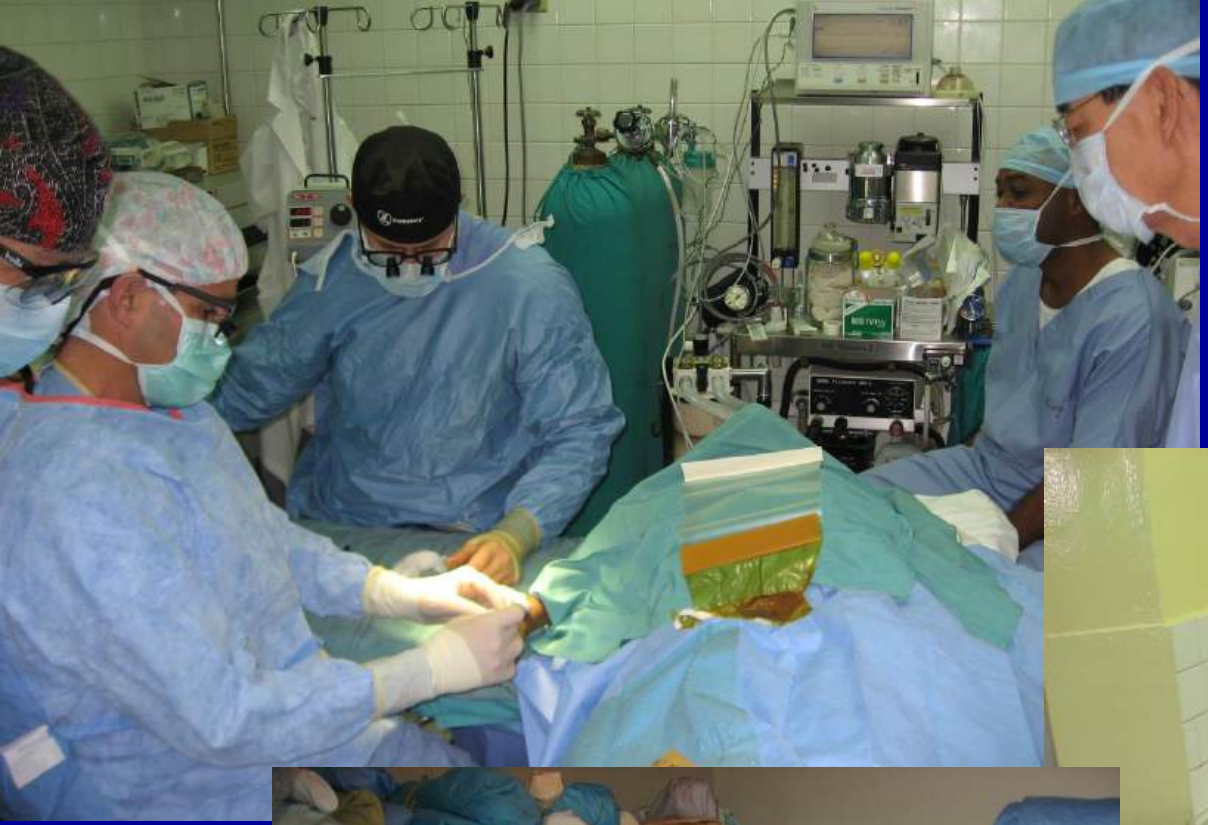
Dominican Republic

La Romana

December, 2006

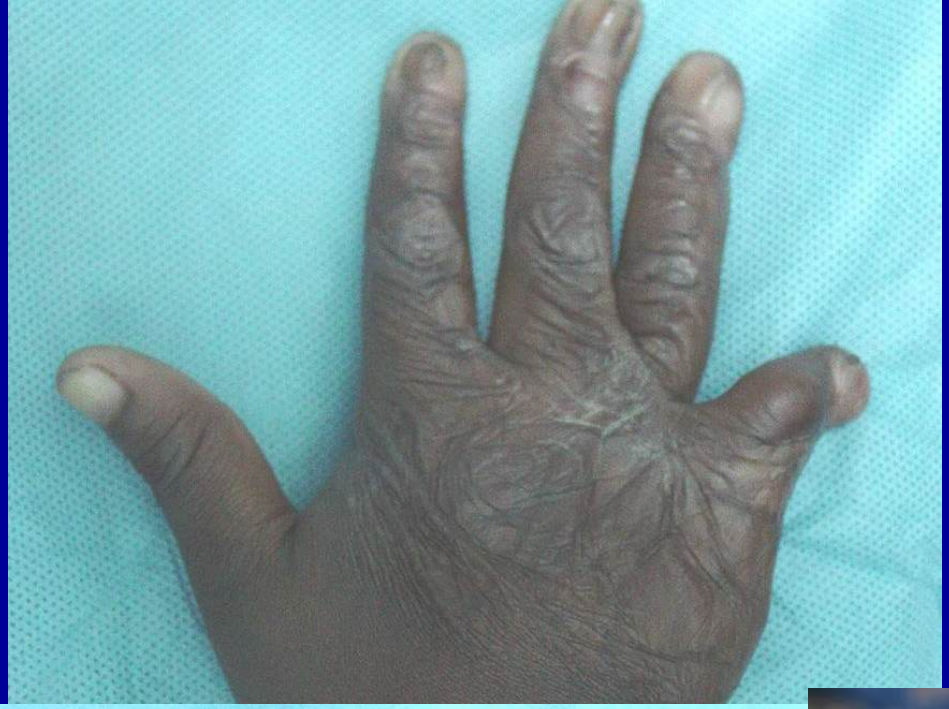
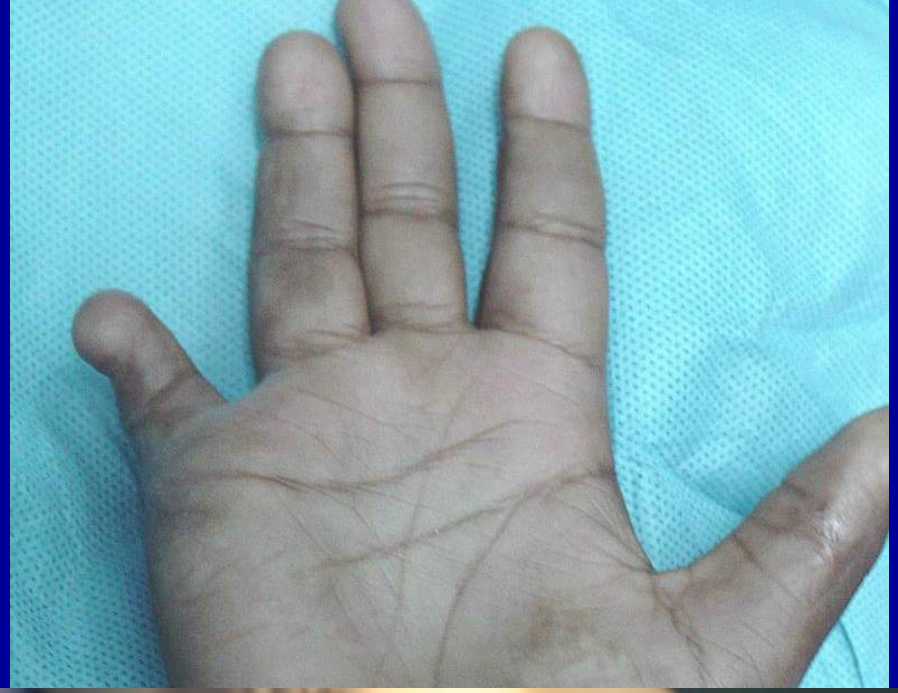
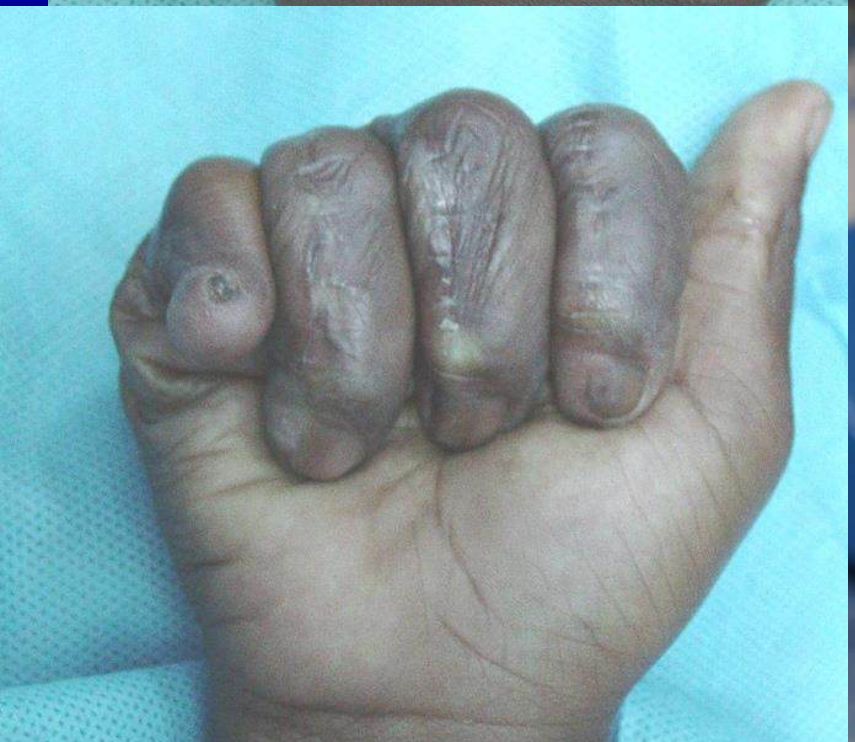
Union Memorial Hospital

