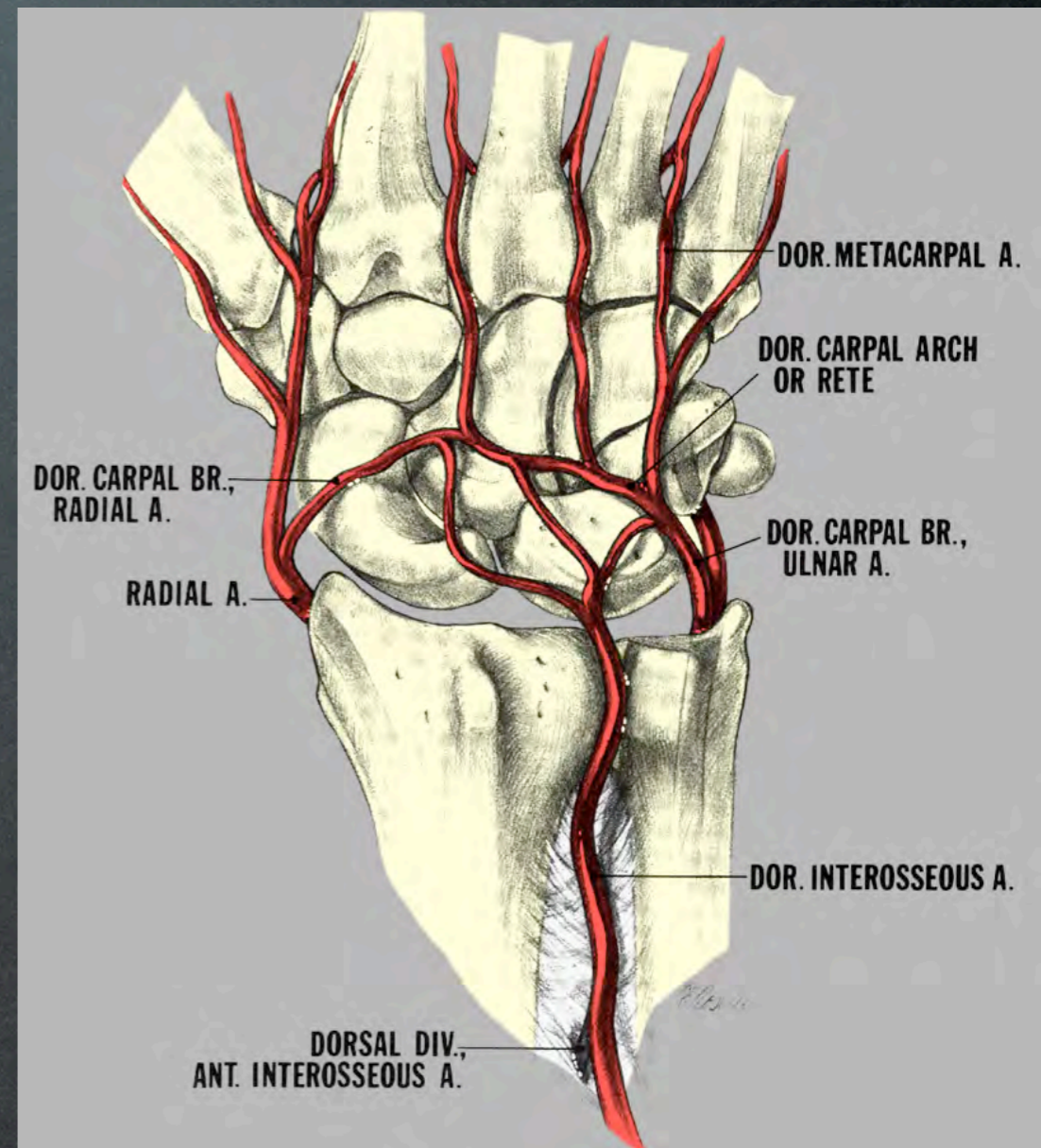


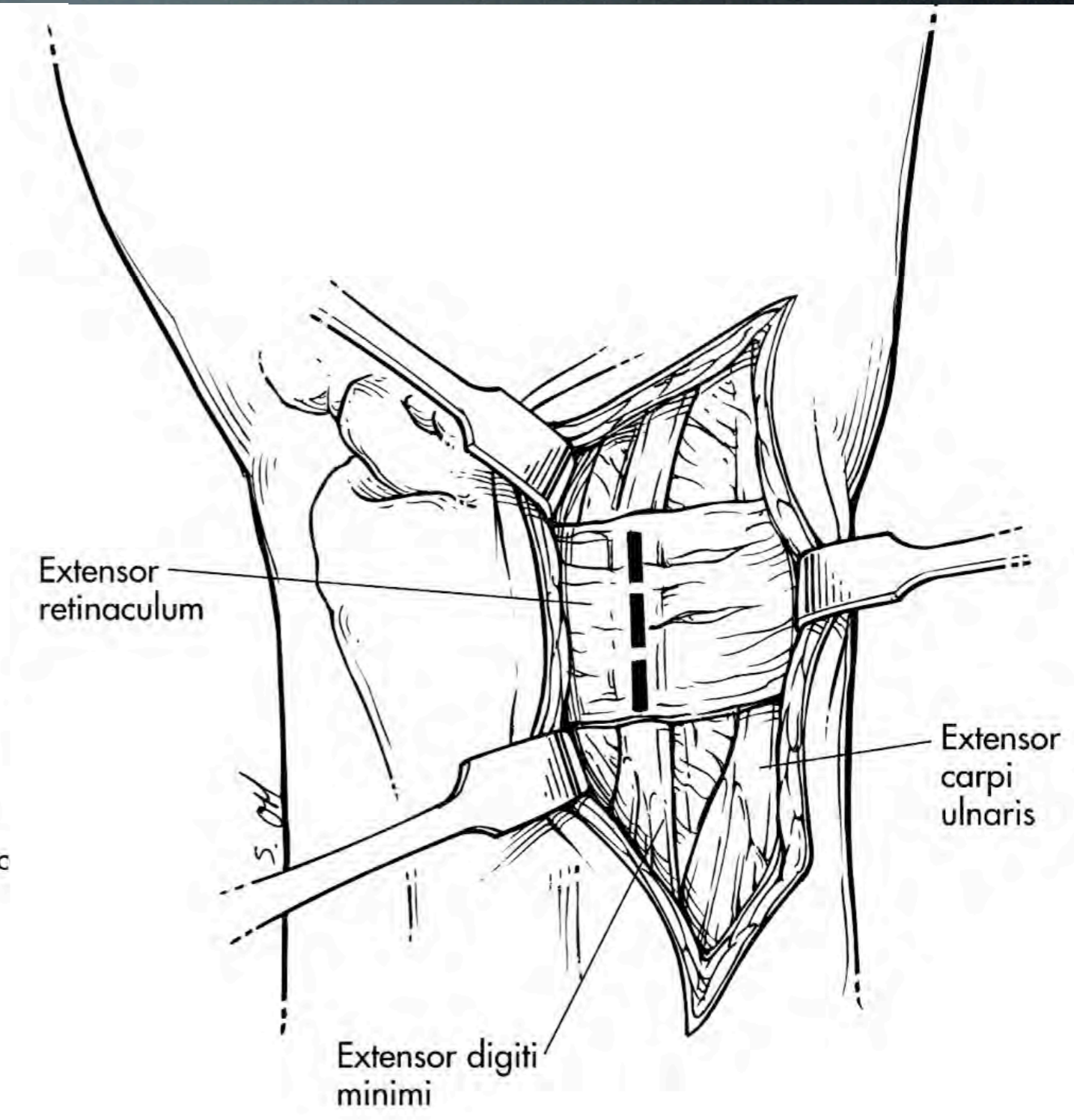
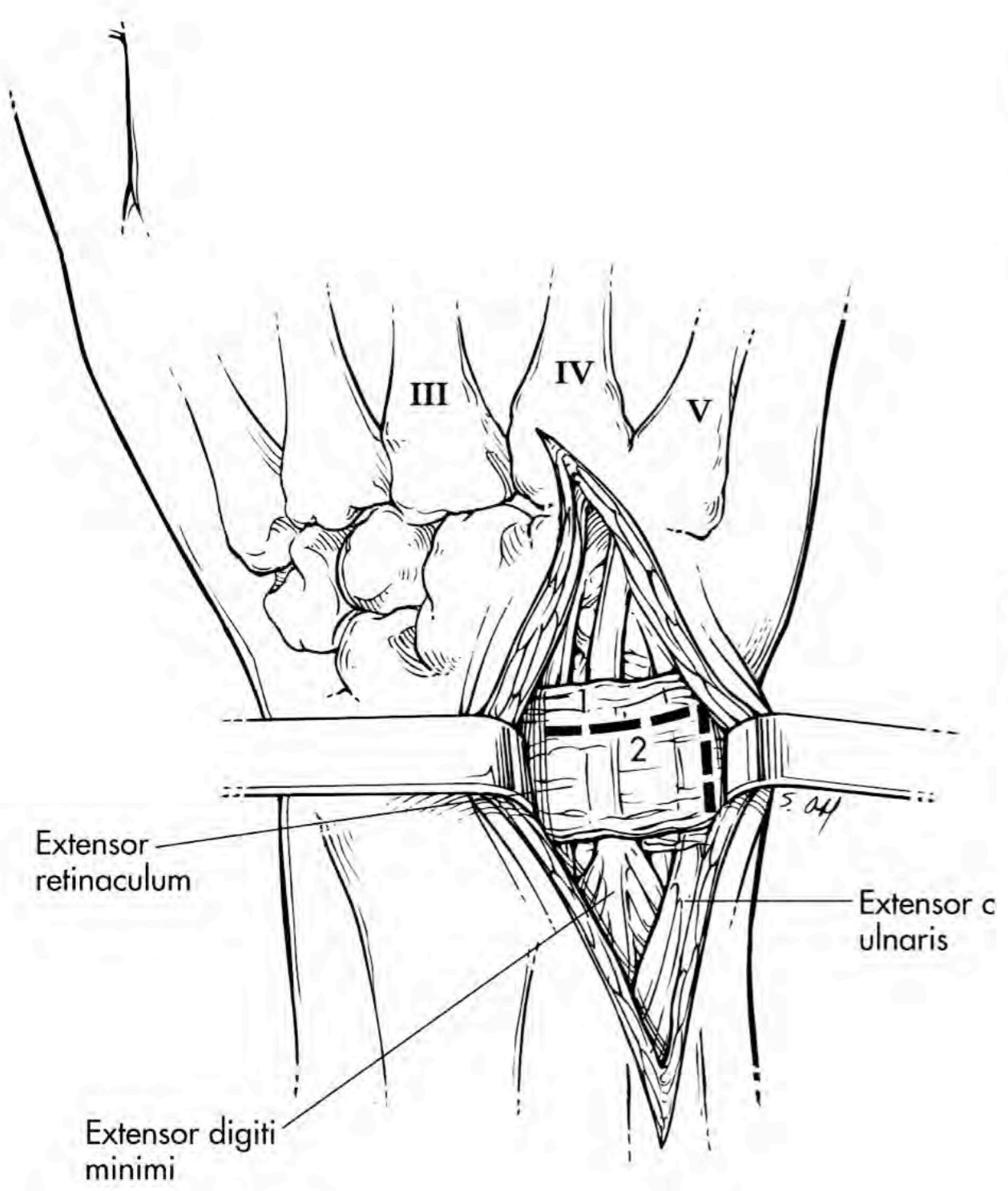
- Il barre le passage
- Ouvrir sur le 5ème compartiment