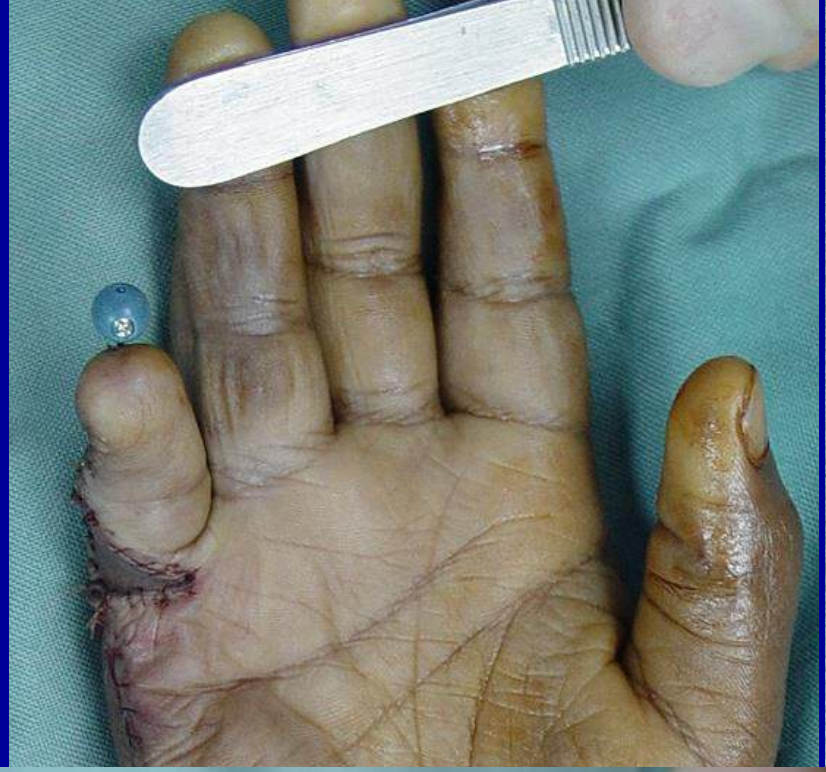


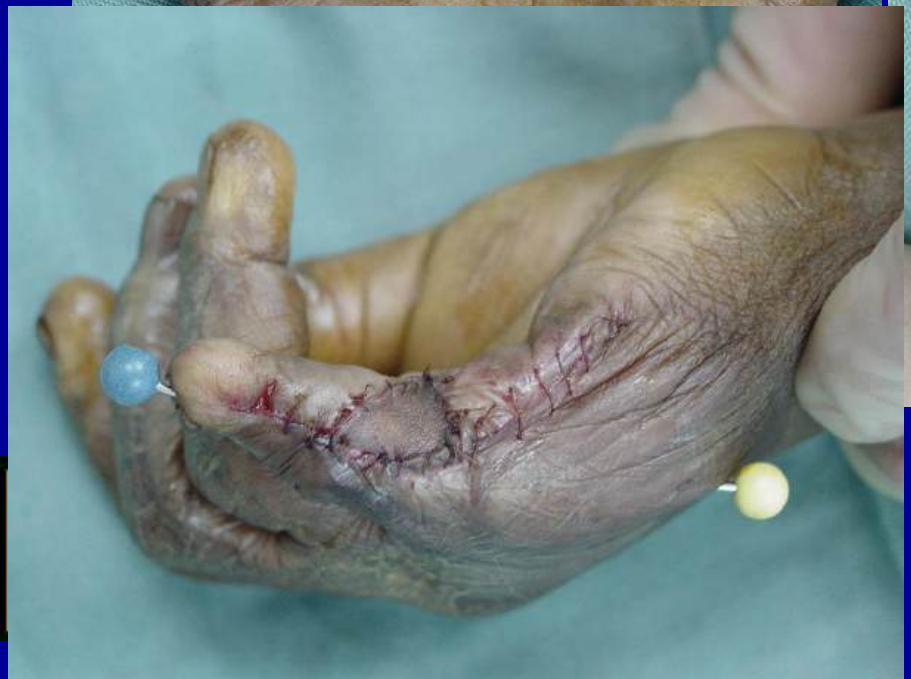
Union Memorial Hospital

BP - 6F s/p burn R hand

- R SF deformity
- Soft tissue contracture ulnar border of SF



Rx: scar excision, FTSG from groin, k-wire

Union Memorial Hospital

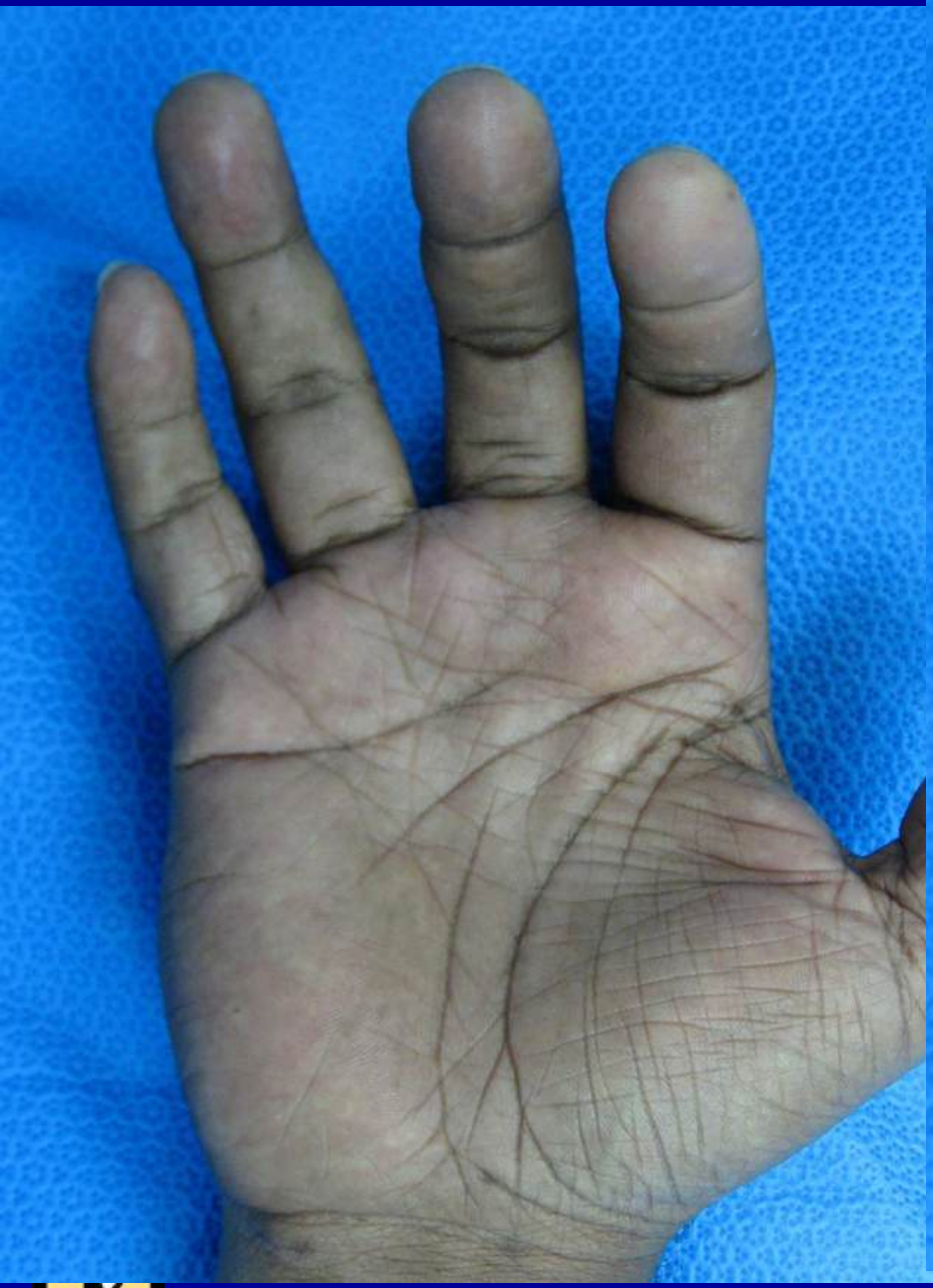
RP – 50M R SF trigger release

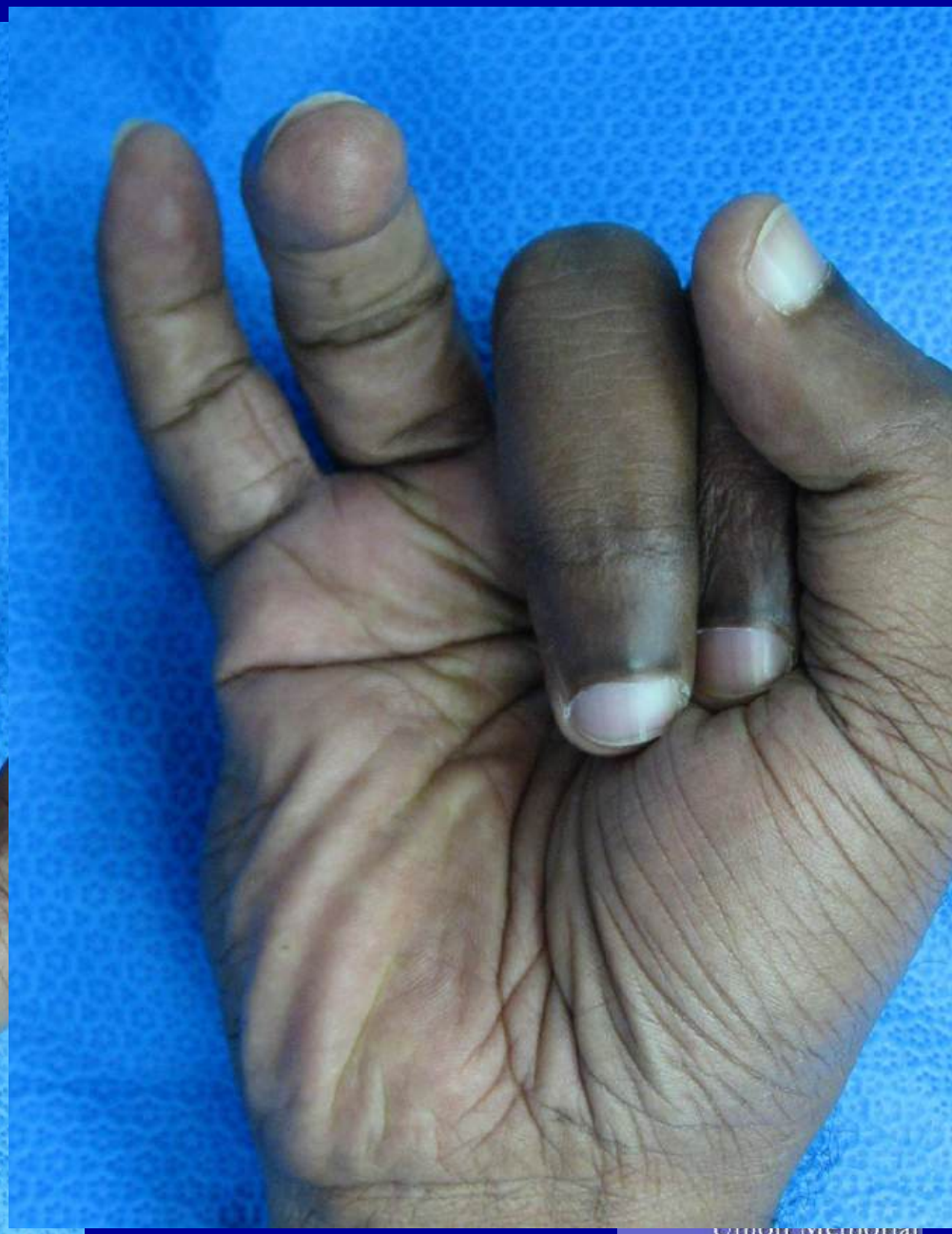
Union Memorial Hospital

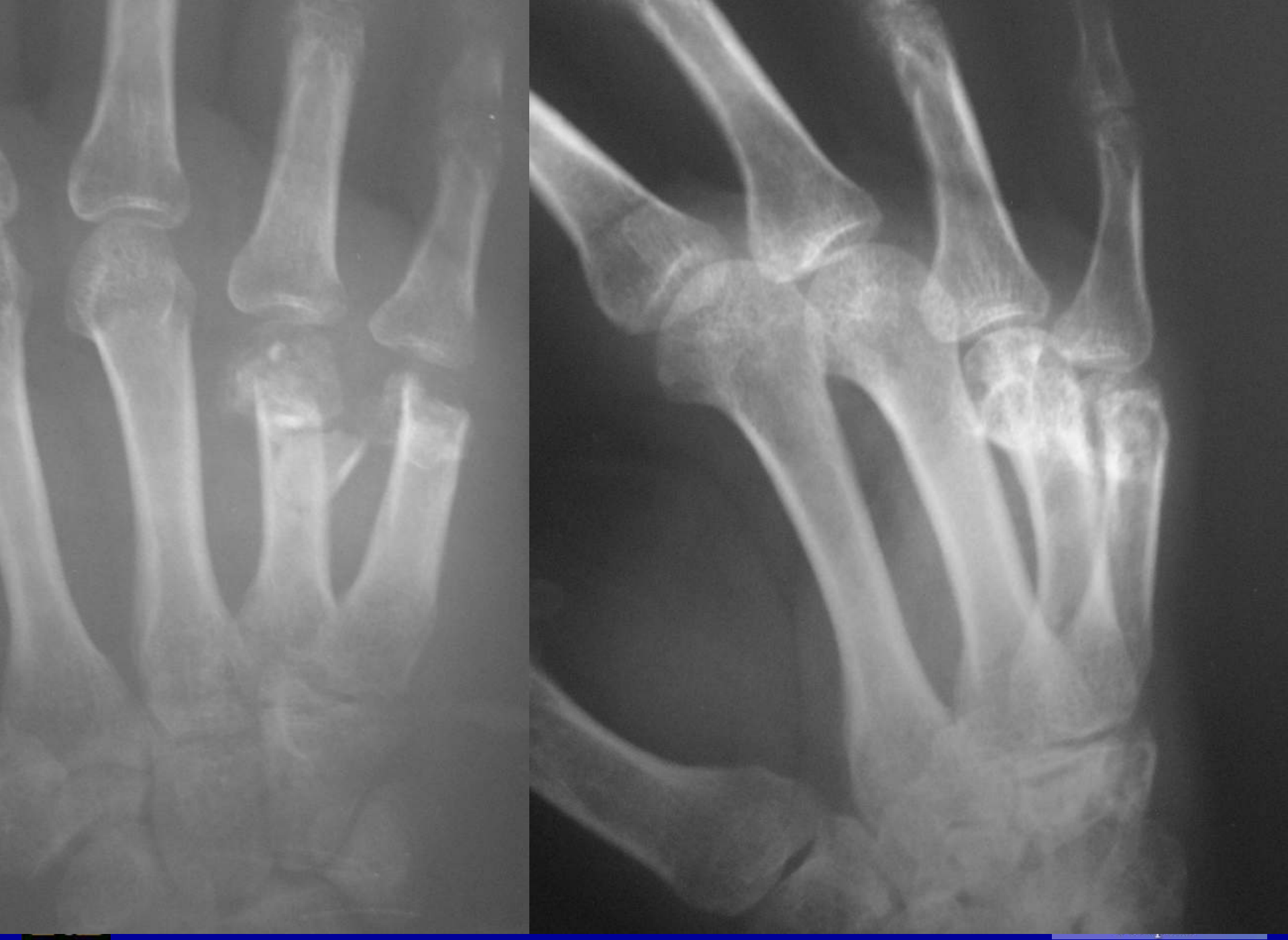
FC – 47M malunion R 4 & 5 MC neck

- MVA 2003 →
  - R ulna shaft fx
  - 4 & 5 CMC fx – d/l
  - 4 & 5 MC neck fx
- PSH: ORIF ulna and perc pinning of hand fxs
- PE: limited flexion 4&5 MCP, PIP joints

Union Memorial Hospital





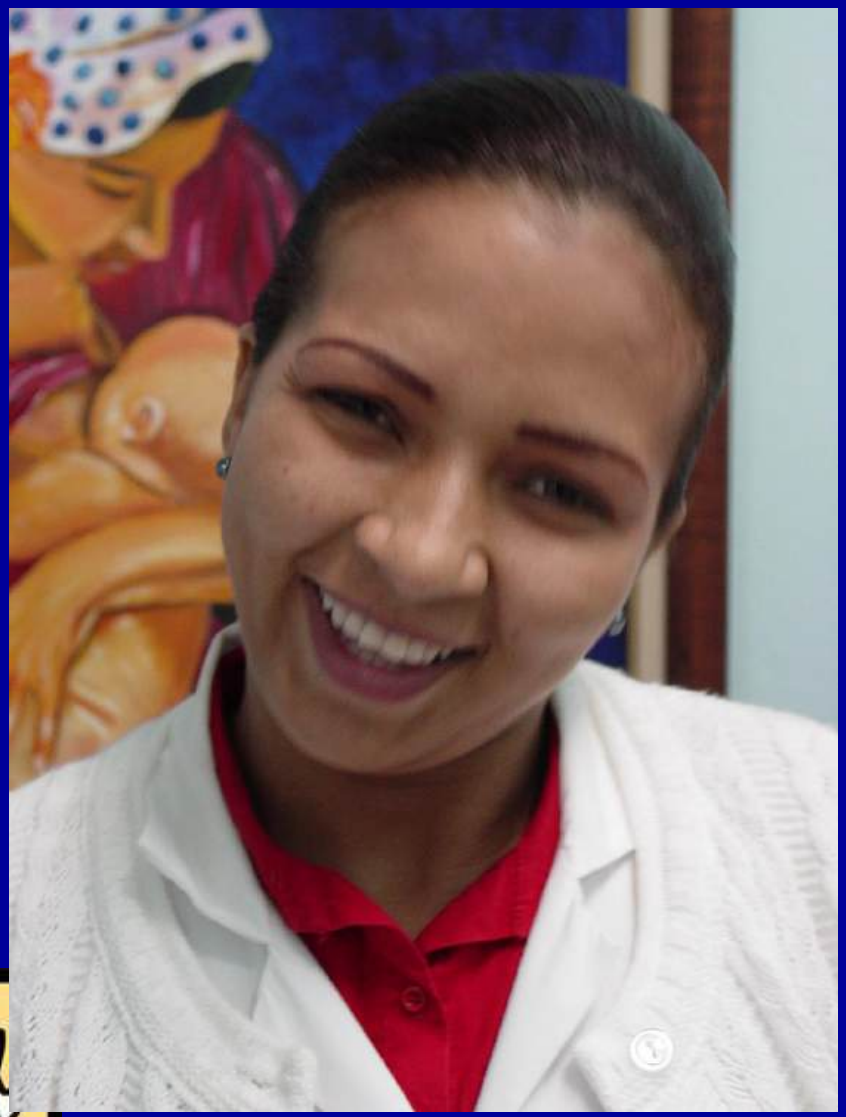


Treatment

- Extensor tenolysis
- Dorsal capsulectomy
- Release collateral ligaments MCP, PIP

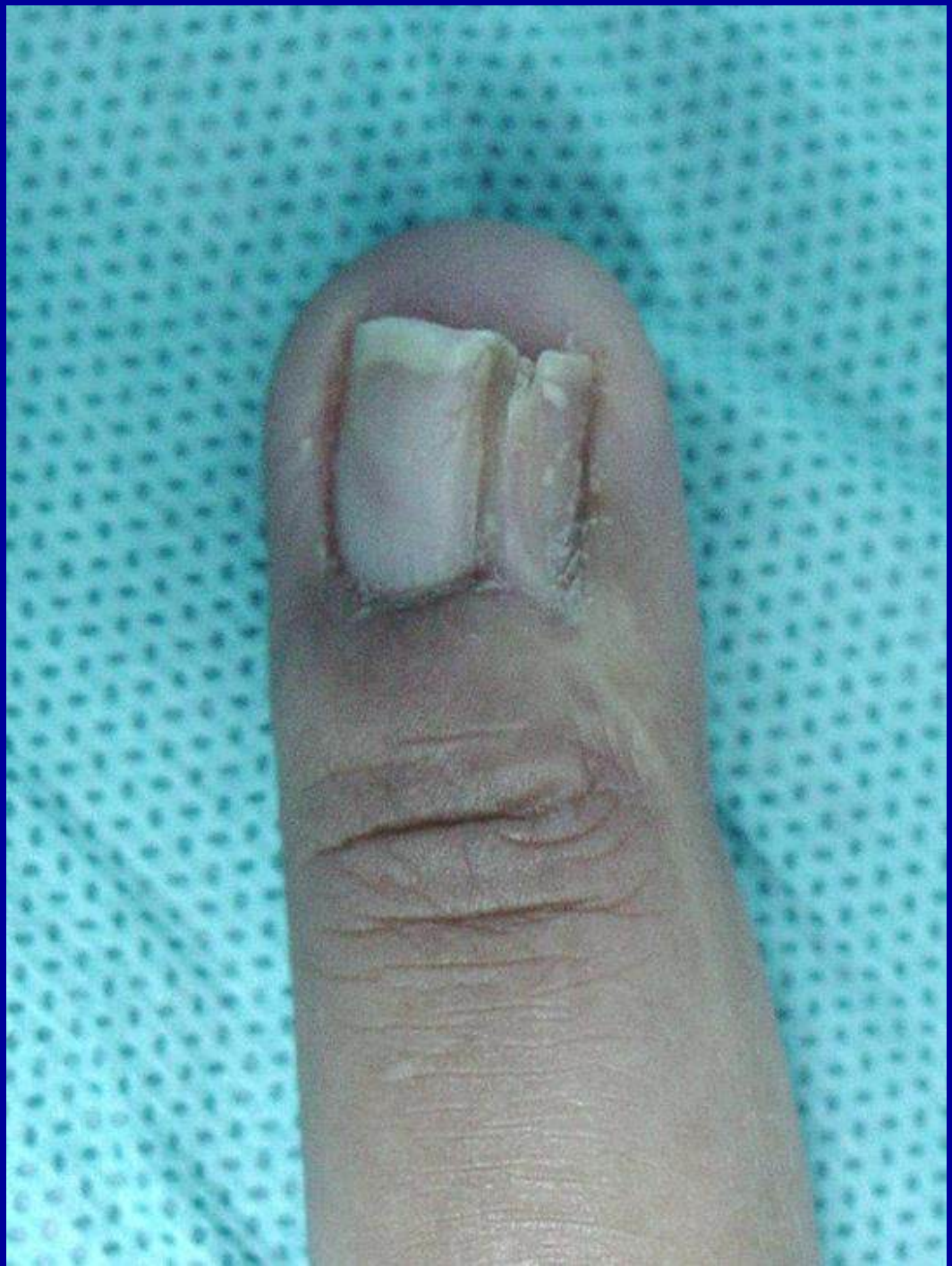
Union Memorial Hospital

MB – 35F nail defect



- s/p crush injury R MF

Union Memorial Hospital



Union Memorial Hospital

Rx: hemiablation germinal matrix

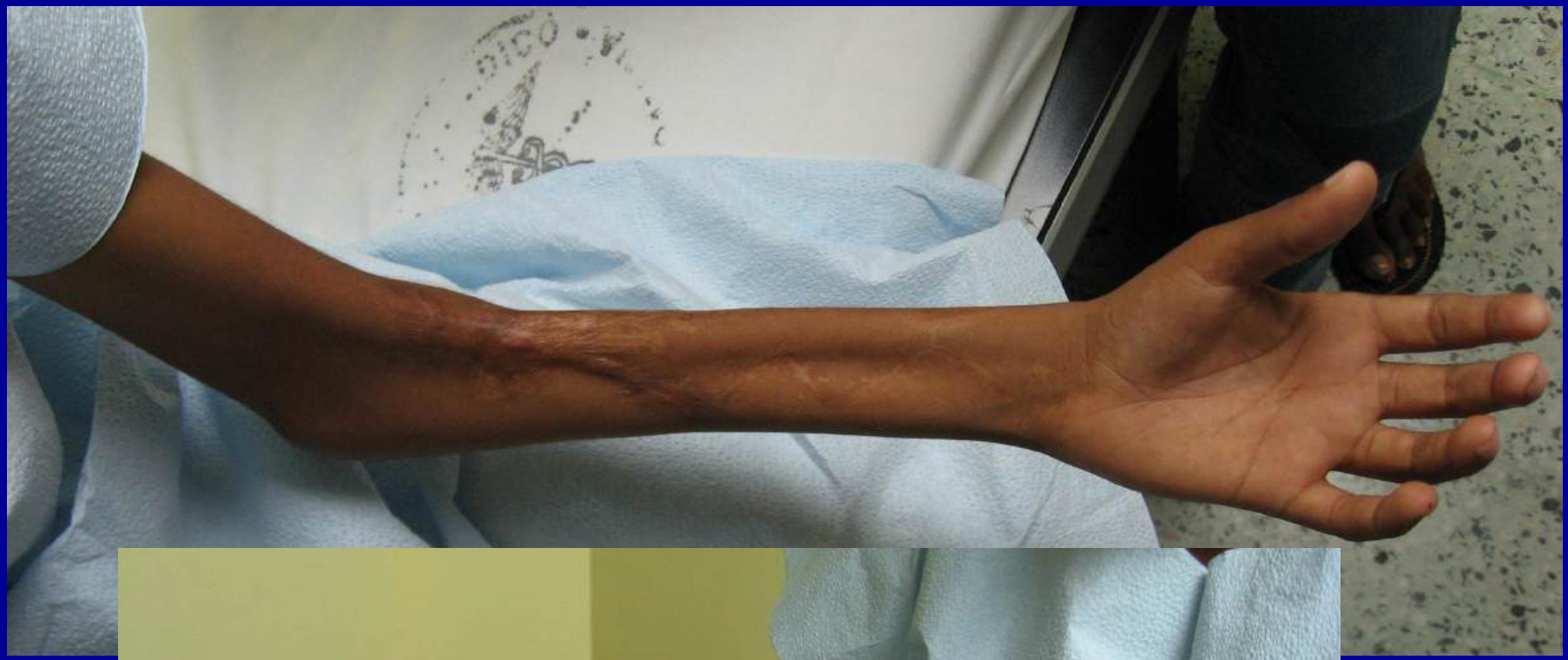
EP – 18F Dorsal wrist ganglion excision

Union Memorial Hospital

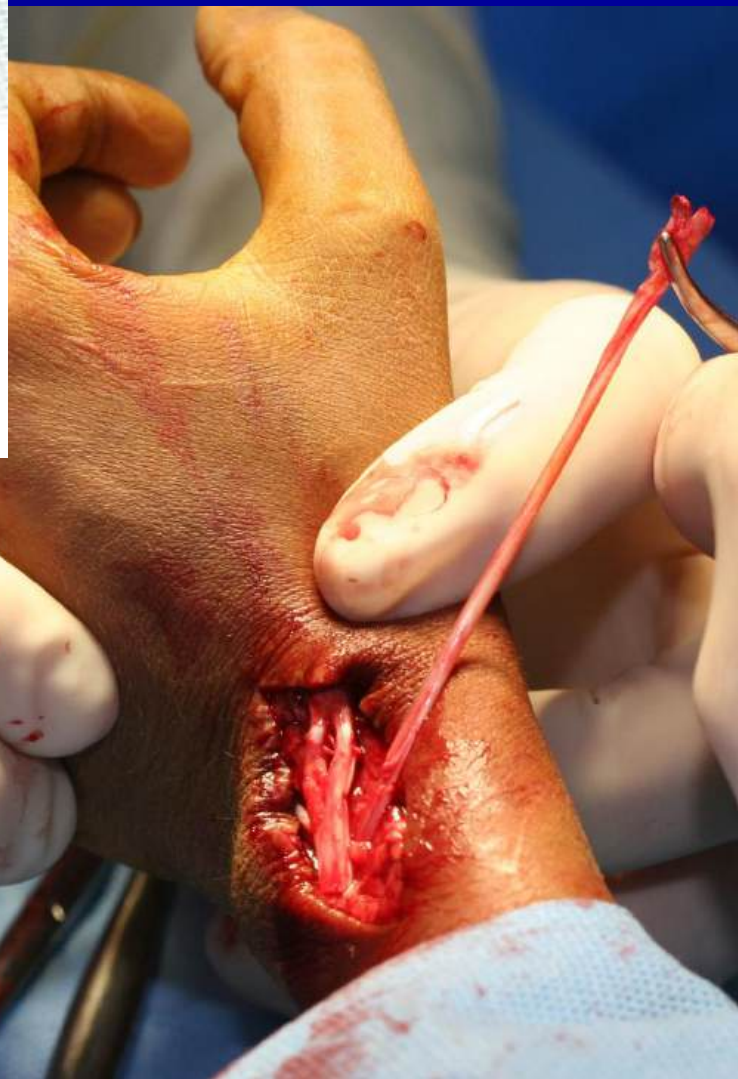
GC – 15M s/p L Volkmann's ischemic contracture

- H/o supracondylar humerus fx
- Compartment sx
- 2005 tendon transfers
  - PT → ECRL/ECRB
  - FCR → EDC
  - PL → EPL
- 2006 - Recurrence of wrist drop

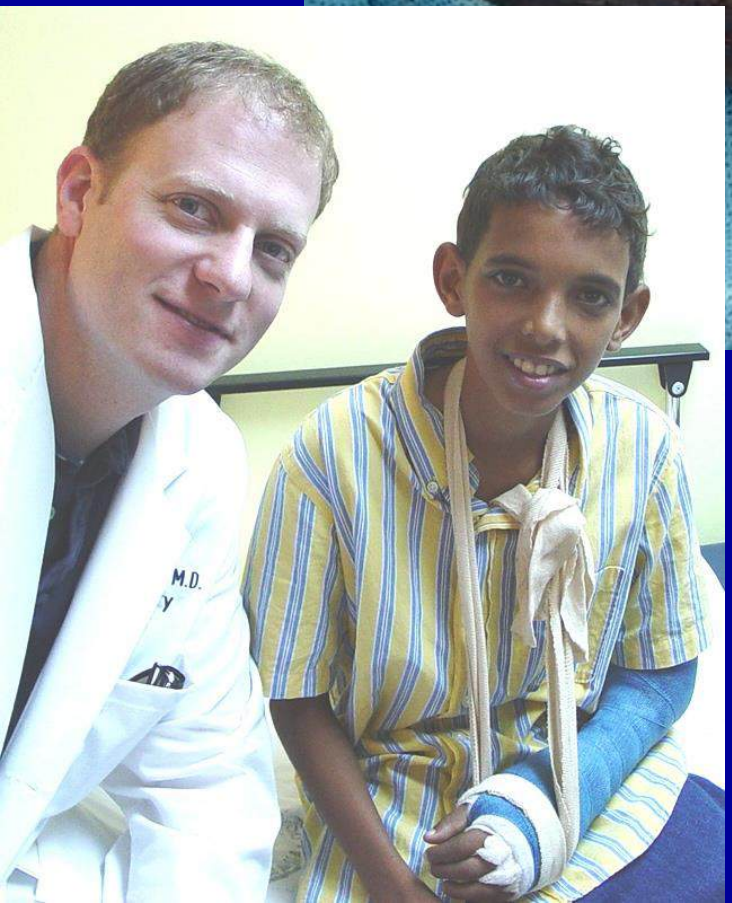
Union Memorial Hospital



Union Memorial Hospital



Rx: FDS RF thru IO Membrane to supplement Wrist extensors



Union Memorial Hospital

- Ropars M el al. Long-term results of tendon transfers in radial and PIN paralysis, JHS [Br] 2006.
  - 18 cases over 21 years
  - 10 yr f/u
  - Common problems: radial deviation, weakness
  - Rec: use FCR instead of FCU

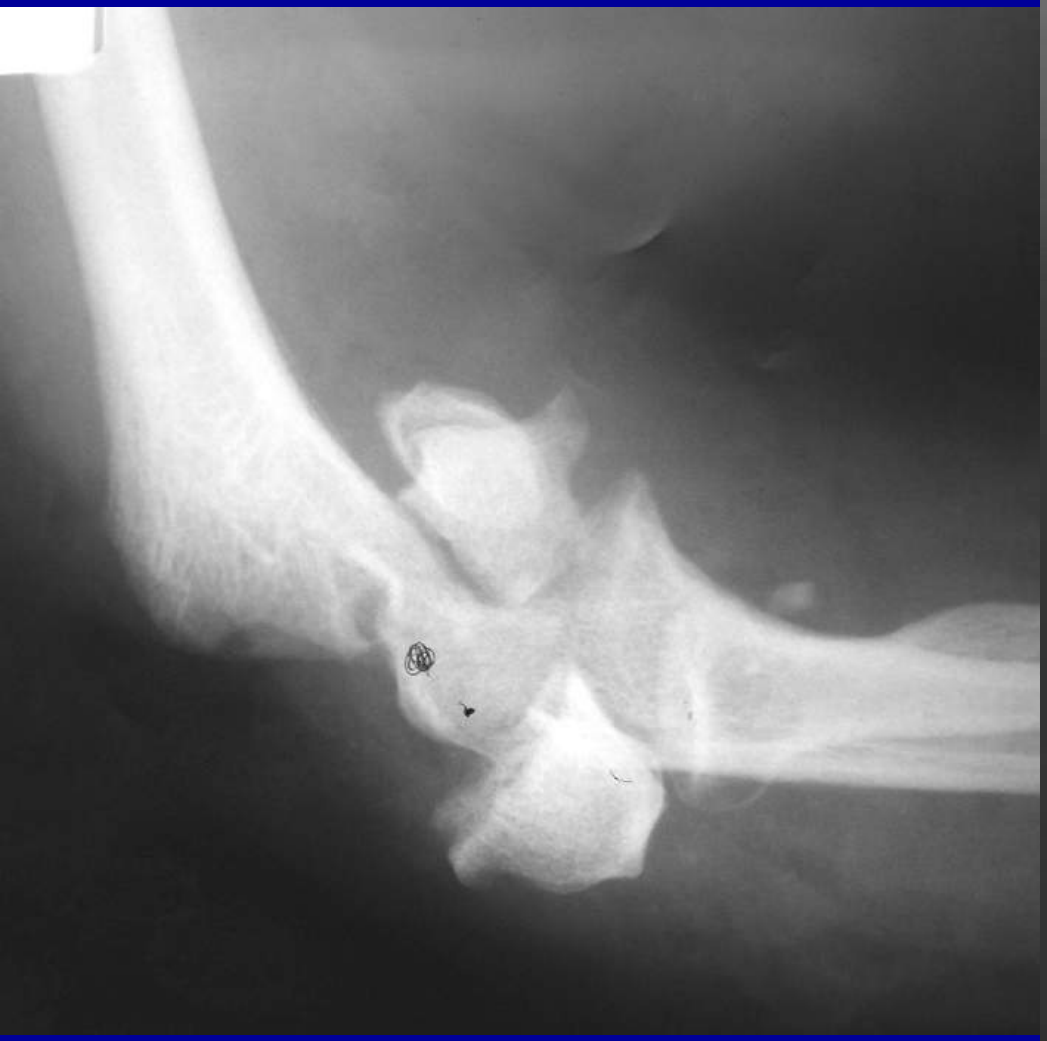
- No reports of recurrent wrist drop in literature

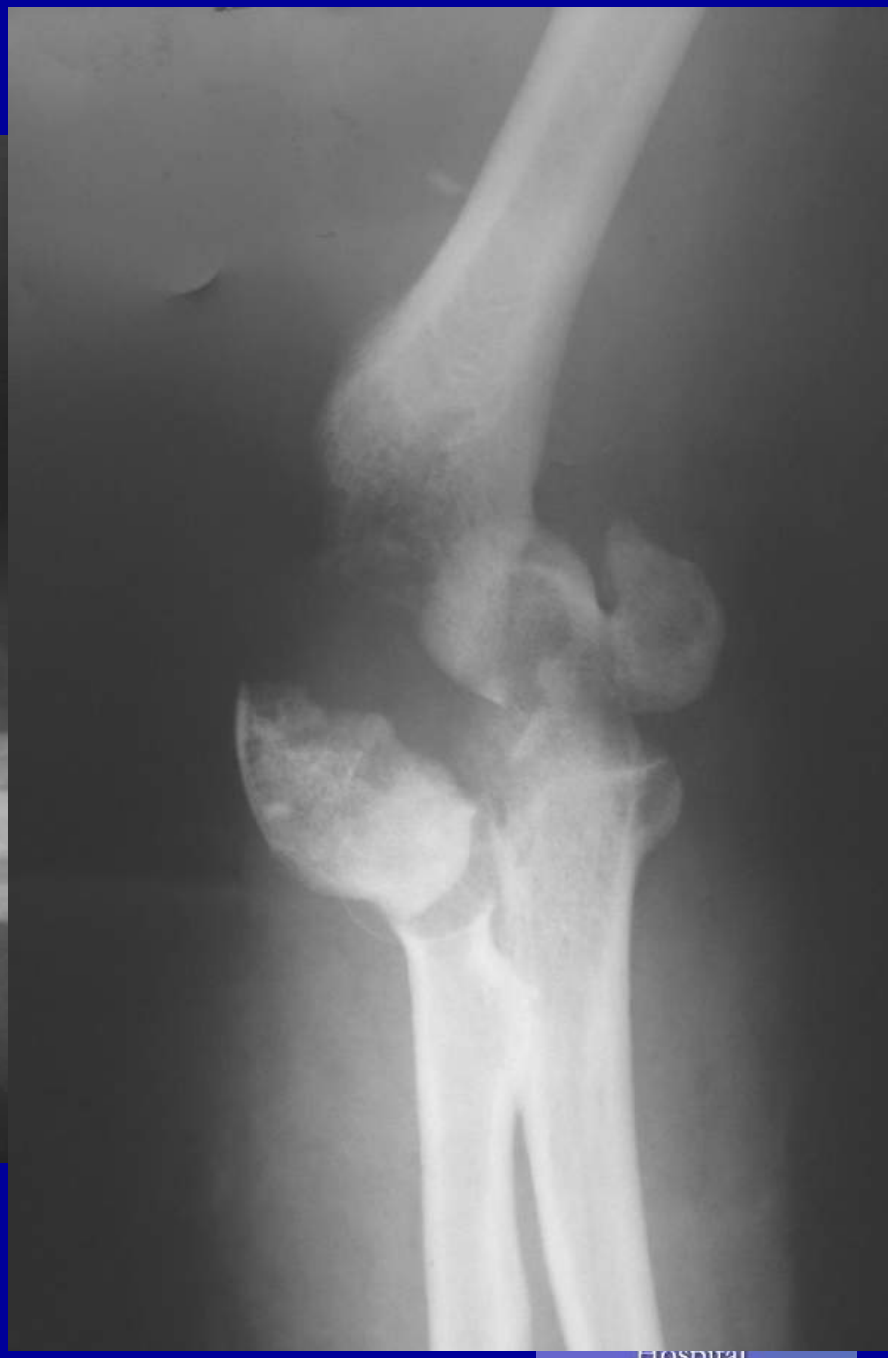
Union Memorial Hospital

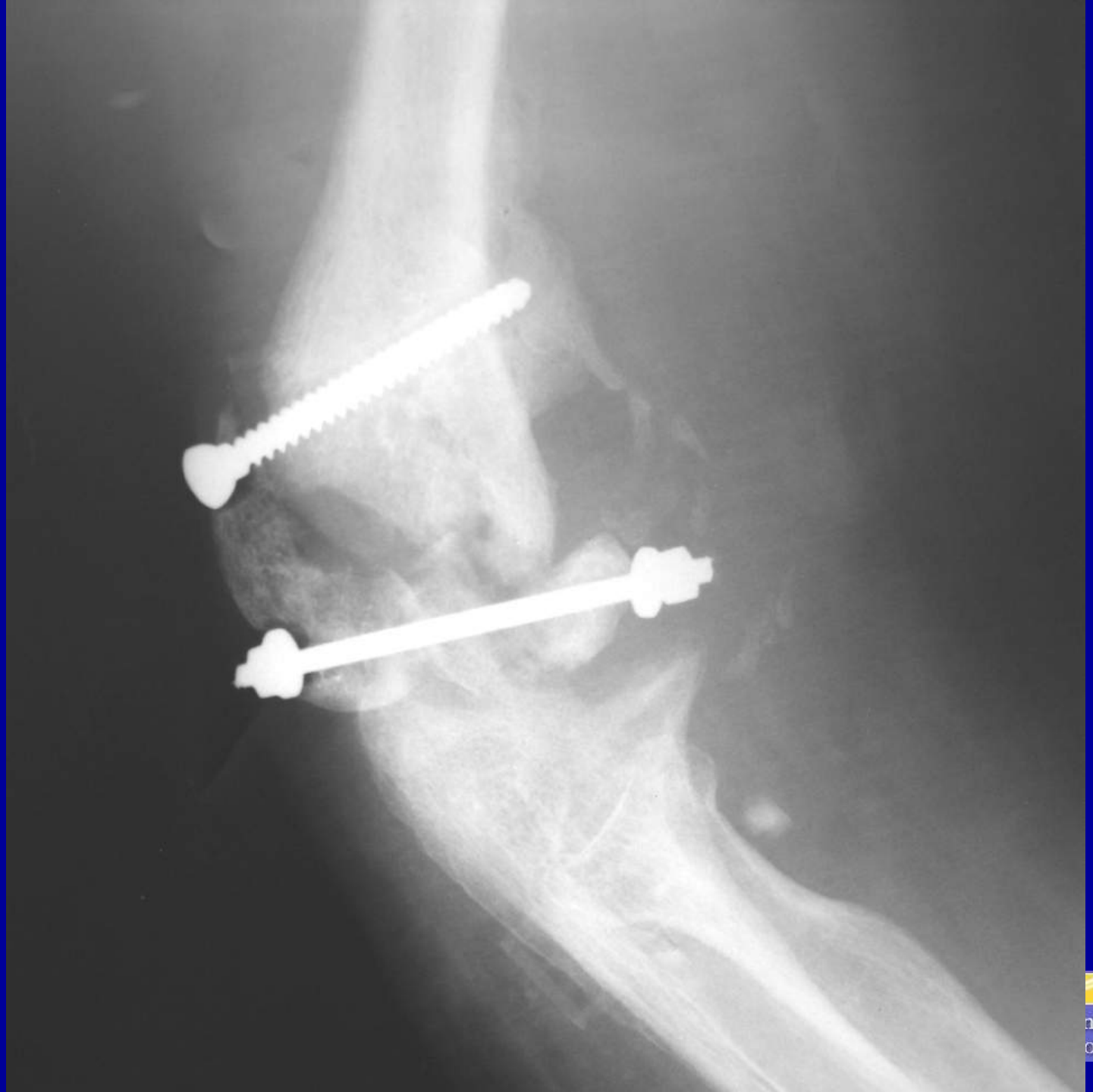
MO – 42F s/p R elbow fusion

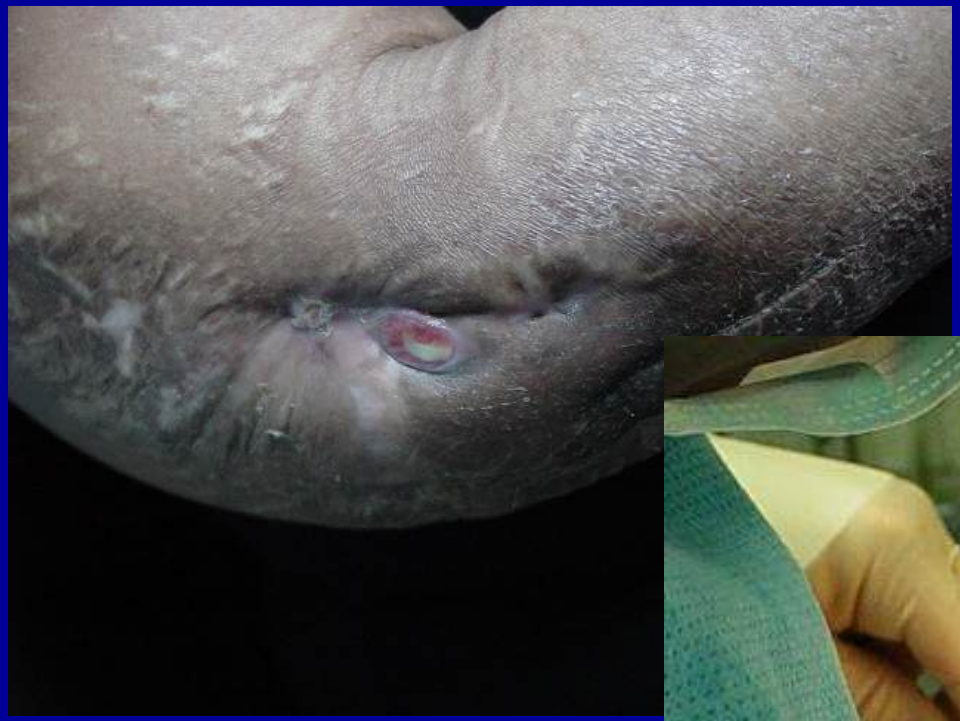
- Distal humerus fx
- Cc: exposed hardware
- PSH:
  - ORIF
  - r/o hardware
  - Arthrodesis 2005