# L'extensor digiti minimi

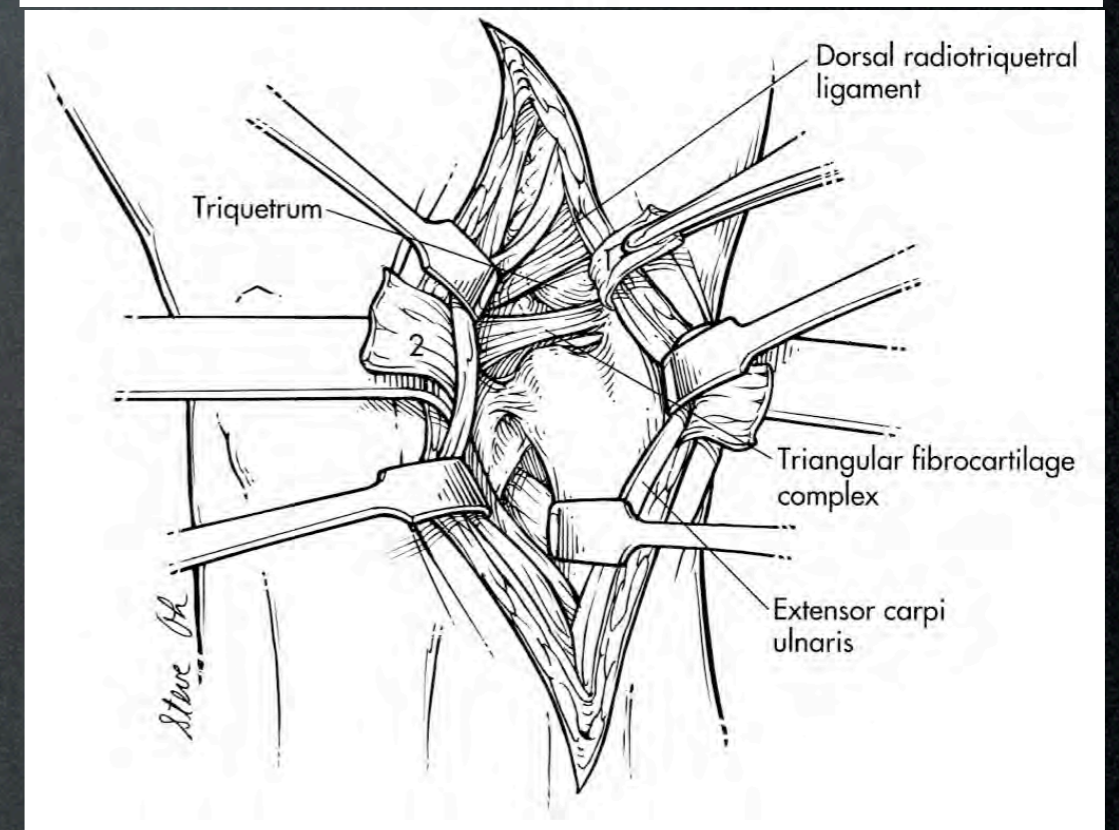
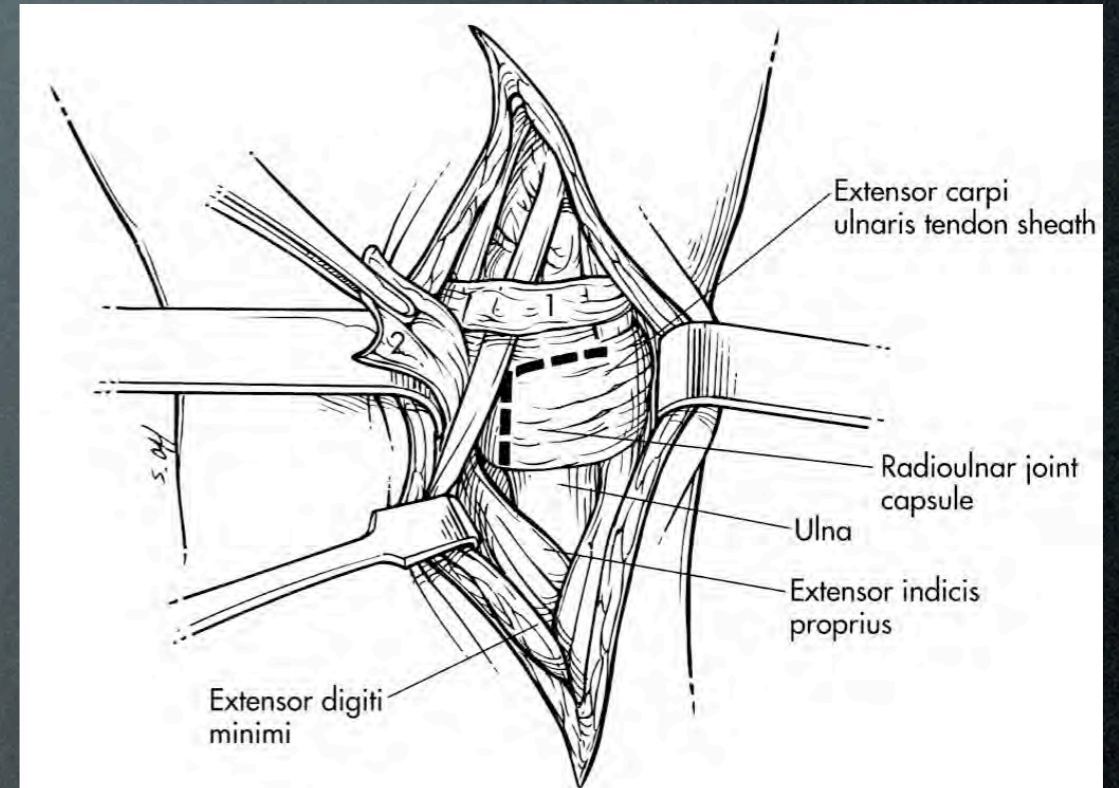
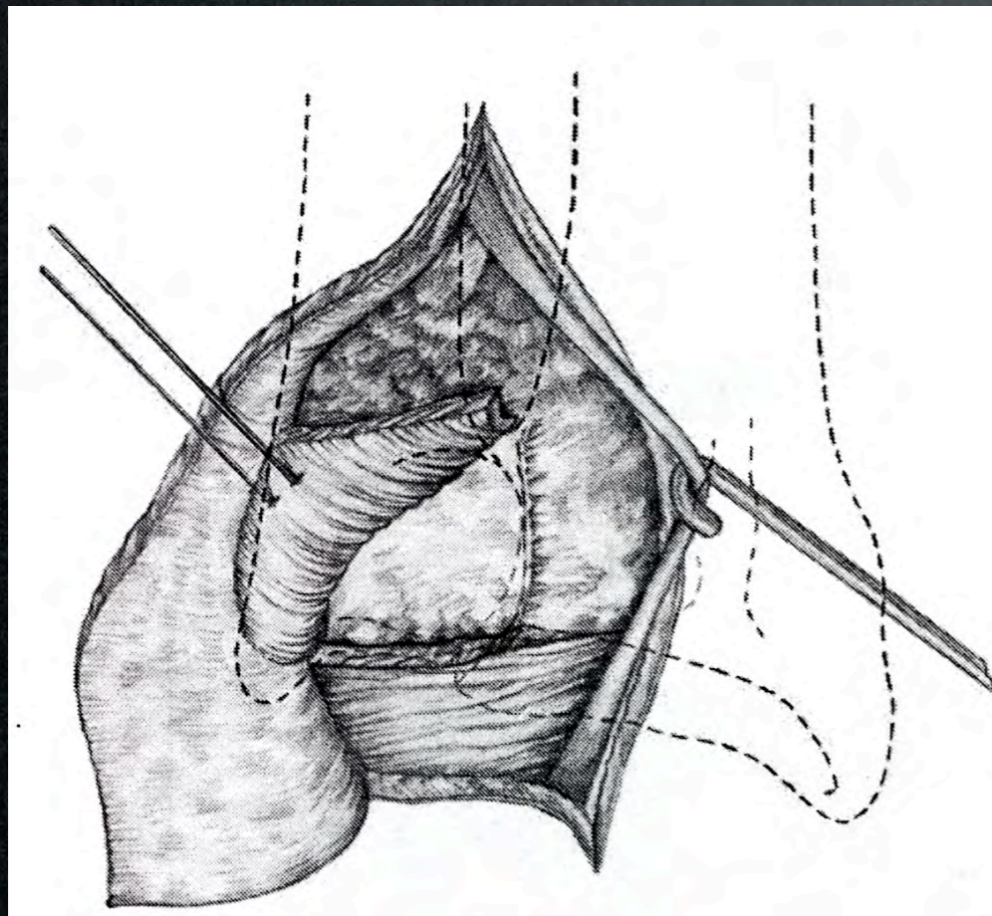
- Est accompagné par la branche dorsale de l'artère interosseuse postérieure
- Est placé en dehors