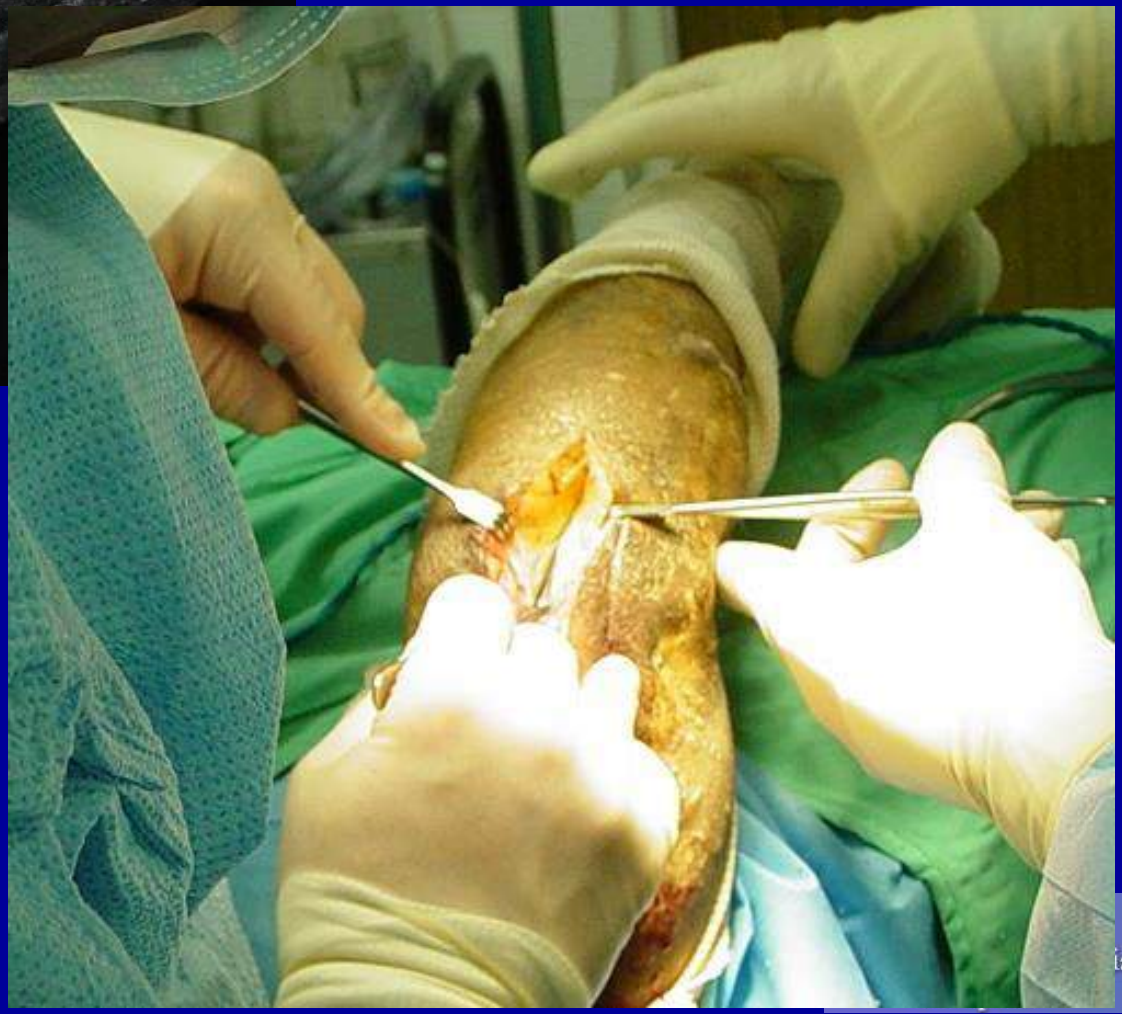
Union Memorial Hospital





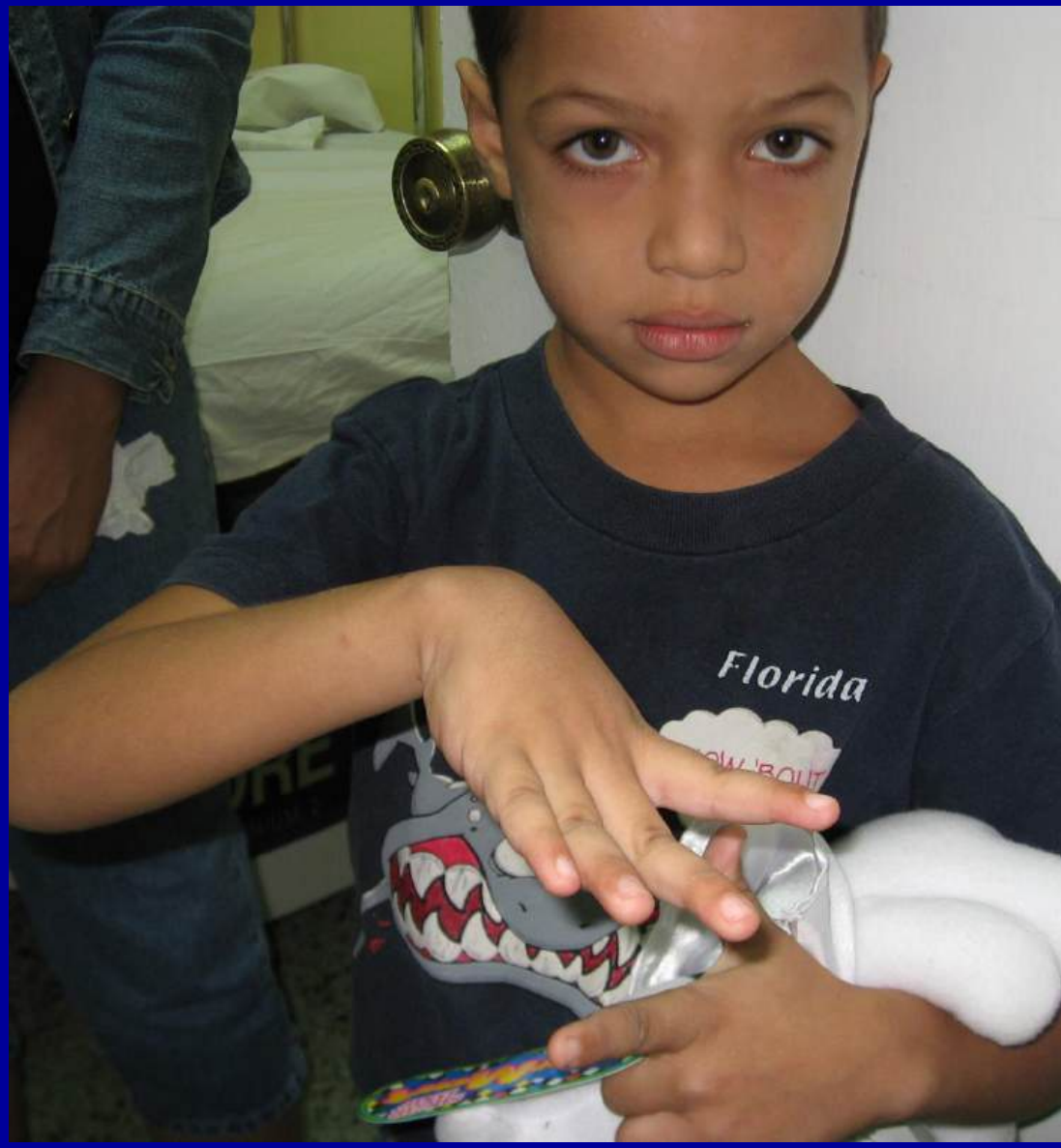


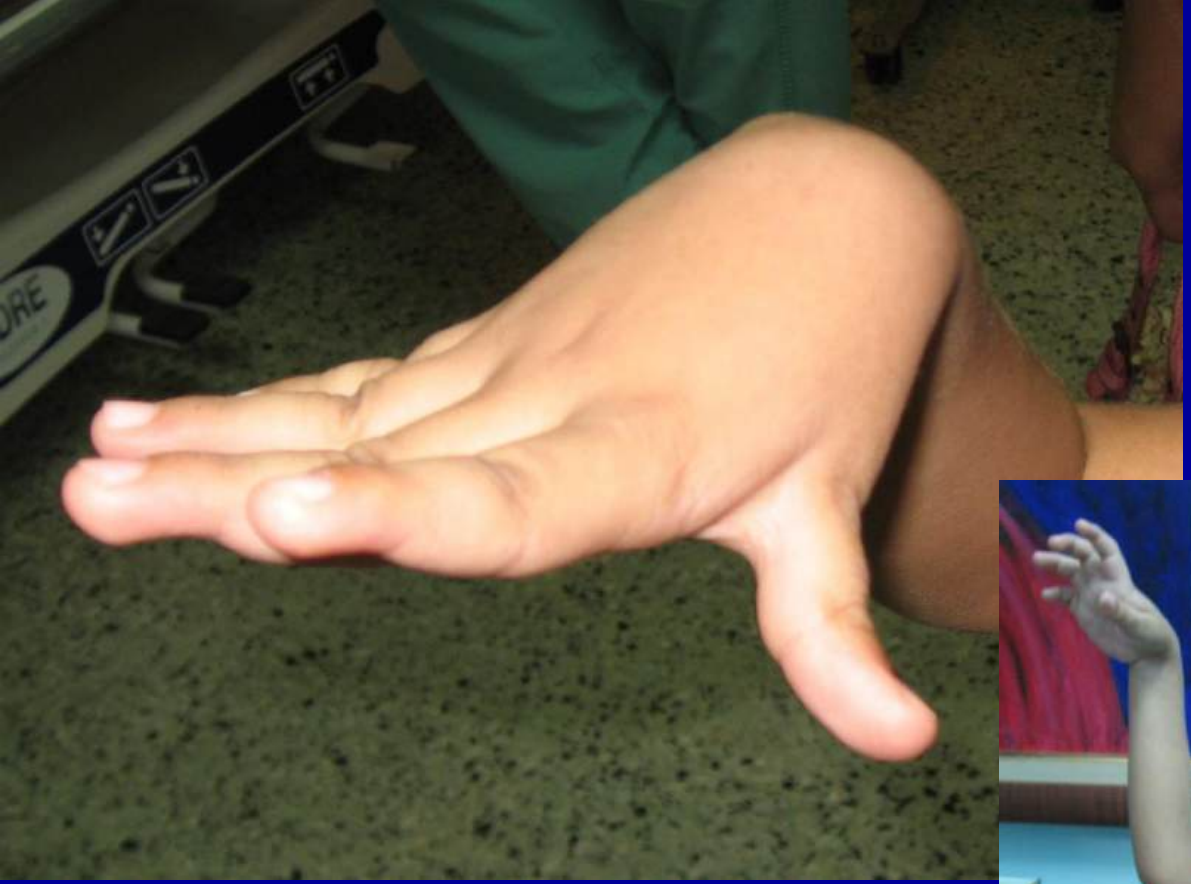


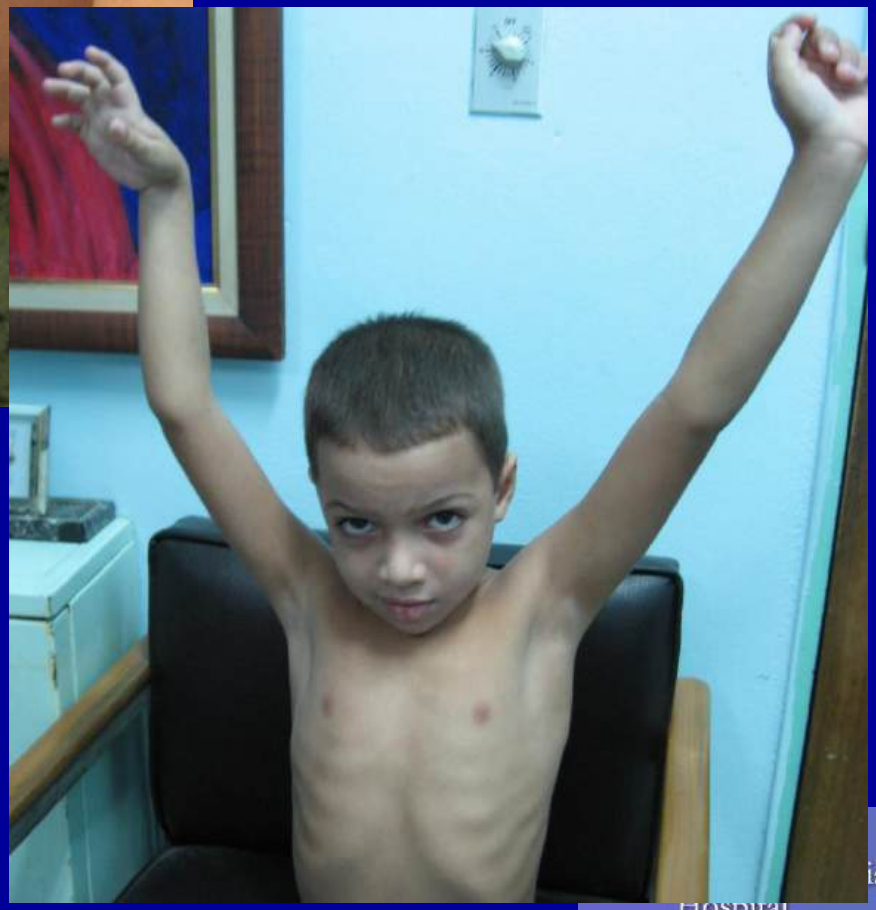


LAM – 6M R hemiplegia, radial n deficit

- Previously undiagnosed CP hemiplegia
- Wrist drop
- Unable to extend fingers with wrist in neutral

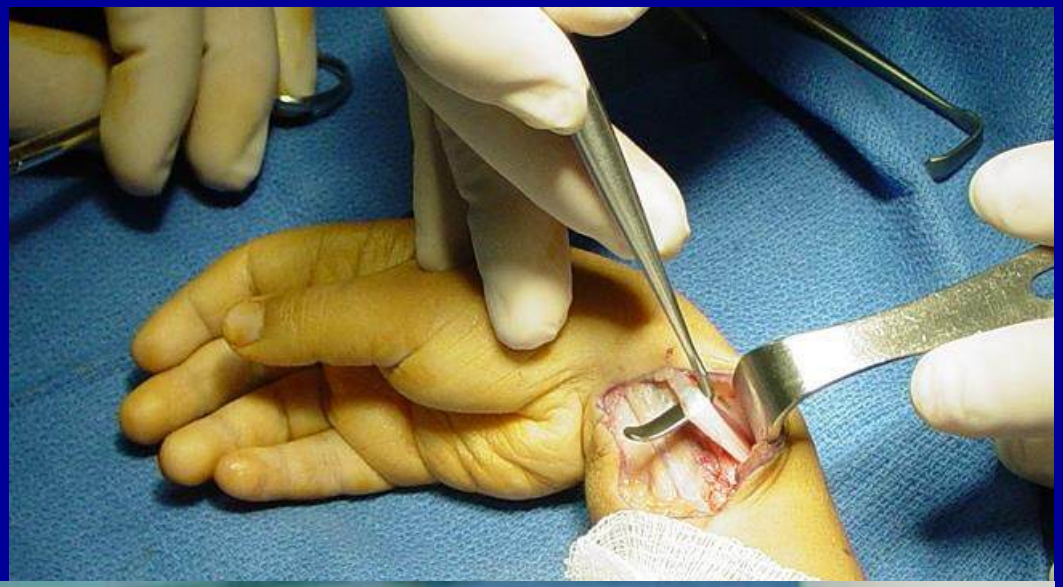


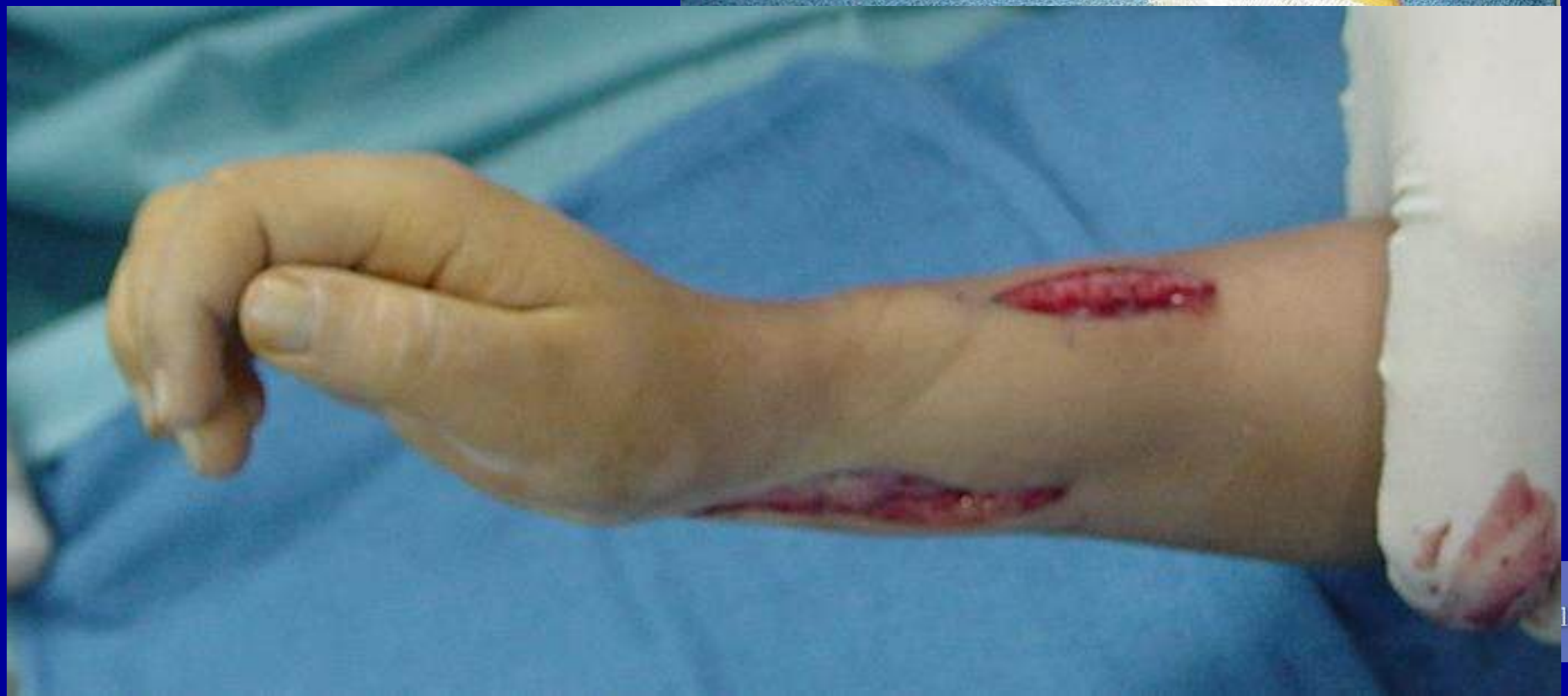




Hospital

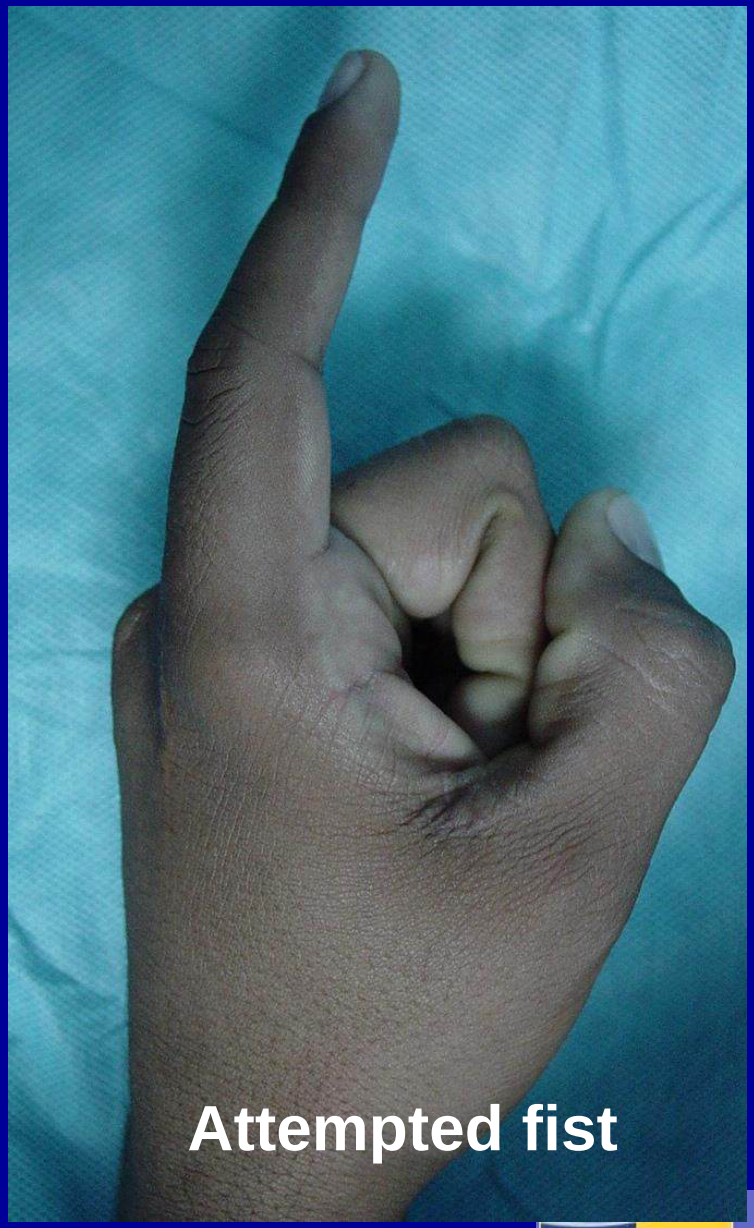
- PT → ECRL/ECRB
- FCR → EDC
- PL → EPL
- Supplement:
  - FDS RF to ECRL/ECRB





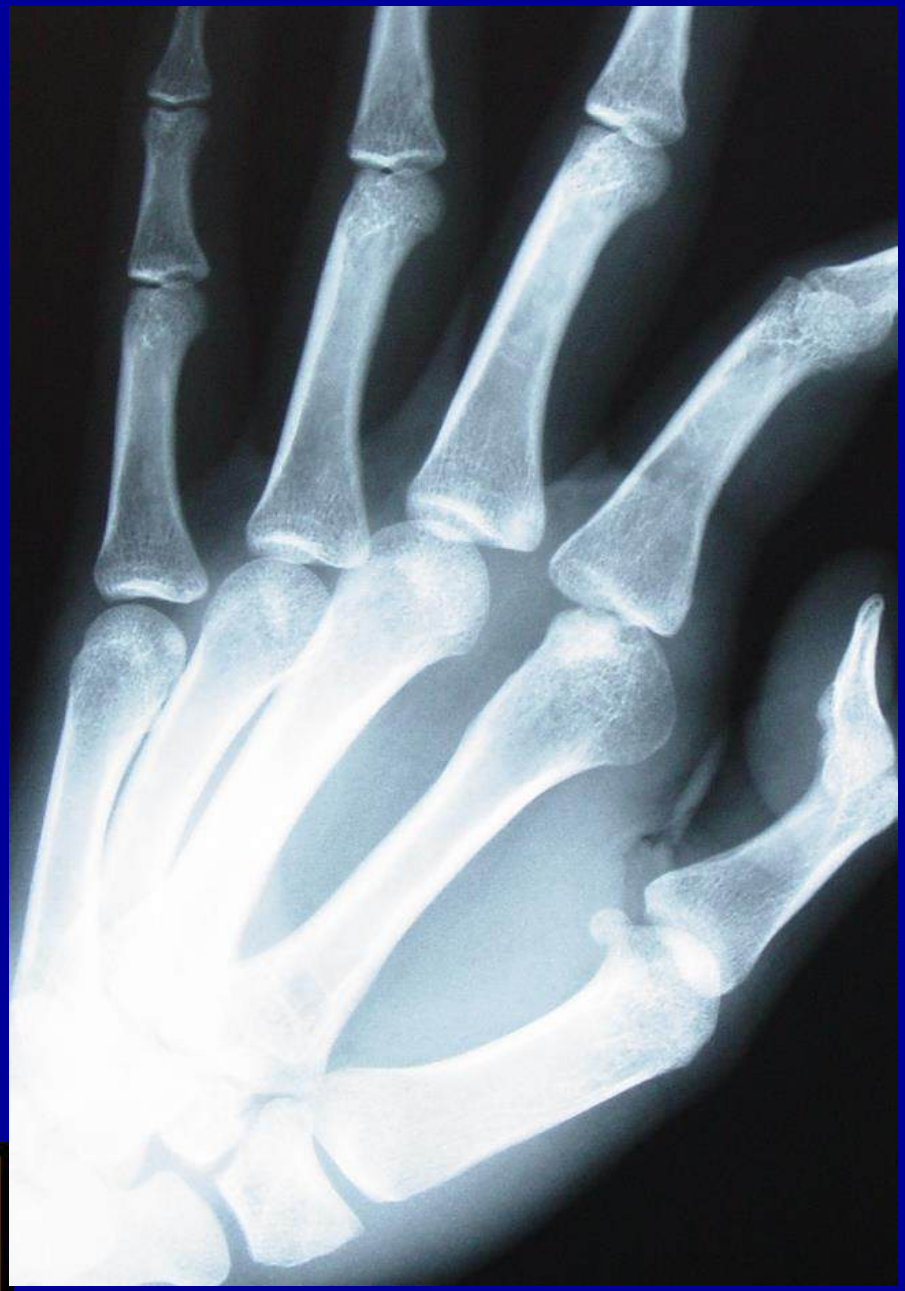
CAC – 24M Chronic IF MCP D/L

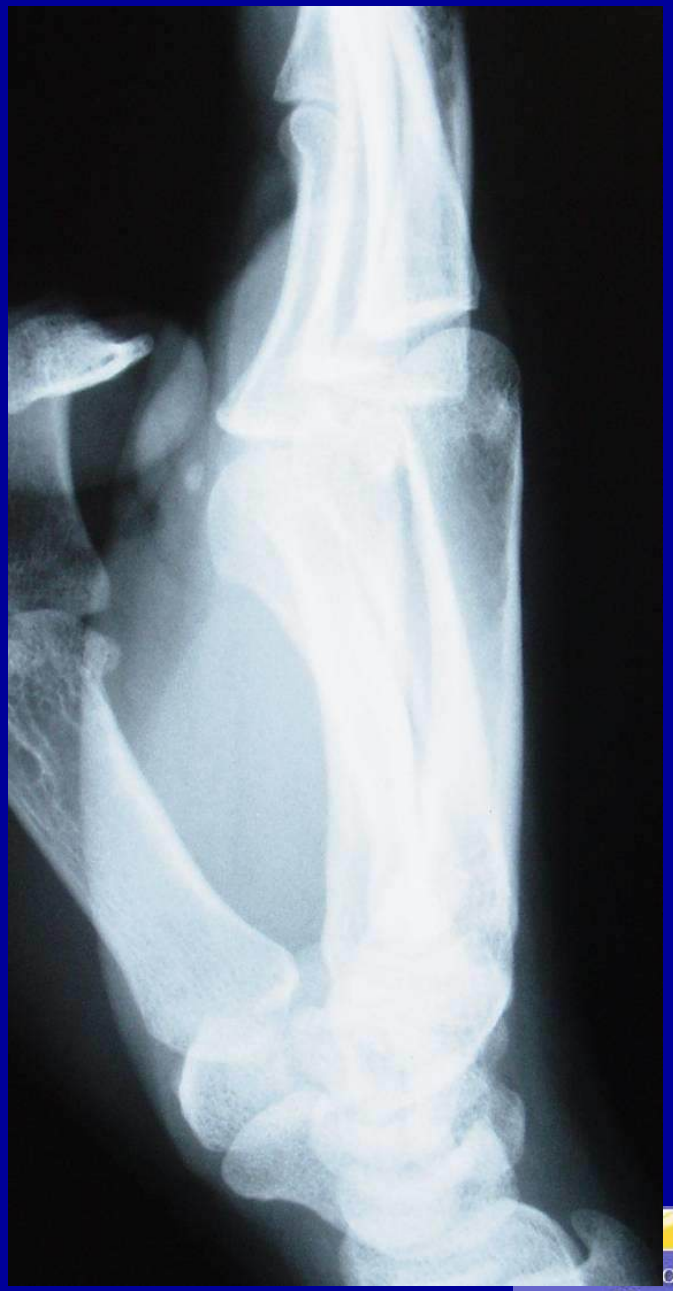
- s/p MVA 2005
- Unable to flex MCP IF



Attempted fist

Union Memorial Hospital



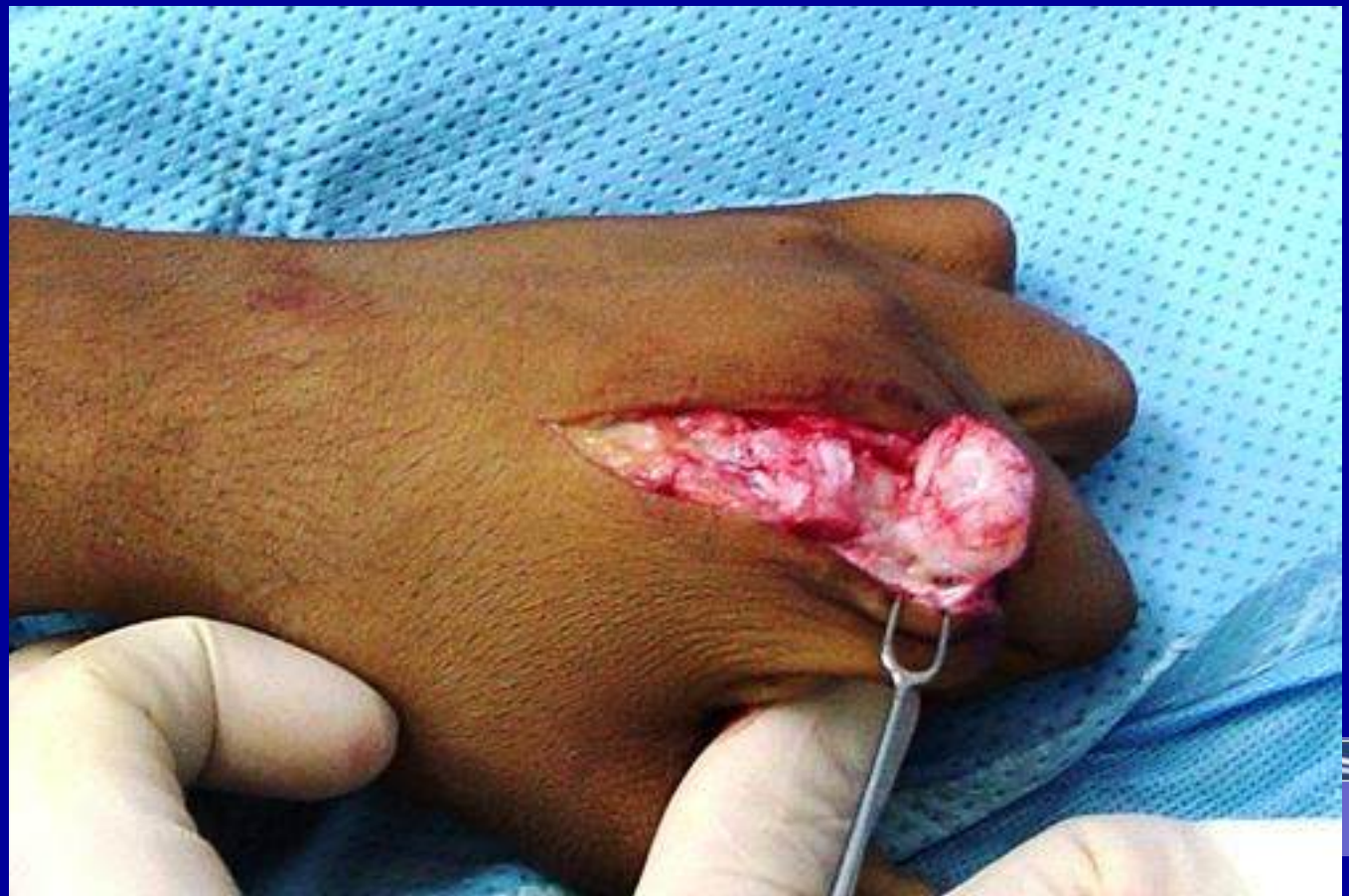


Findings:

chronic d/l MCP joint

destroyed articular surfaces

Rx: L IF MCP arthrodesis, extensor tenolysis



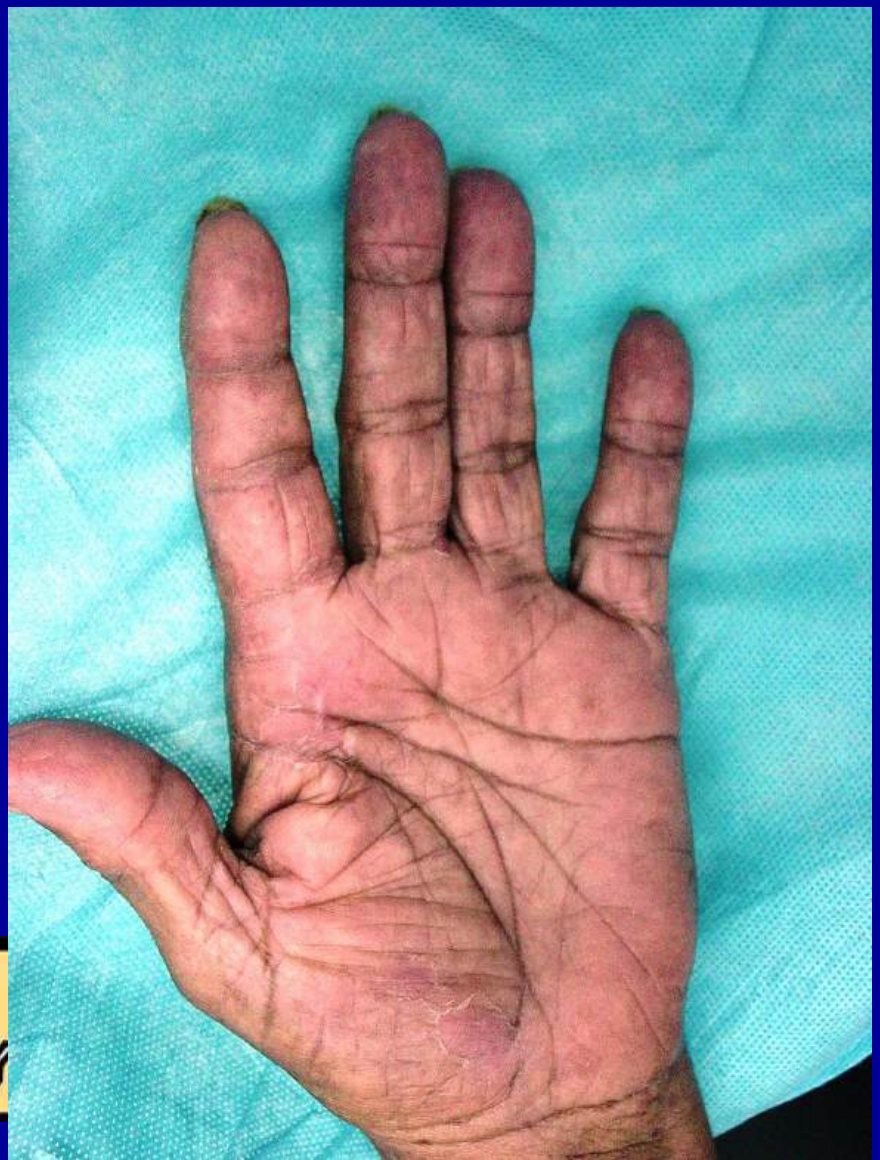
Union Memorial Hospital


Cirugia Cirujano Cord
MANUFA
HEAVY WEIGH
S. Murphy, M.D.

MSS – 75F L IF Digital nerve laceration

- 3 wks s/p laceration L palm
- ↓ sensation radial side of IF
- ↓ ROM DIP IF

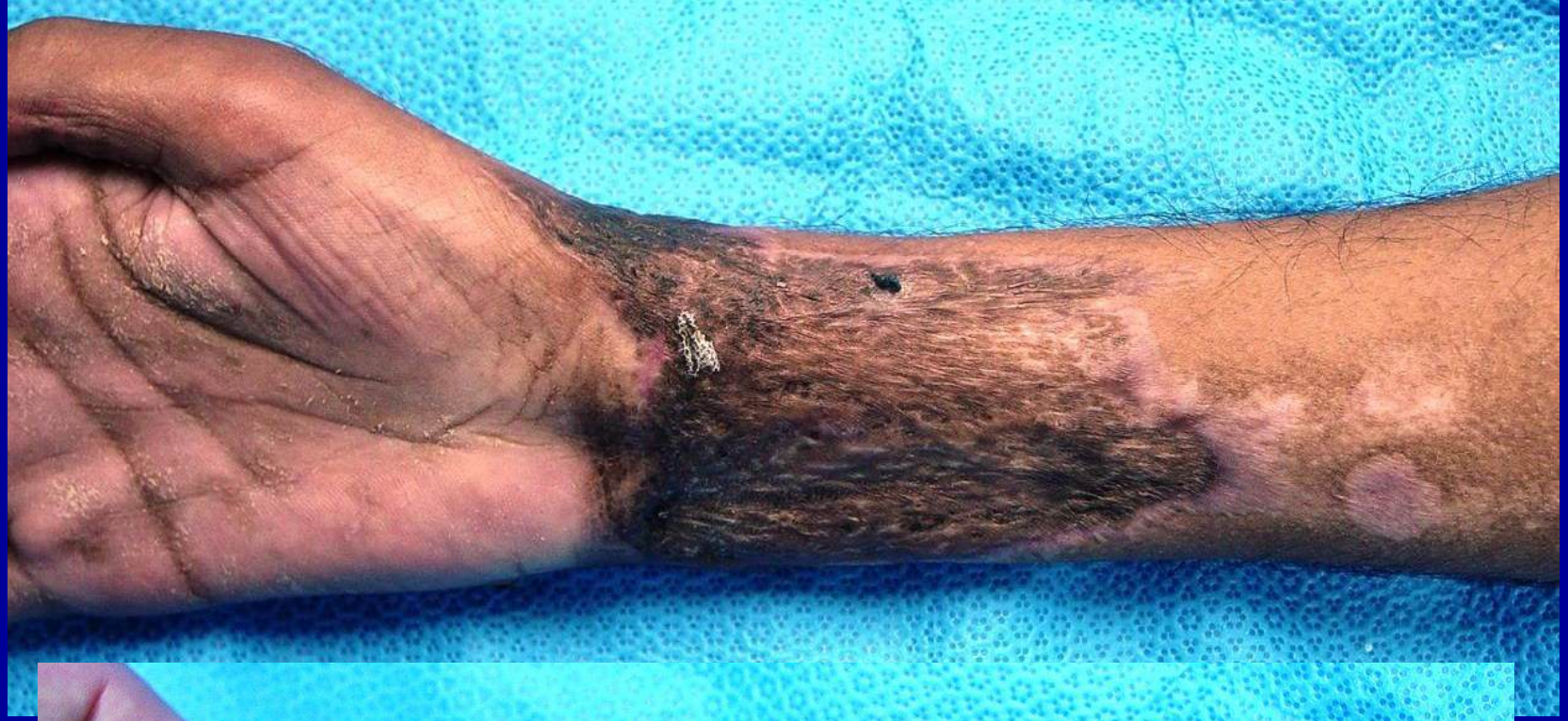
Rx: Exploration, repair rad dig n.

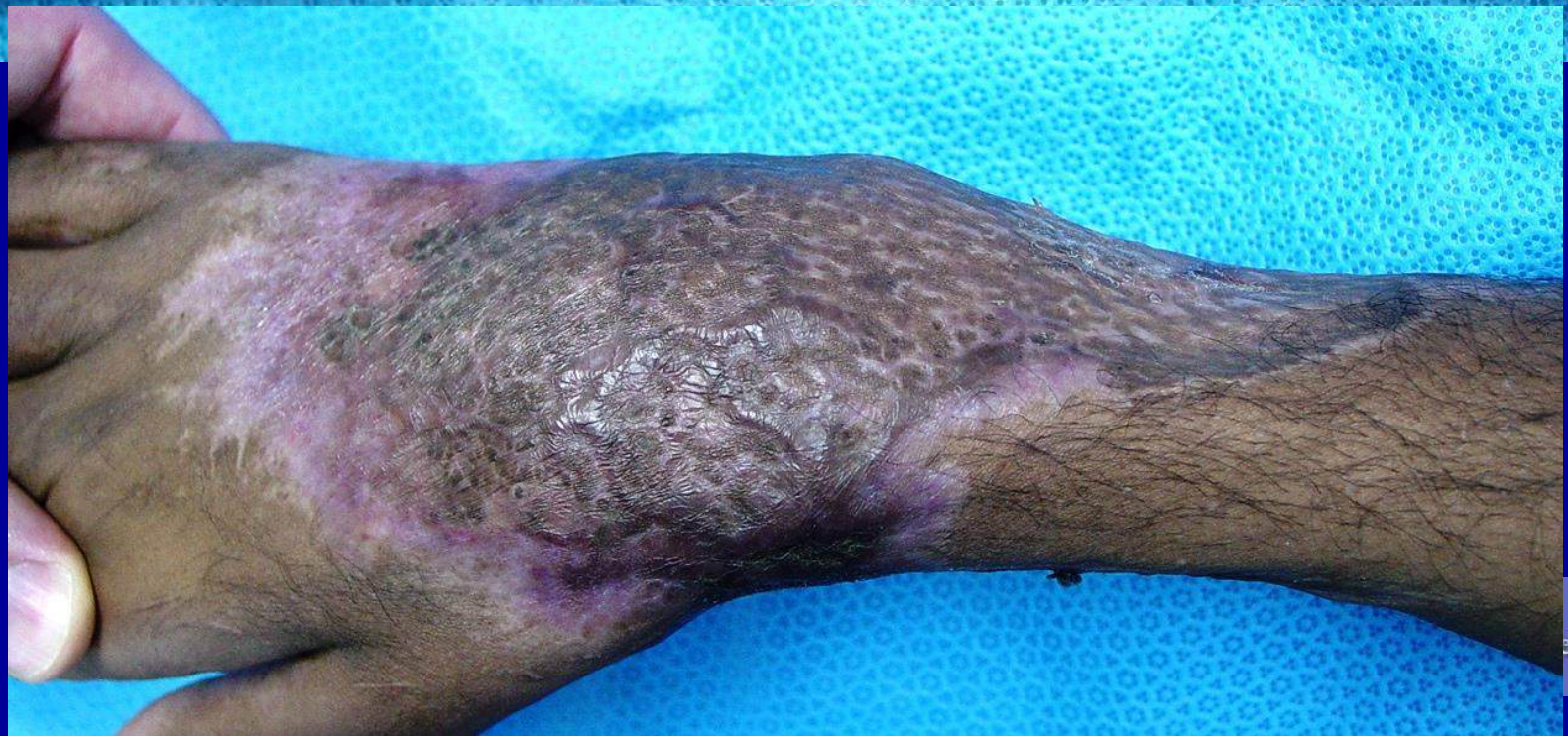


ES – s/p electrical burn to circumferential R wrist

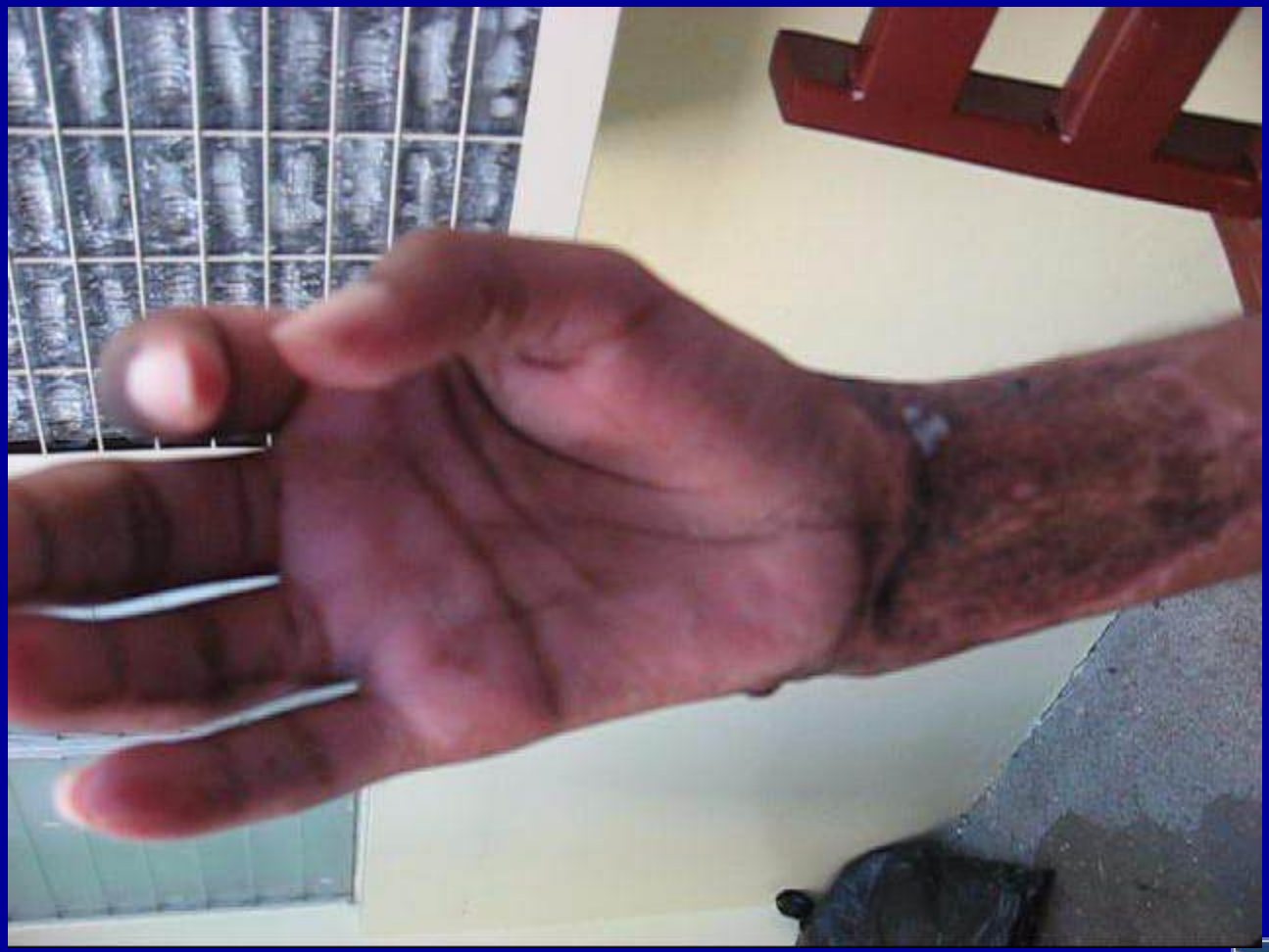
- 20M 8 mos s/p burn
- PSH:
  - I&D
  - STSG over tendons
- PE
  - Hand/wrist extensors intact
  - No intrinsic function
  - Limited ROM
    - Thumb and IF flexion best