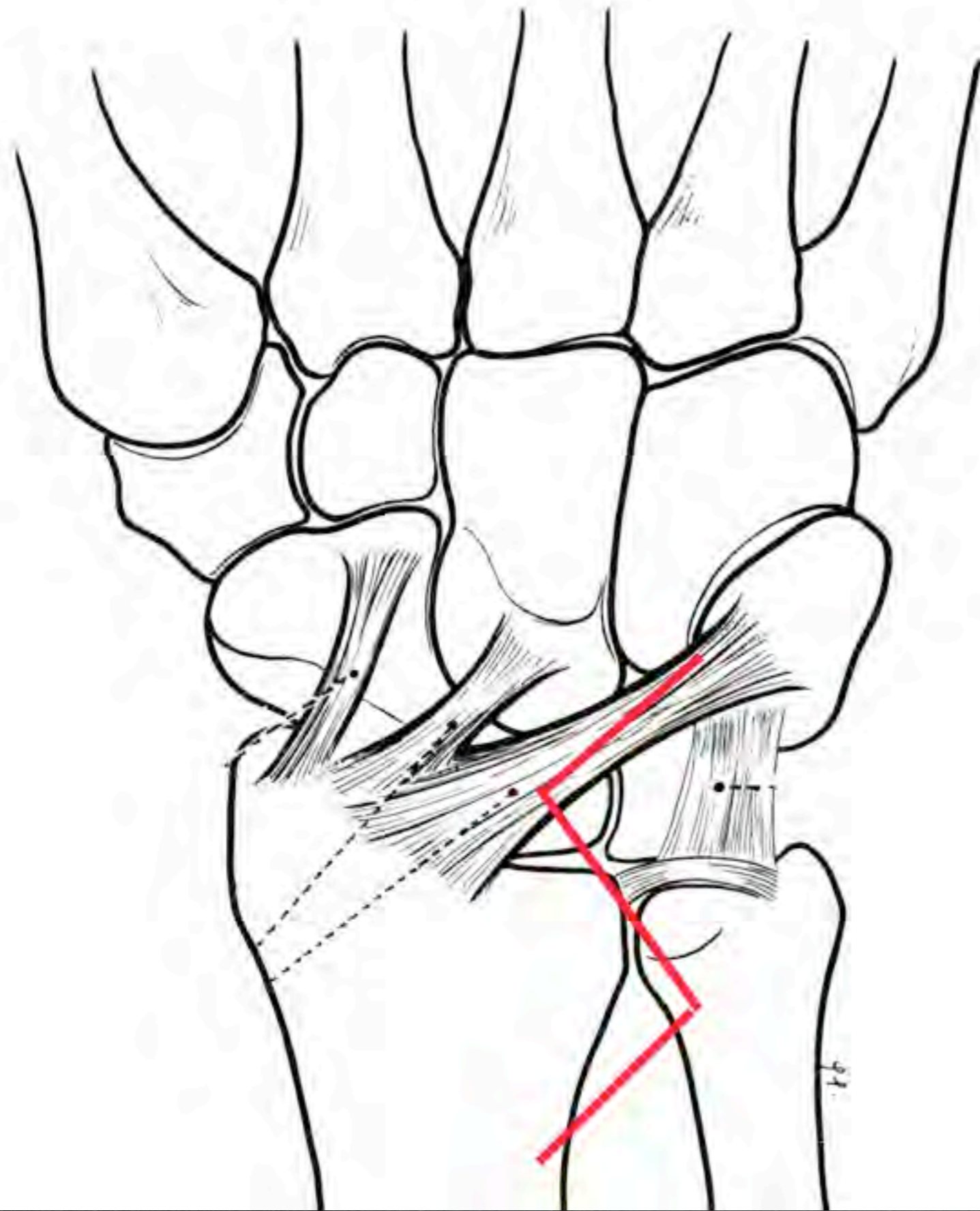


# L'ouverture capsulaire

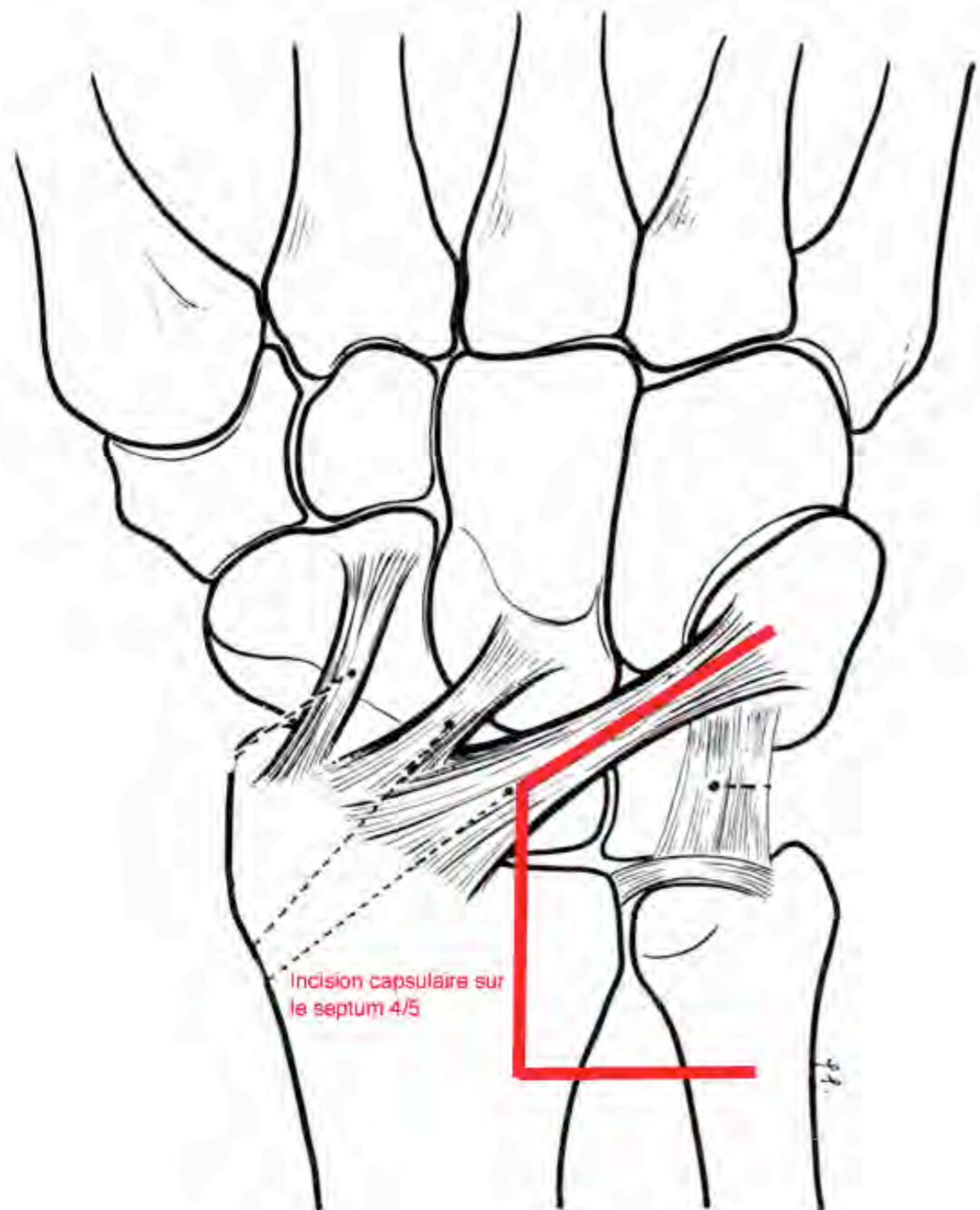
- En L, au bord radial
- Longe le bord sup du TFCC