Union Memorial Hospital



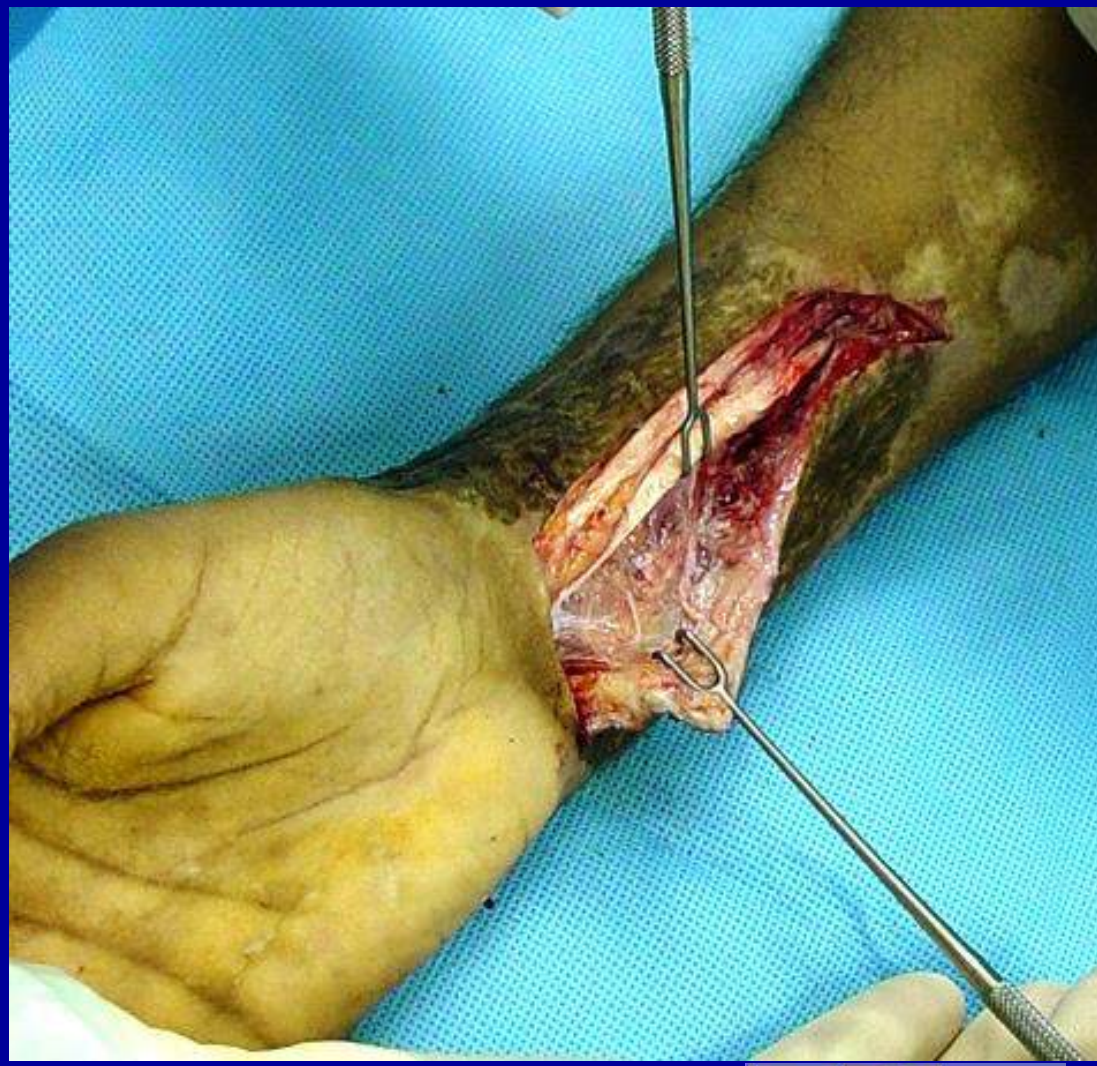


emorial



Union Memorial Hospital

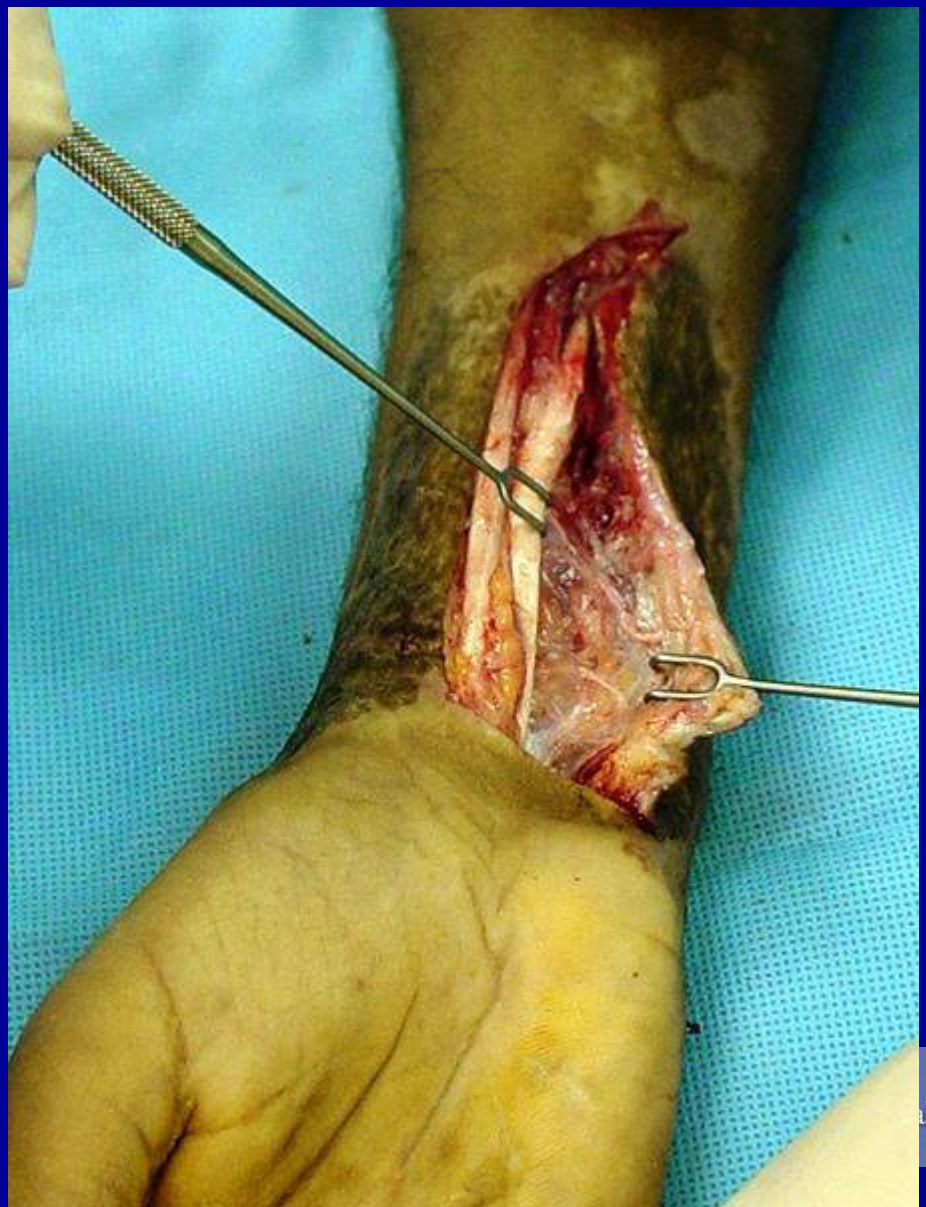
- Findings:
  - FDP/FDS IF, FPL, FCR intact
  - FCR and FDS adhesed to STSG
  - Med/uln nn not in continuity
  - All other finger flexors not in continuity



Union Memorial Hospital

FPL and FDP IF intact

- Treatment:
  - Tenolysis FDS and FDP IF, FPL
  - Dorsal capsulectomy, collateral release IF MCP
  - Arthrodesis MCP MF, RF, SF

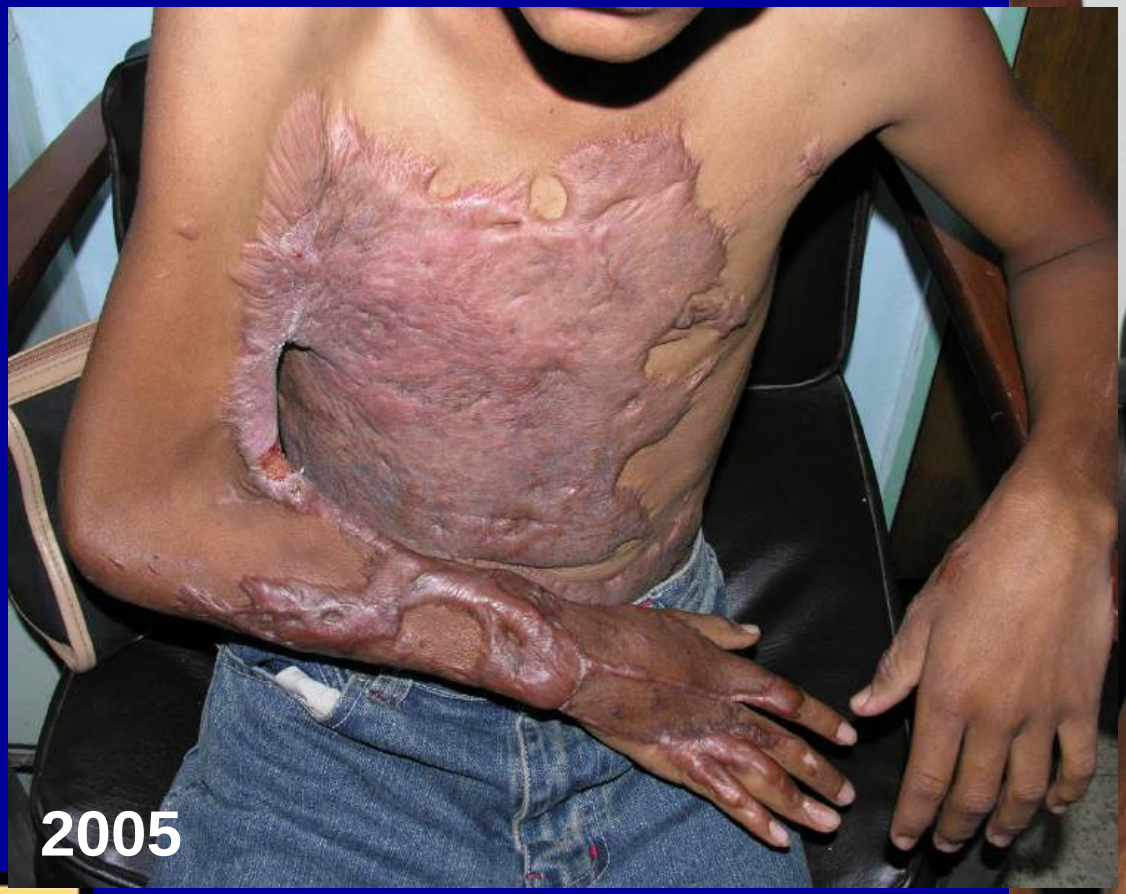


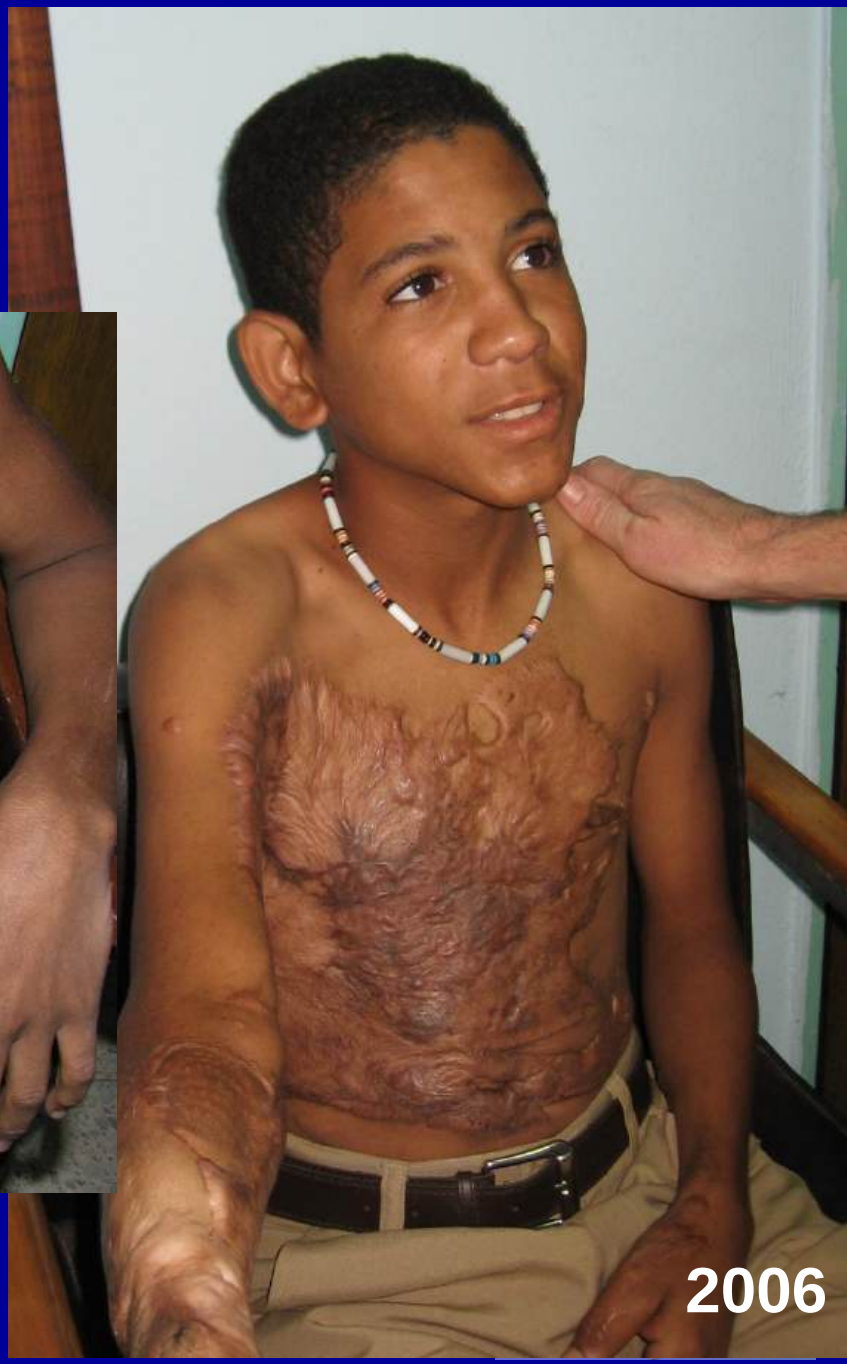
EC – 14M s/p burn R arm and body

- Sugar cane processing plant
- 2005
  - Elbow contracture/pterygium release
  - Scar excision, TFL graft to dorsum R hand
- 2006
  - Excess tissue dorsum R hand

Union Memorial Hospital

- Treatment:
  - Scar excision R hand
  - FTSG from R thigh






Dx.
Cirugia
Cirujano

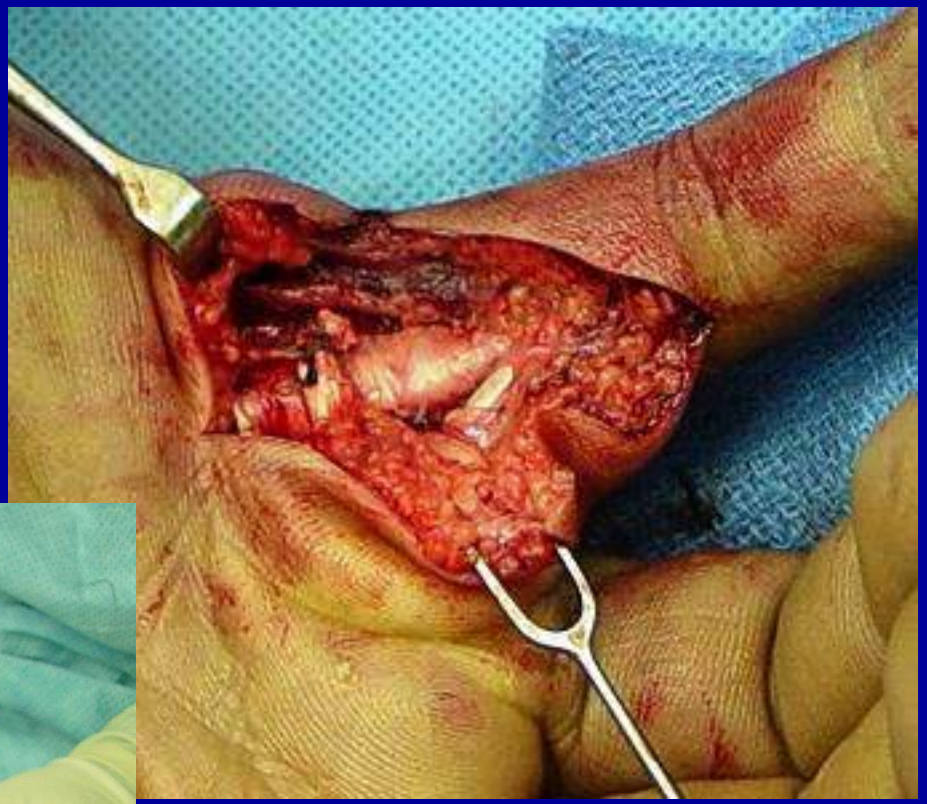
HM dela C – low ulnar n. injury

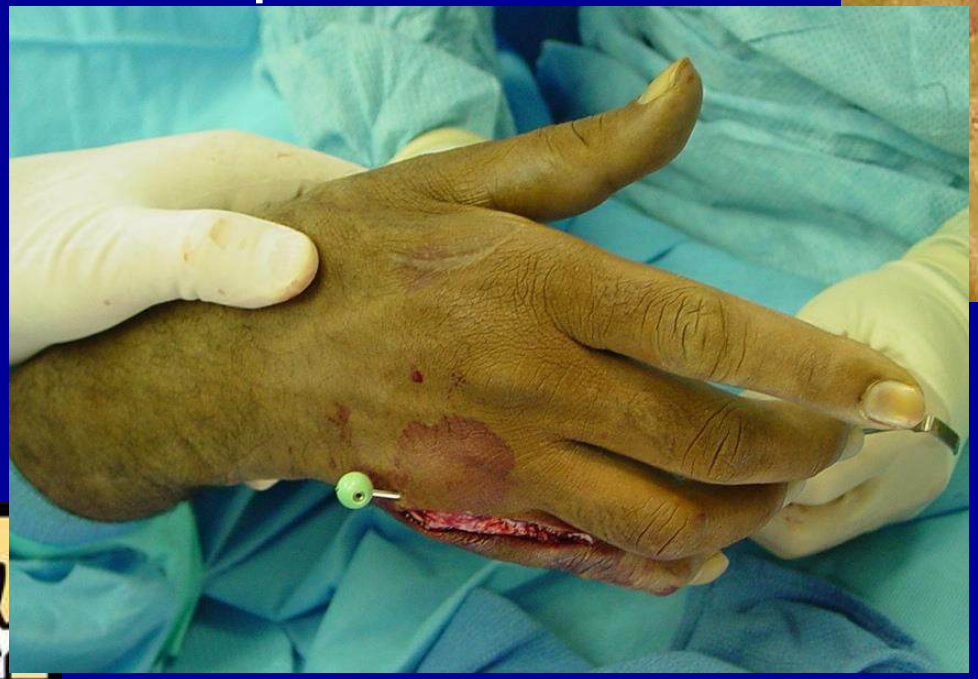
- History
  - 35M 2 yrs s/p machete to R wrist – ulnar nerve laceration
- Findings:
  - Claw SF>RF
  - Stiff MCP SF>RF
  - No low ulnar n motor/sensation

Union Memorial Hospital

Treatment

- SF dorsal capsulectomy & tenolysis
- Tenodesis of distally based FDS under transmetacarpal lig to volar plate





Modification of Anderson's "Extended Pulley Insertion" technique, 1988.

Union Memorial Hospital

EPI Procedure, Anderson, 1988

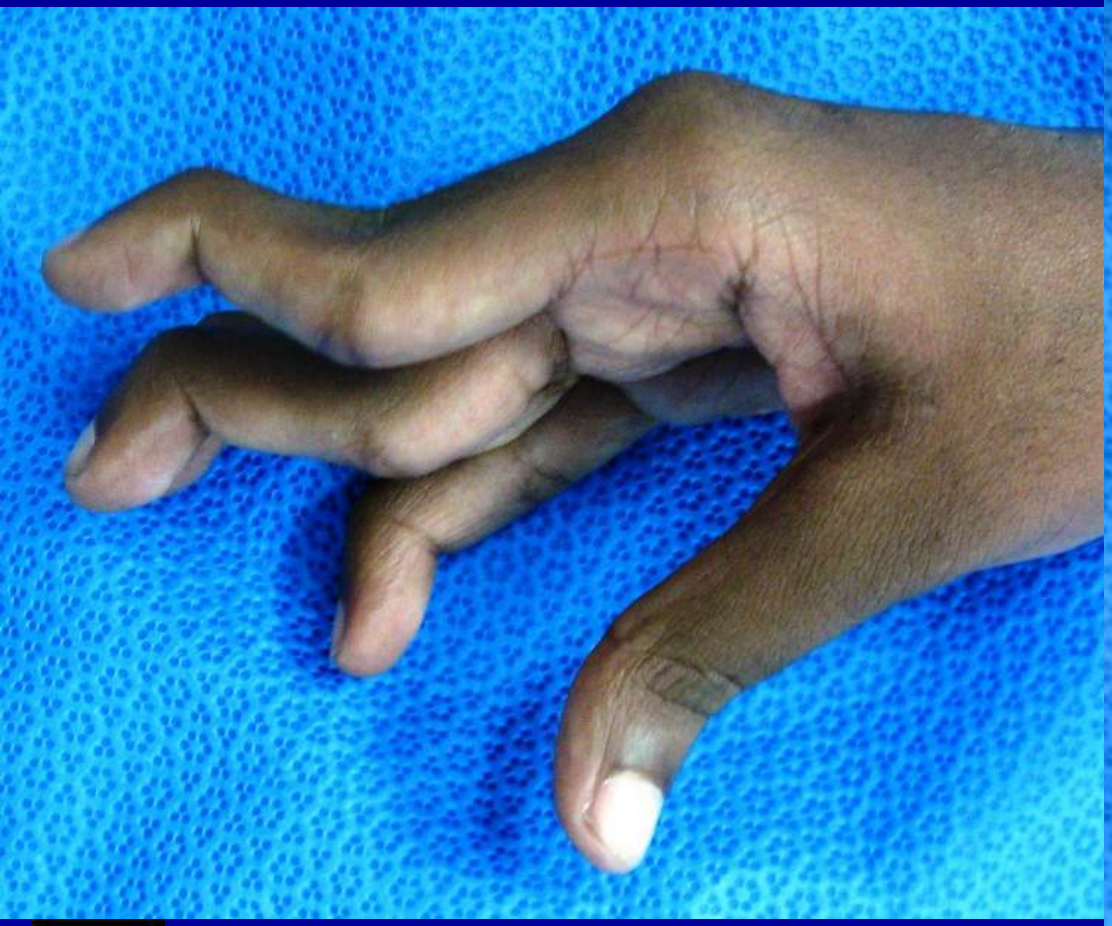
- MF FDS incised distally, brought out palm
- Sectioned into 2-4 tails
- FDS tails tunneled under A1 and A2 of SF and RF
- Position MCP in 60° flexion
- Sew FDS tail back onto itself proximal to A1

Union Memorial Hospital

LE – spastic CP L hand

- 20F spastic CP
- CC: Severe swan neck deformity L thumb and all fingers
- PSH: L wrist fusion 2005 w/ fractional FDP lengthening and STP