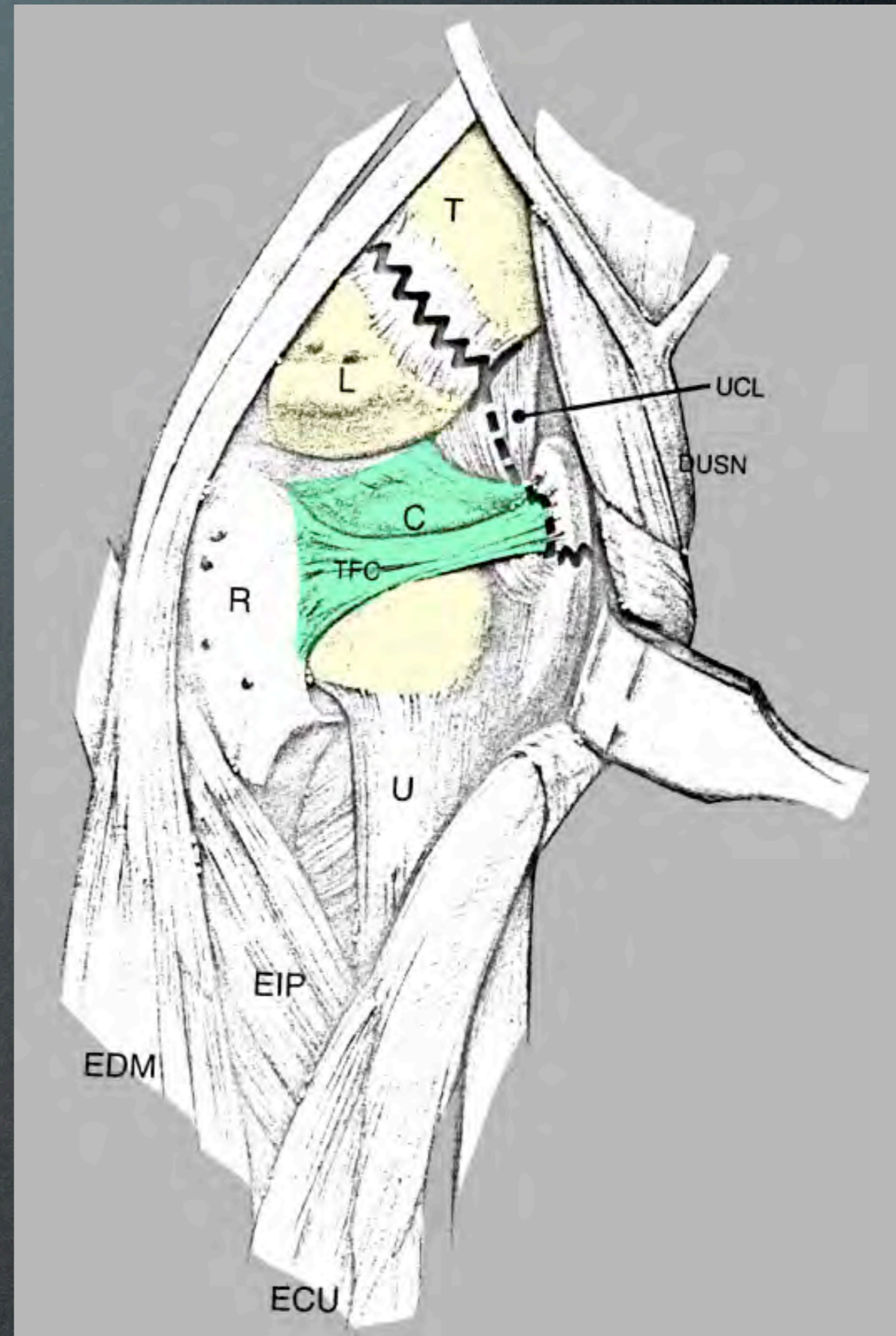


# Garcia- elias



Incision du  
retinaculum  
sur l'EDQ



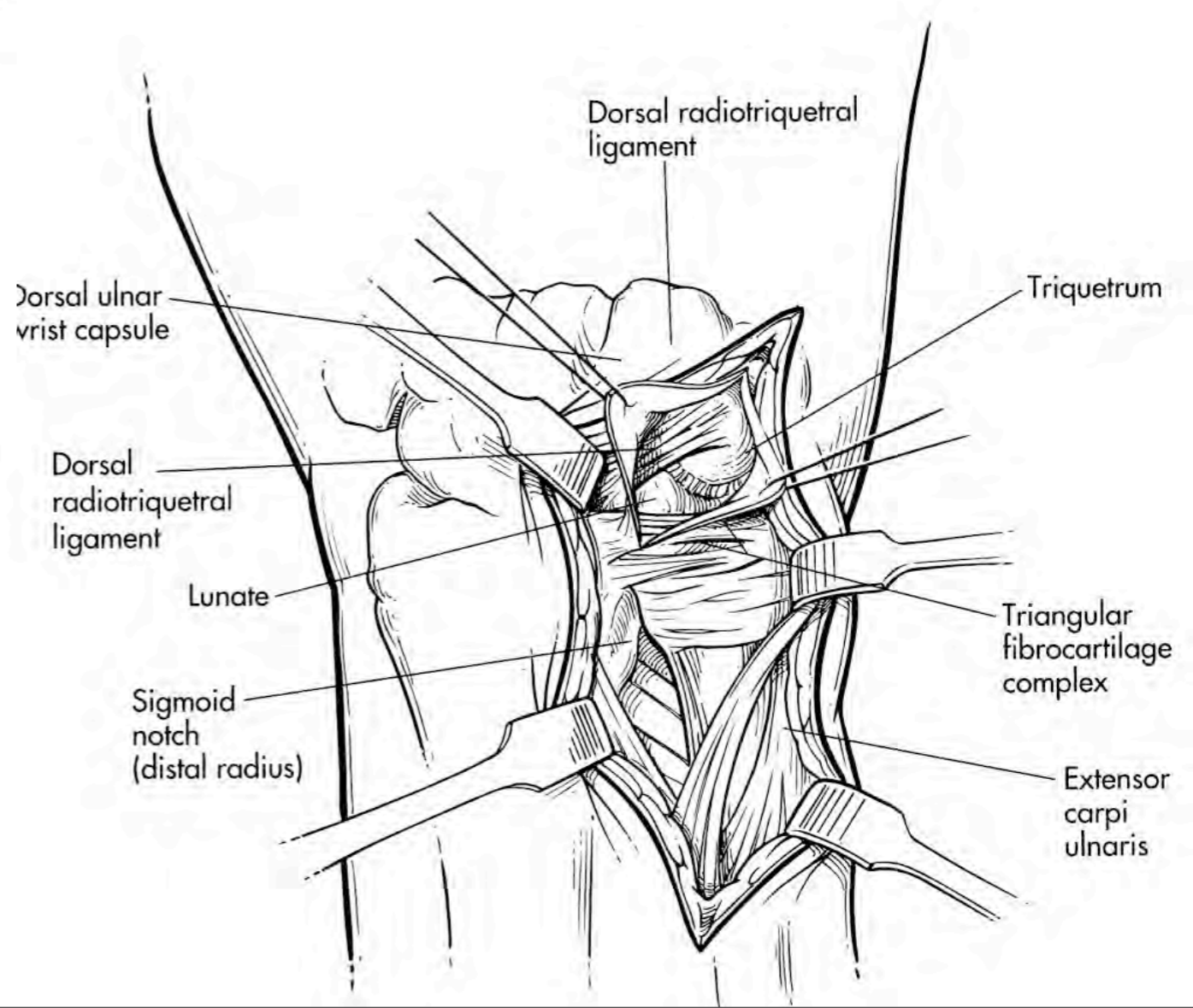
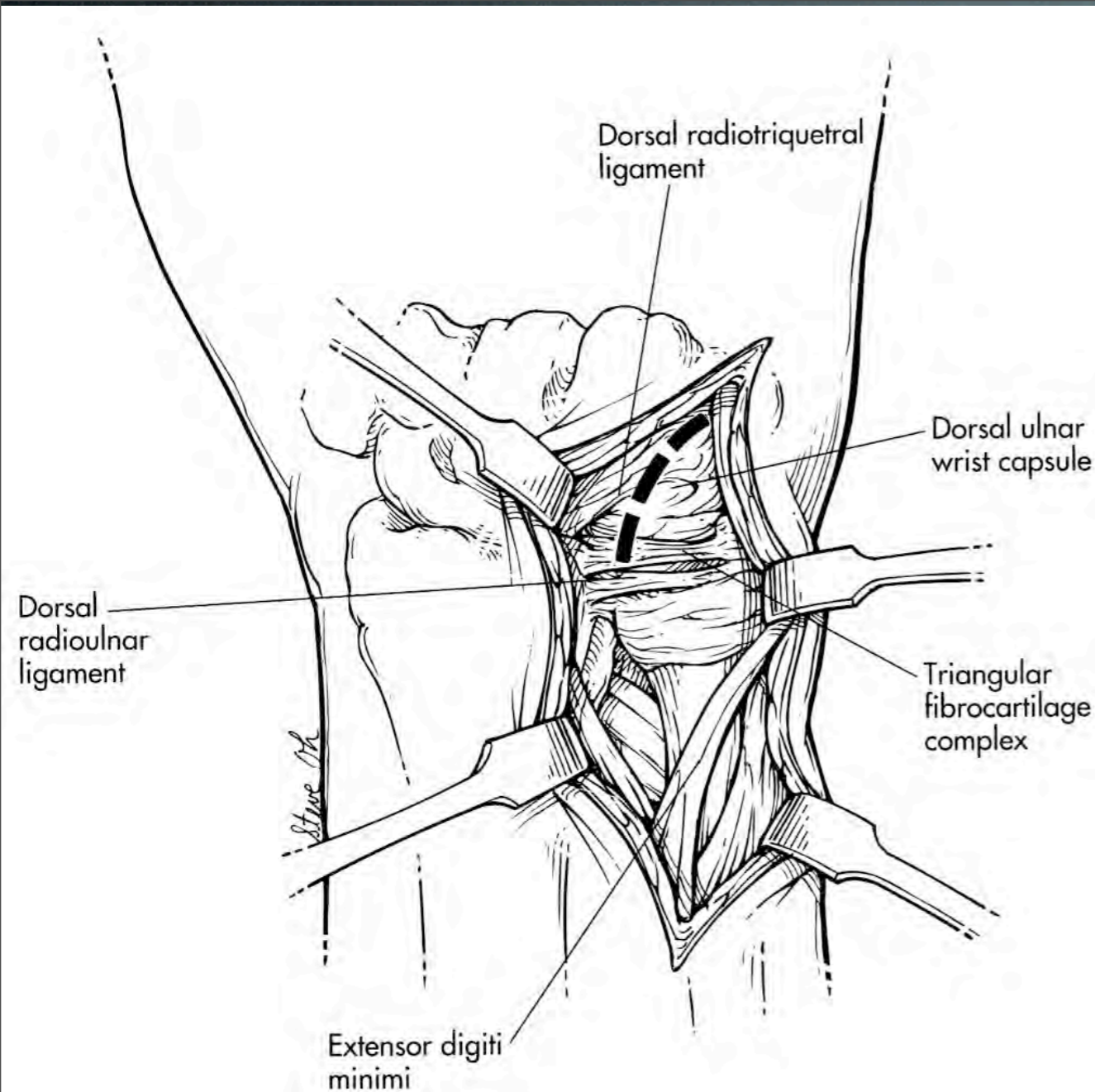