2005 – before wrist fusion

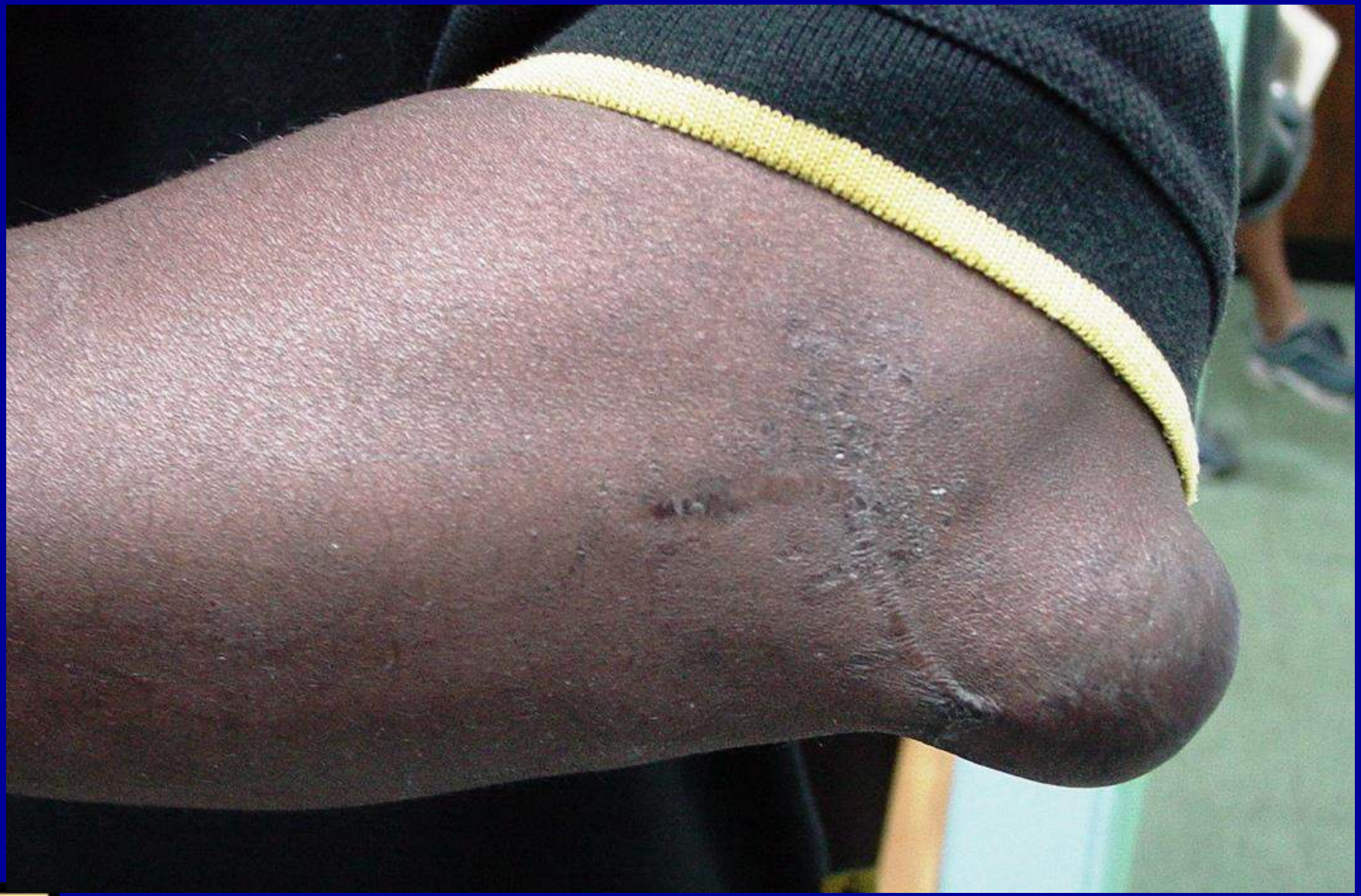


- Rx:
  - Fingers:
    - tenotomy
      - 1) central slip
      - 2) lat bands
    - K-wire PIP joints
  - Thumb:
    - IP fusion

Union Memorial Hospital

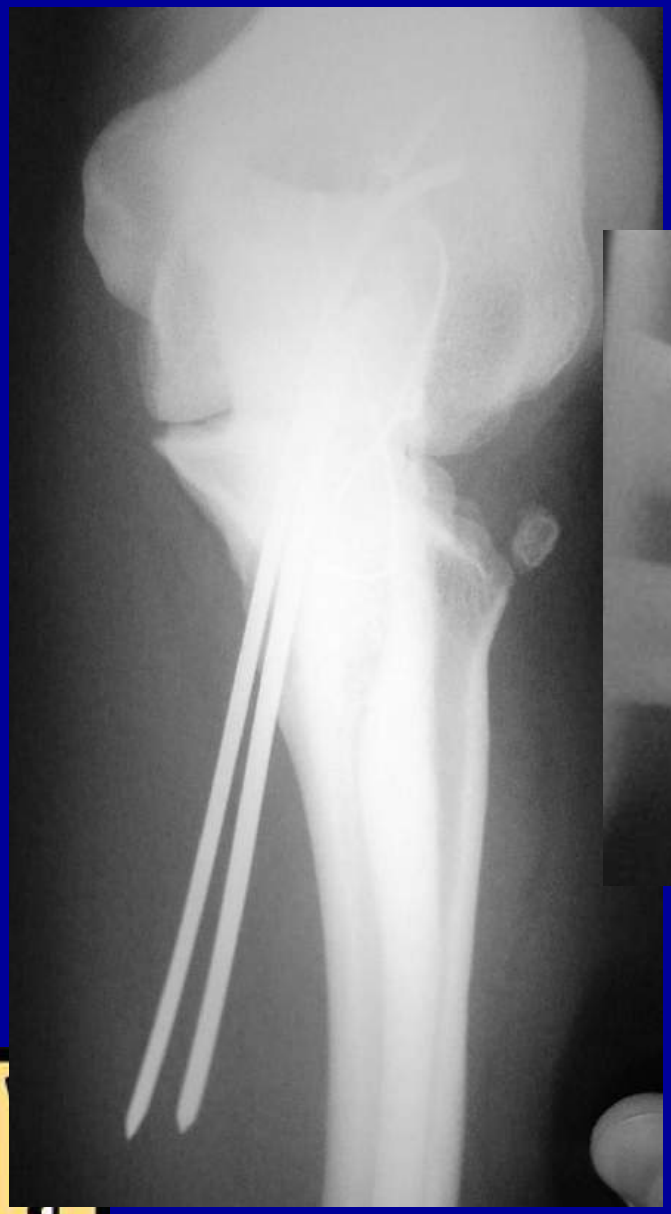
MC – 37M with painful hardware

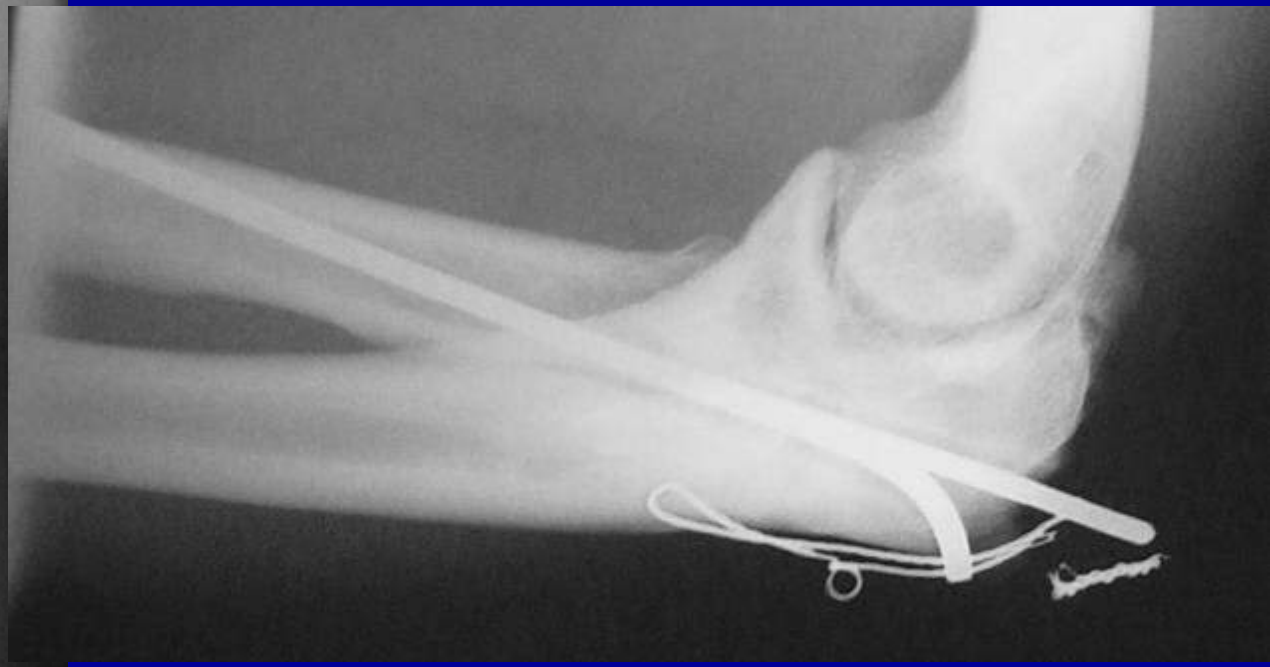
- 37M s/p L open olecranon fx
- Painful hardware
- Large olecranon bursa



Union Memorial Hospital

Rx: R/O hardware, bursectomy





Union Memorial Hospital

JC – 36F R IF STS

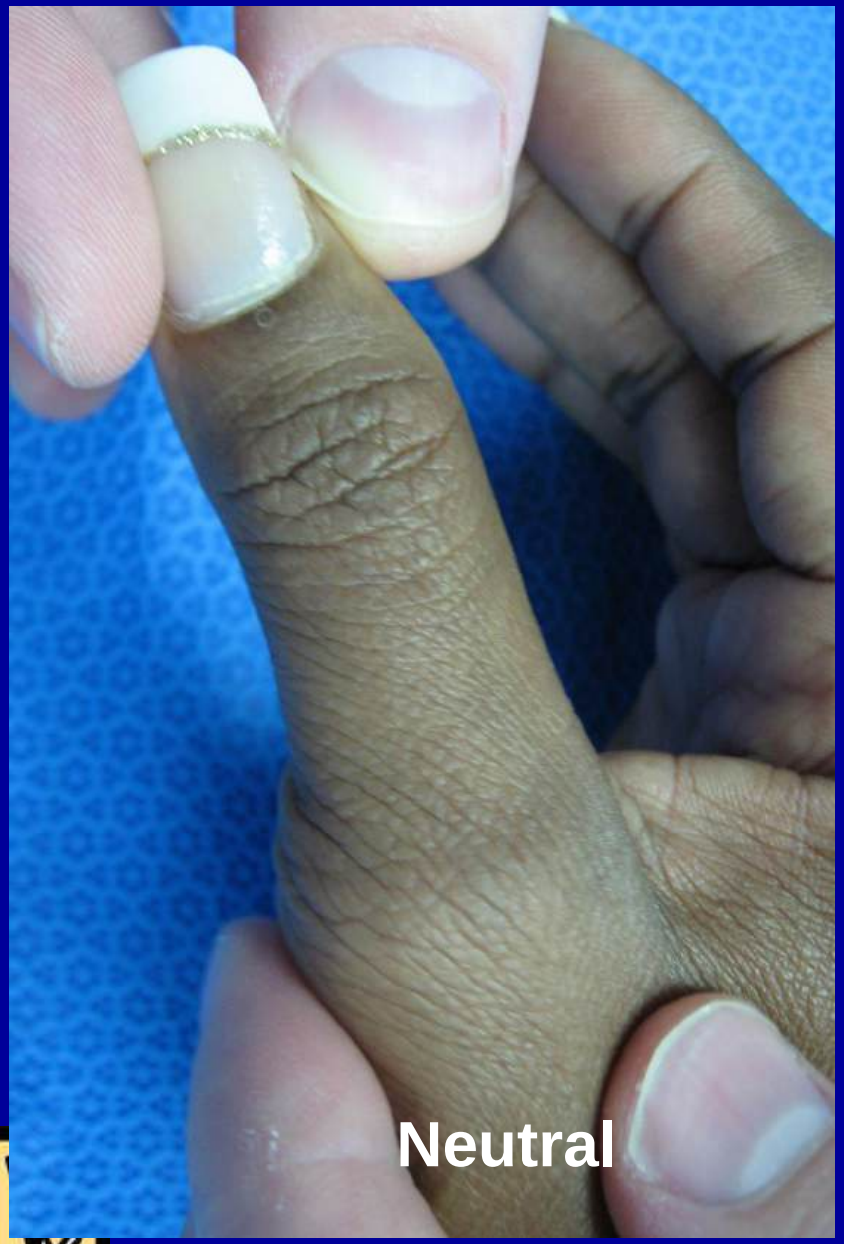
- Trigger release R IF

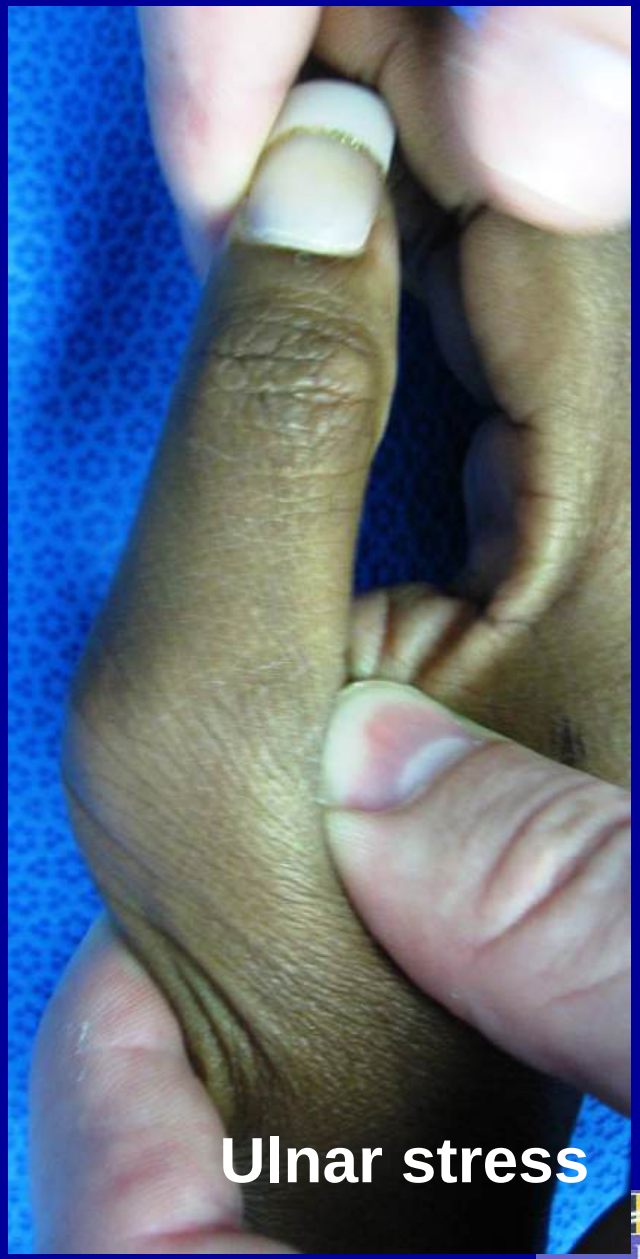
Union Memorial Hospital

ER – 35F thumb RCL injury

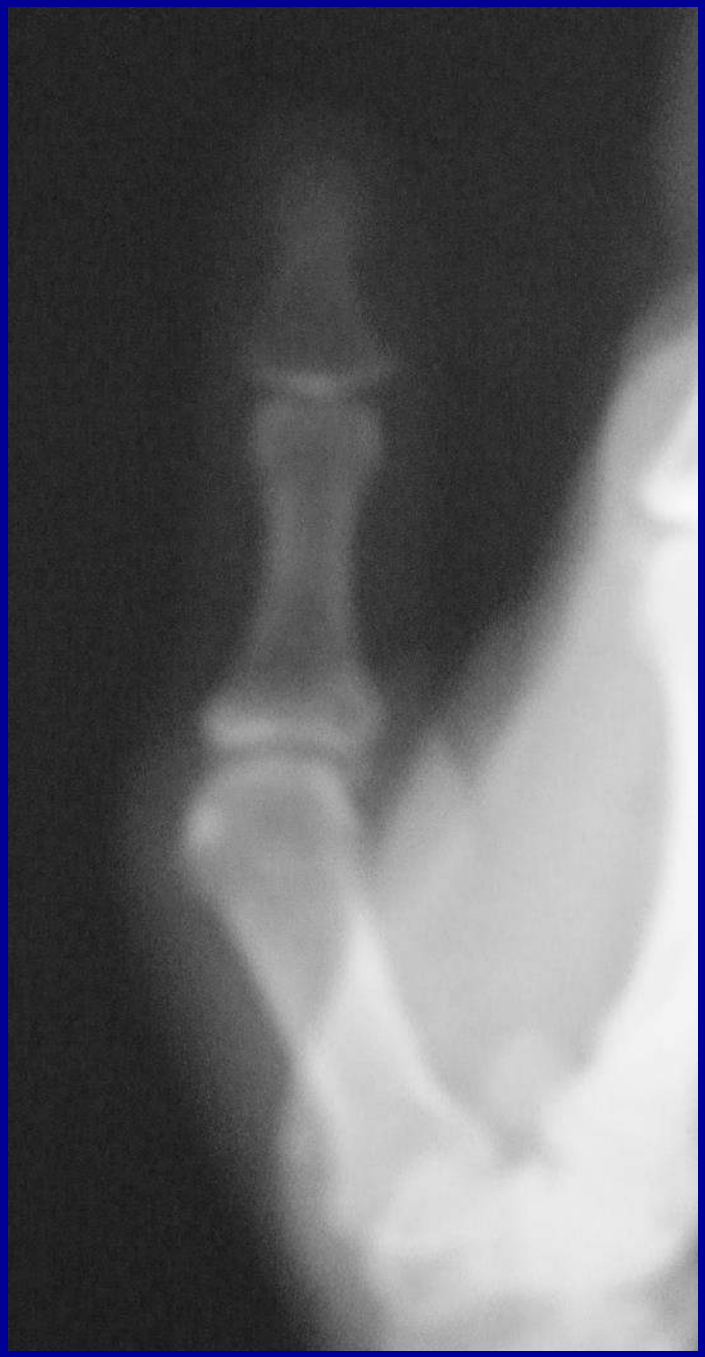
- HPI
  - Injury R thumb s/p fall 8 months ago
  - RHD teacher – c/o difficulty writing with chalk on blackboard due to thumb instability