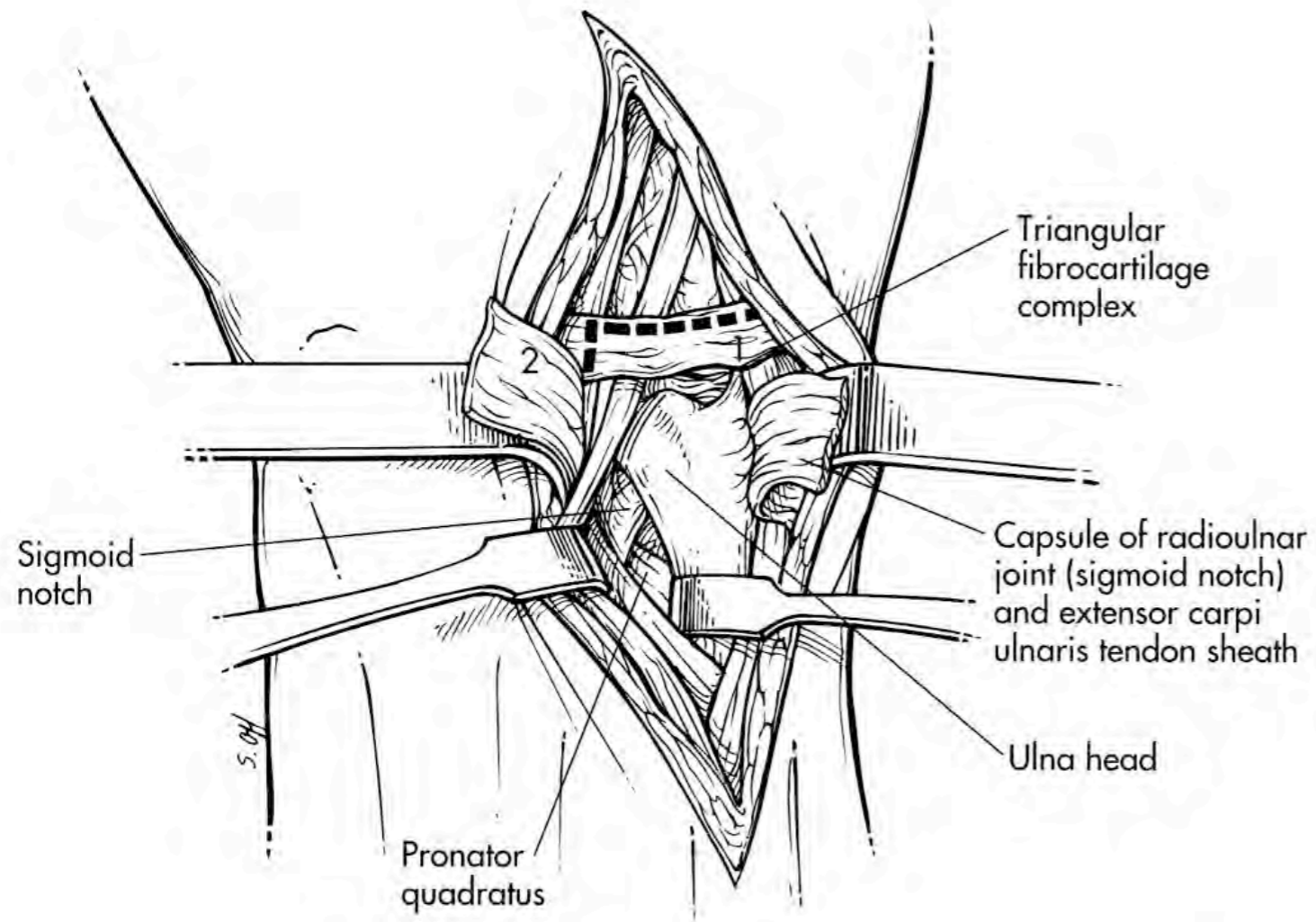
# L'abord de la lunotriquetrale

- Sous le TFCC
- Plusieurs incisions possibles
- Respect du ligament radio-triquetral dorsal

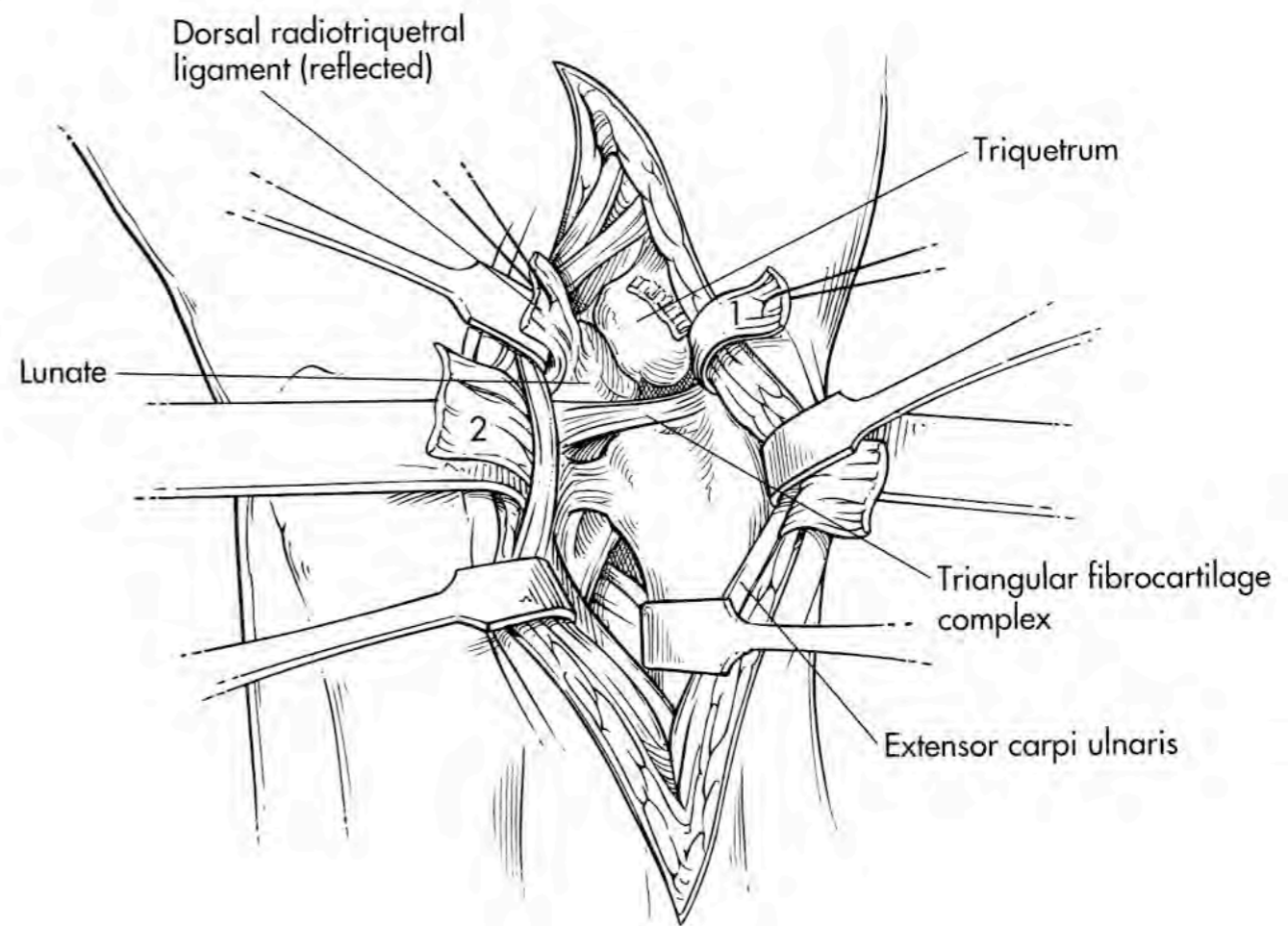


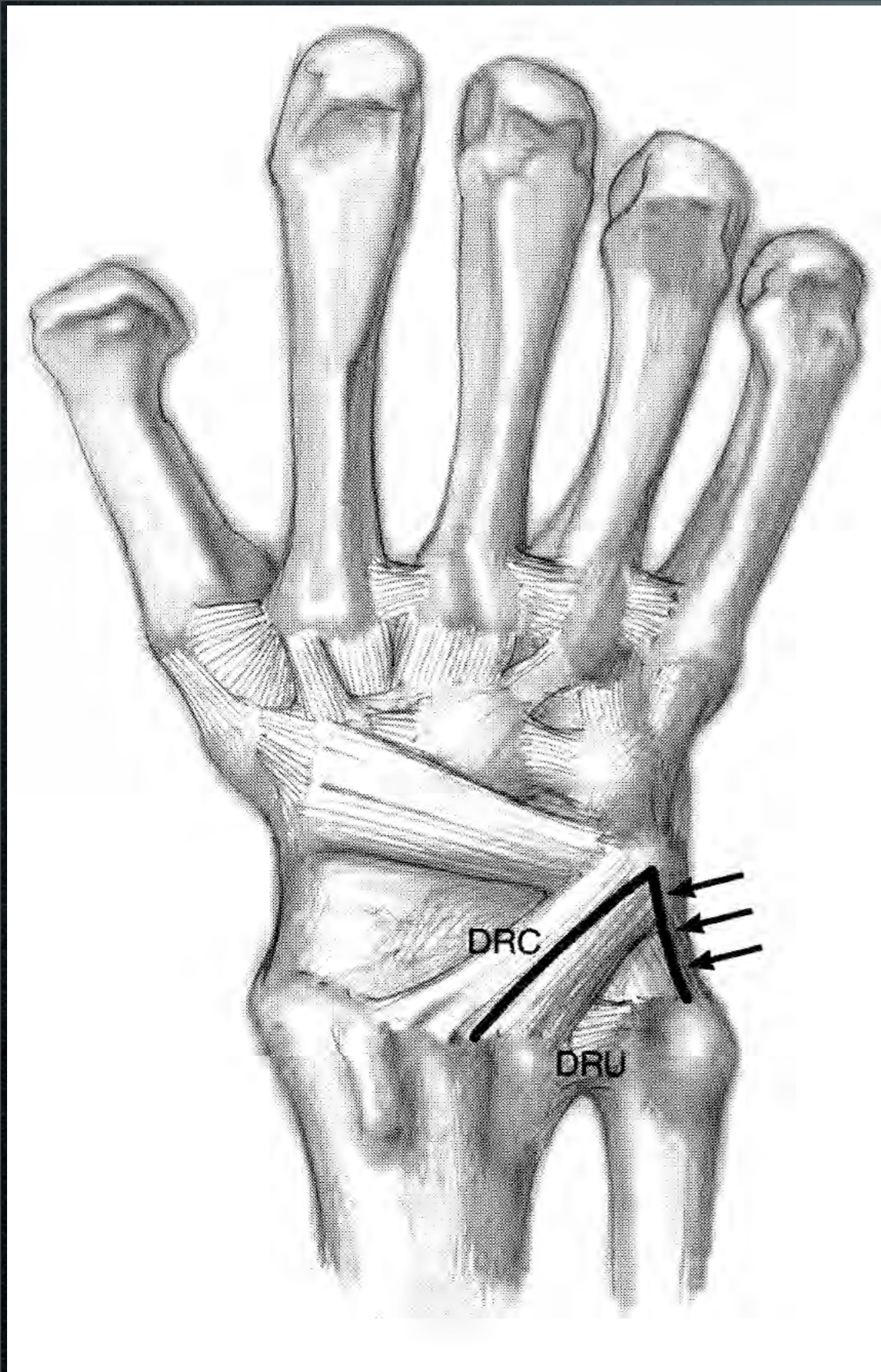
# Ouverture dans l'axe de l'articulation Jour faible



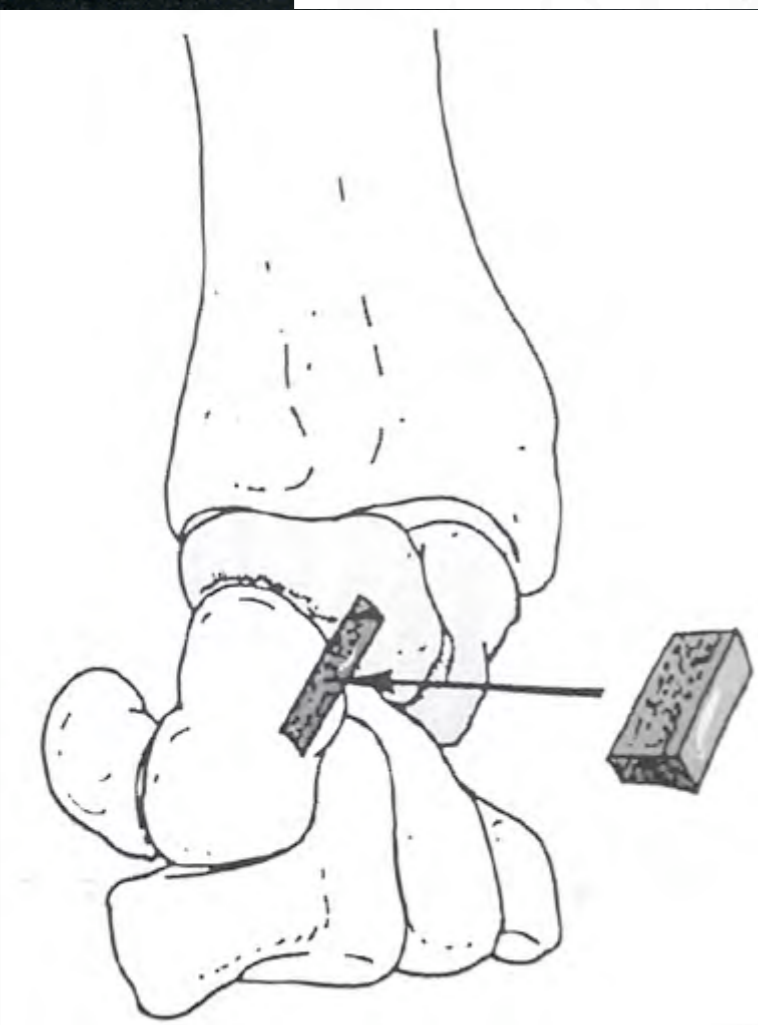
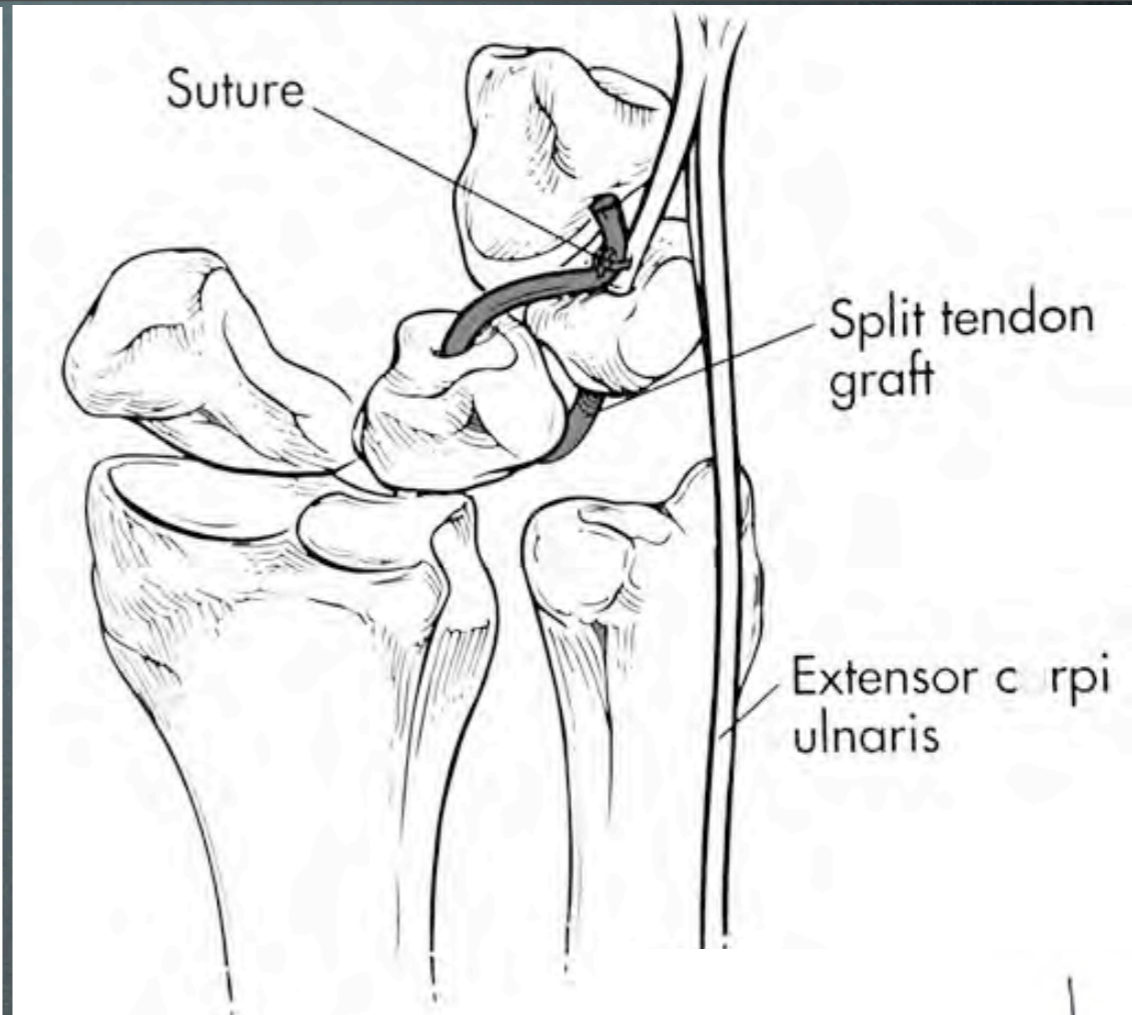
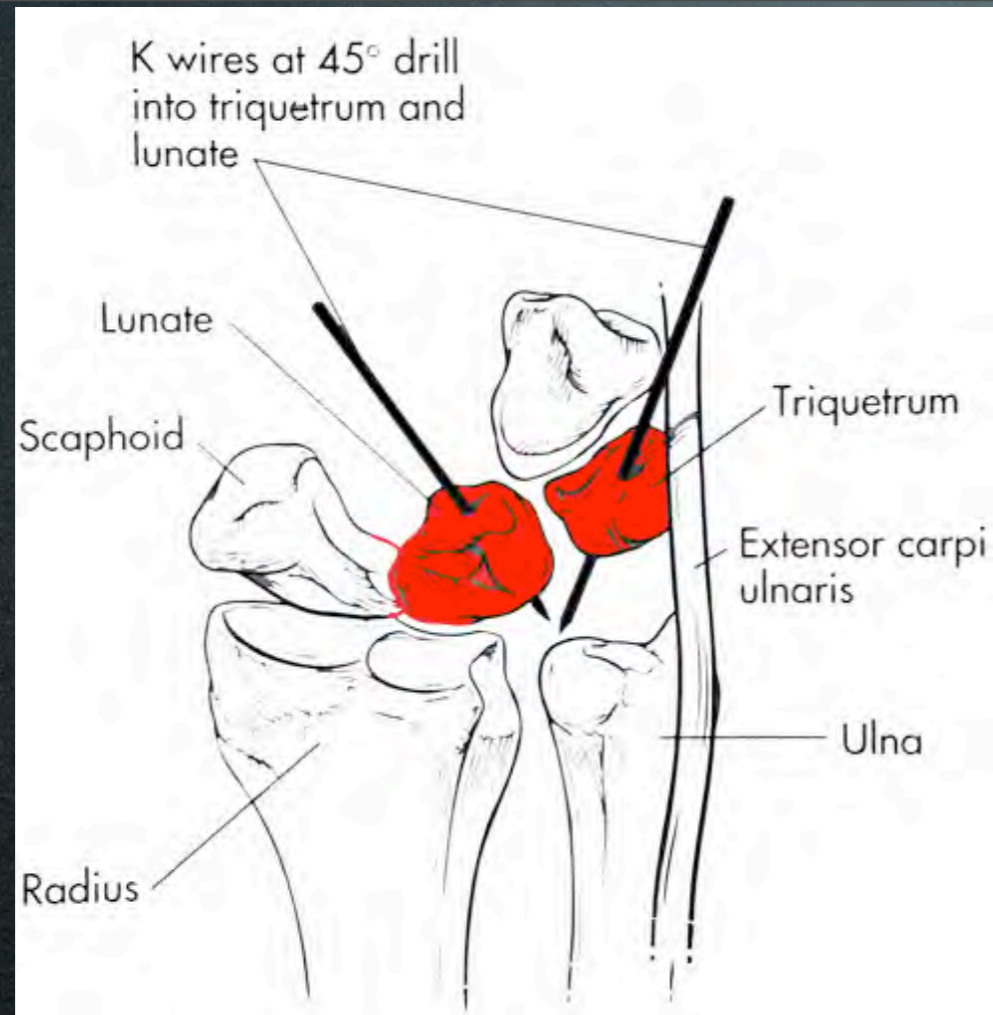


# Incision horizontale sous le TFCC

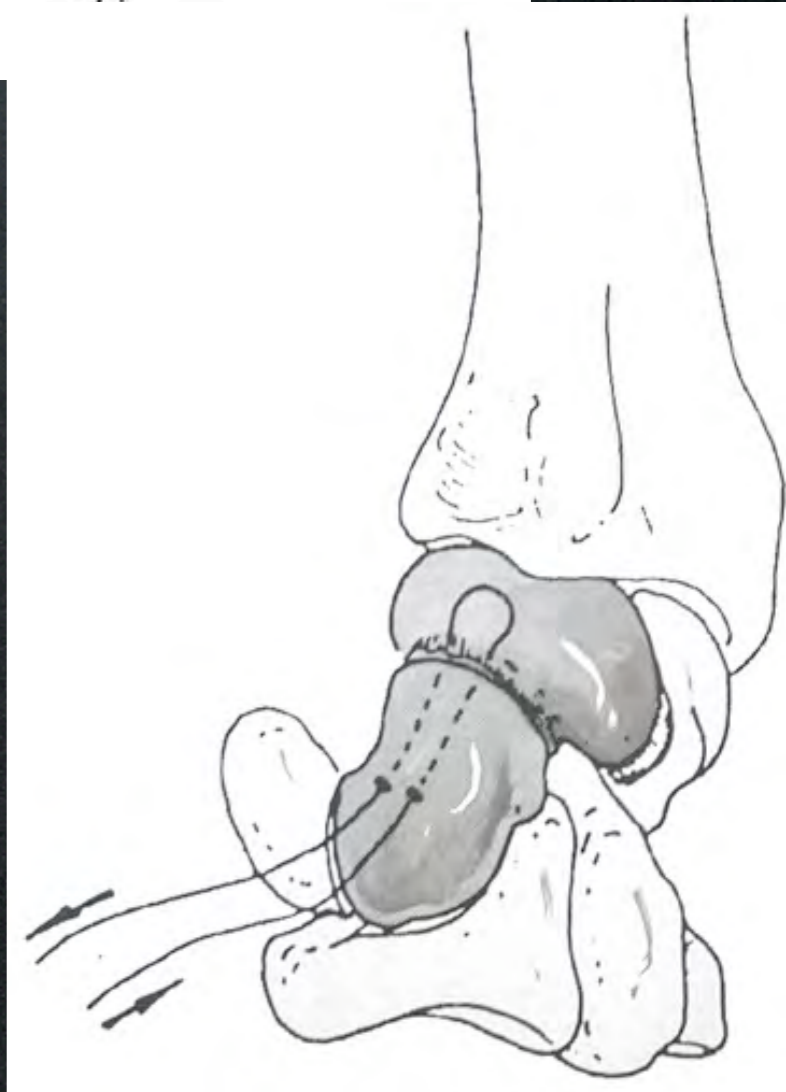




Incision de Berger (ligament sparing approach)



Il ne reste plus qu'à réaliser le geste prévu (suture, ligamentoplastie, arthrodèse,..)



# Conclusion

- Connaissance anatomique +++
- Voies d'abord très limitées
- Pas d'agrandissement possible