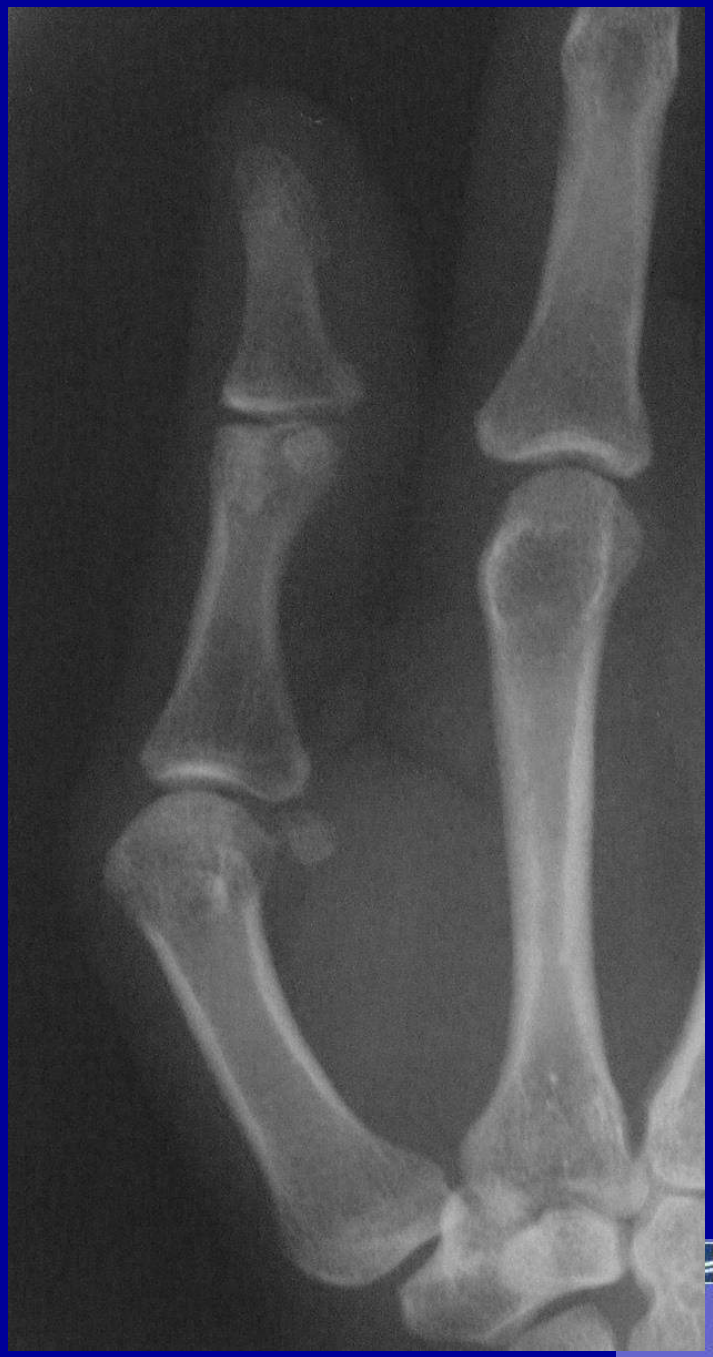
Union Memorial Hospital





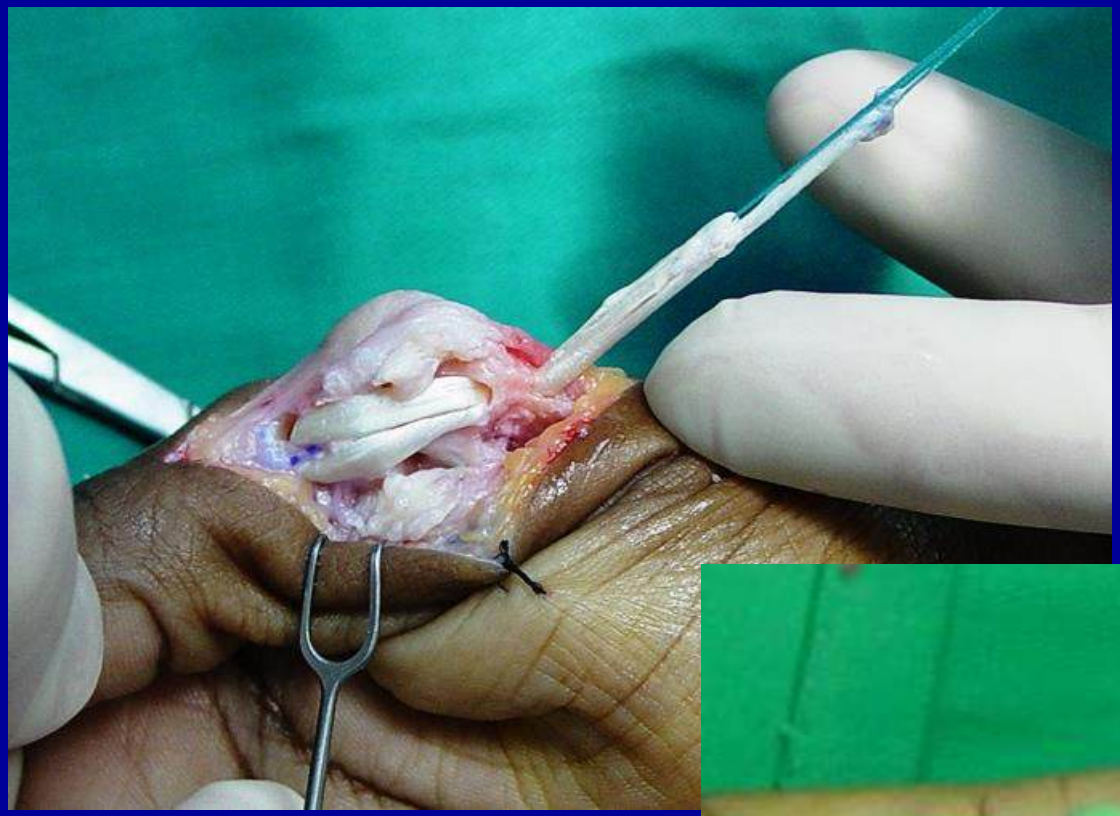
Union Memorial Hospital

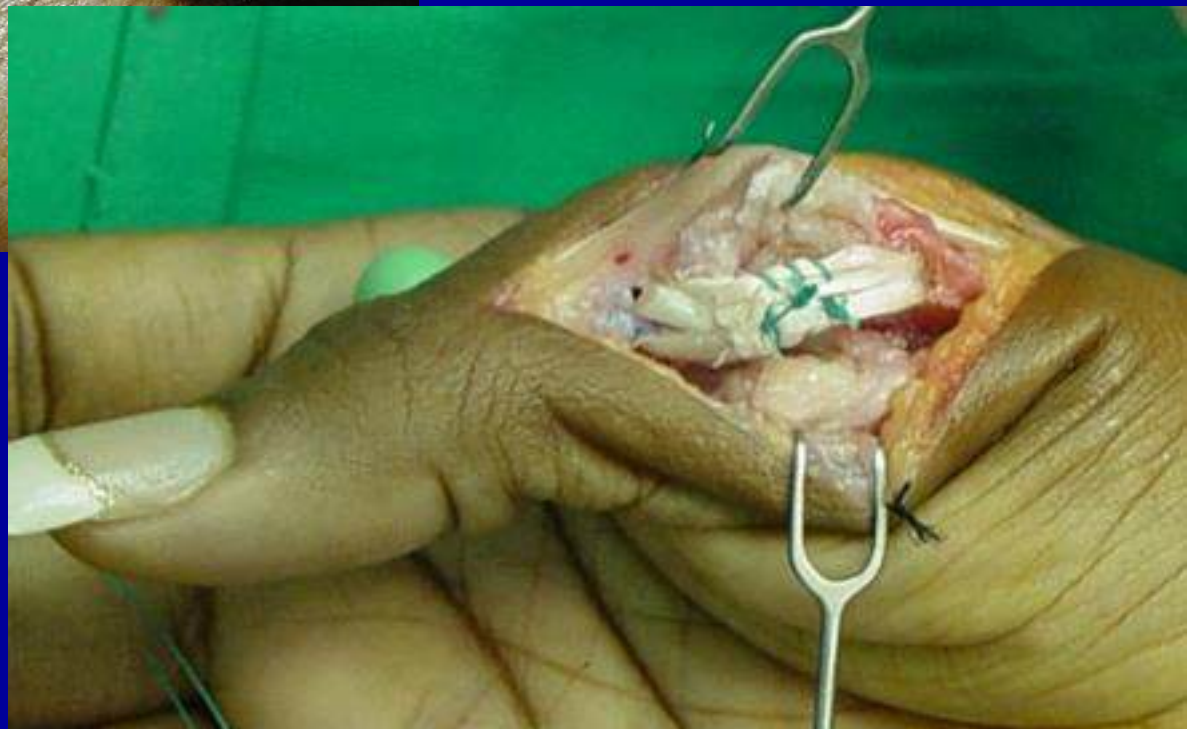


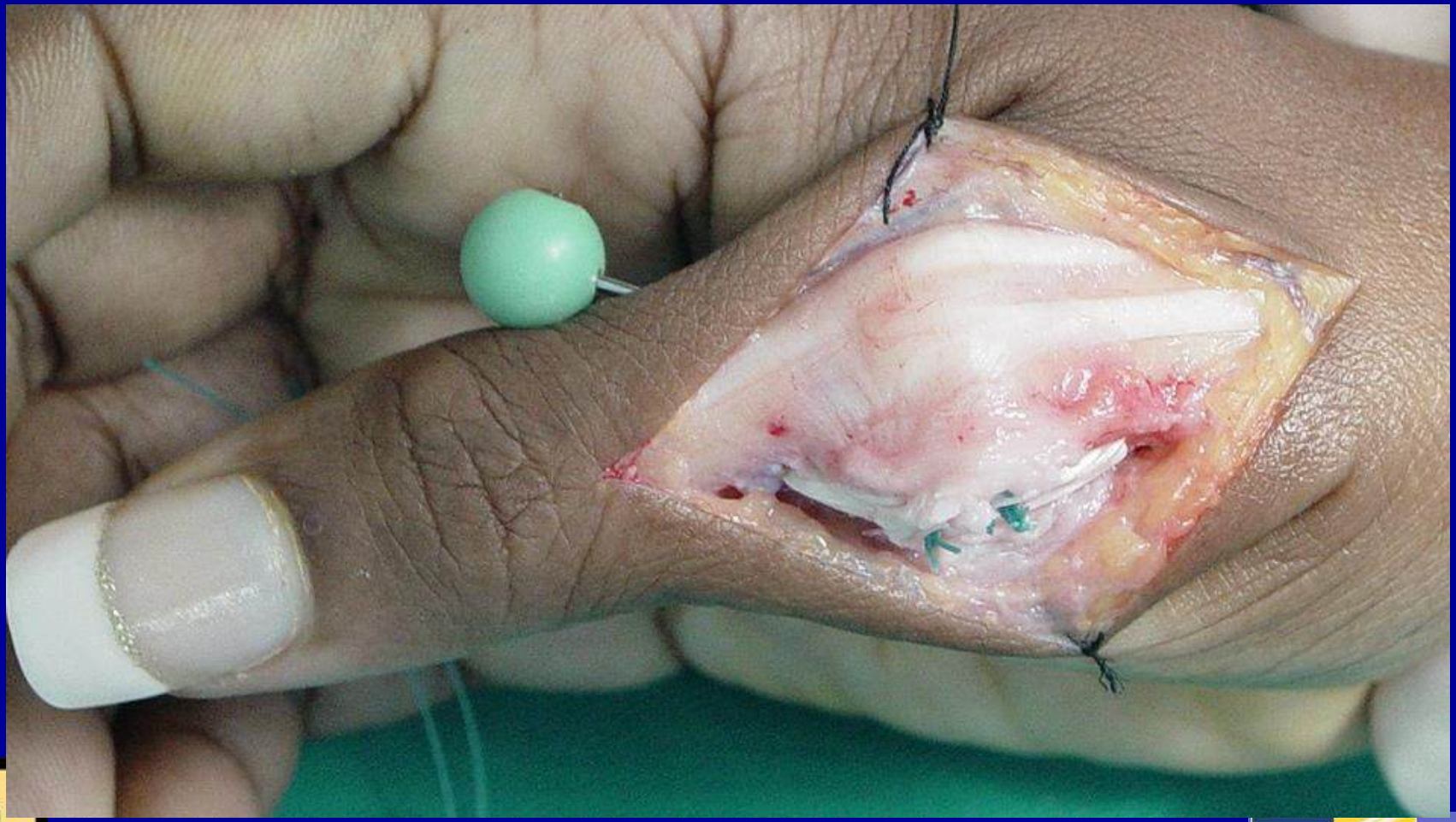


Union Memorial Hospital

RCL reconstruction w/ PL



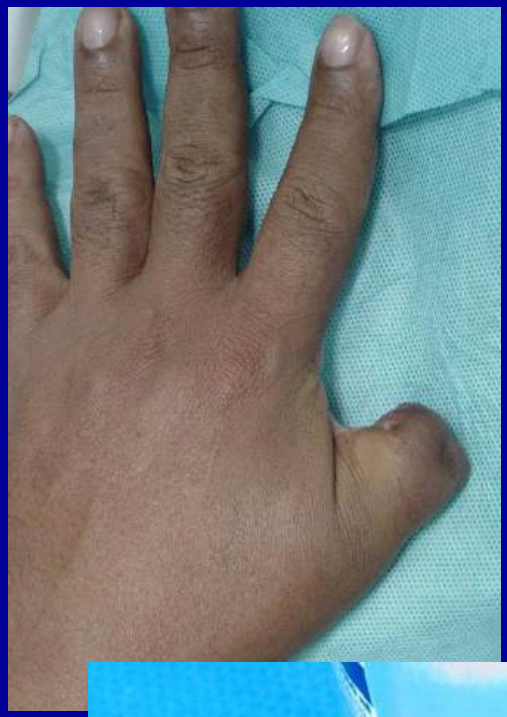


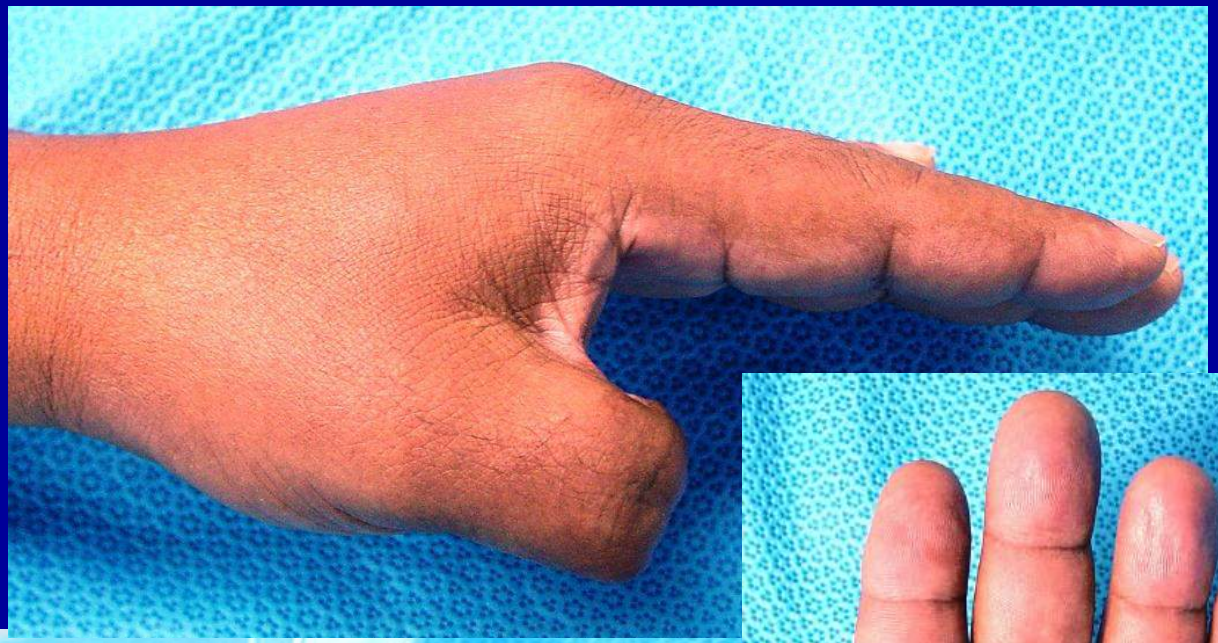


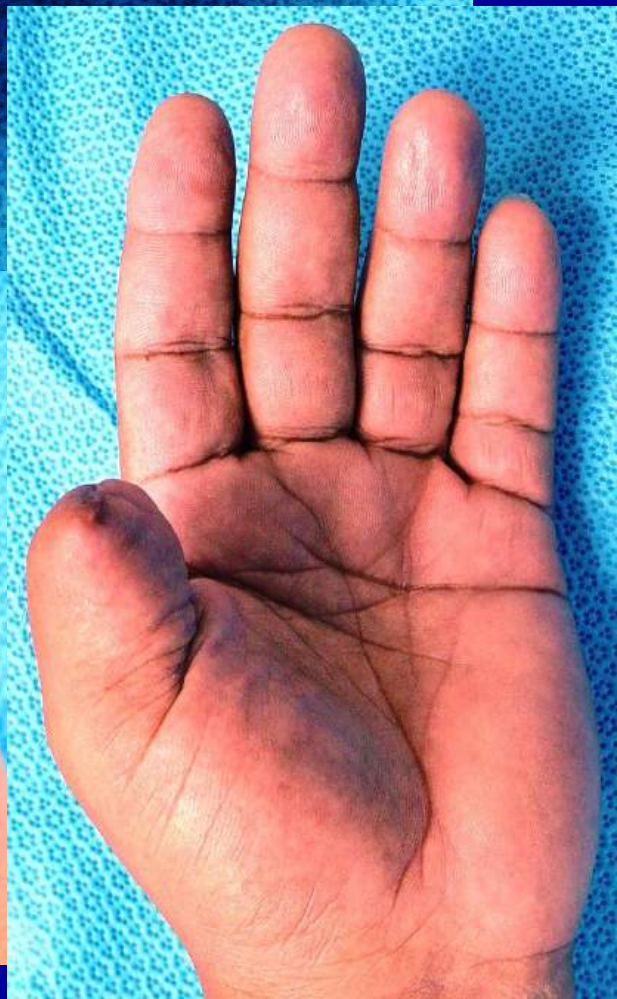
Union Memorial Hospital

DP – 52M thumb amputation

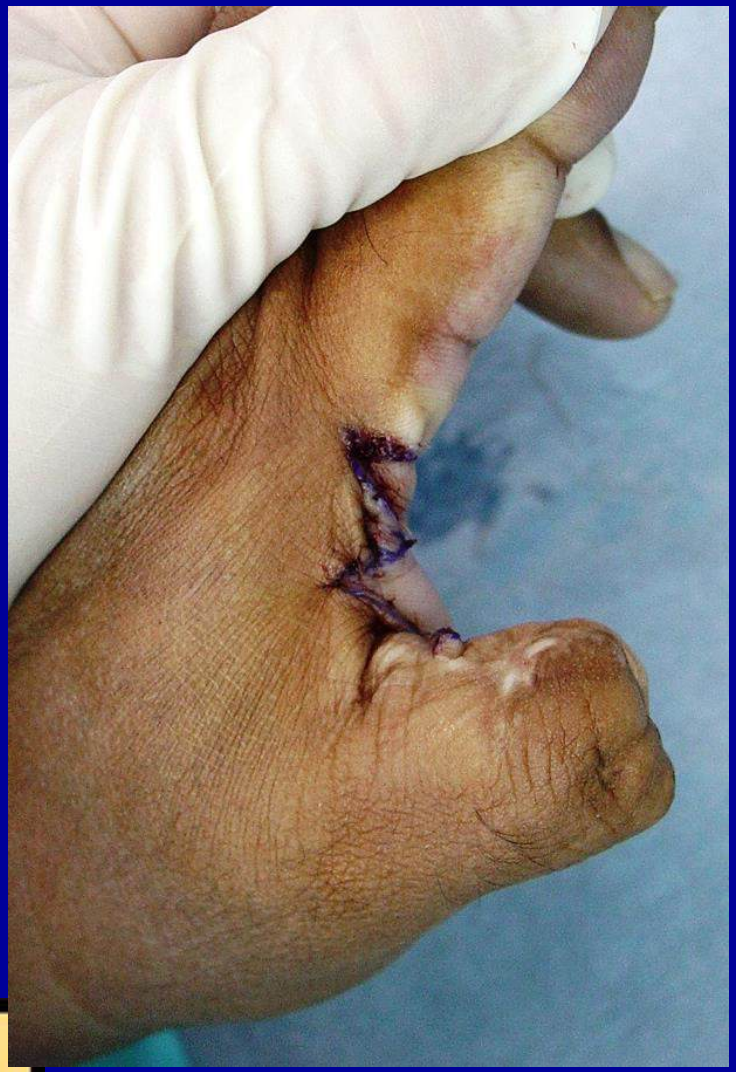
- s/p industrial injury L thumb

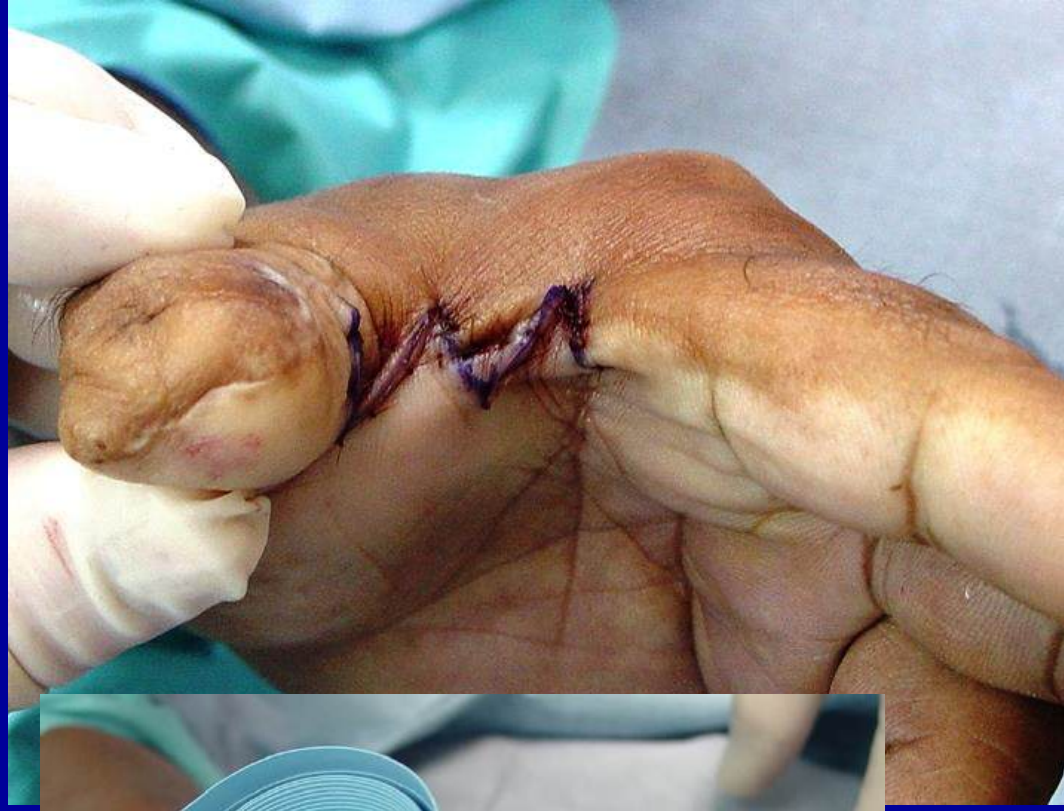






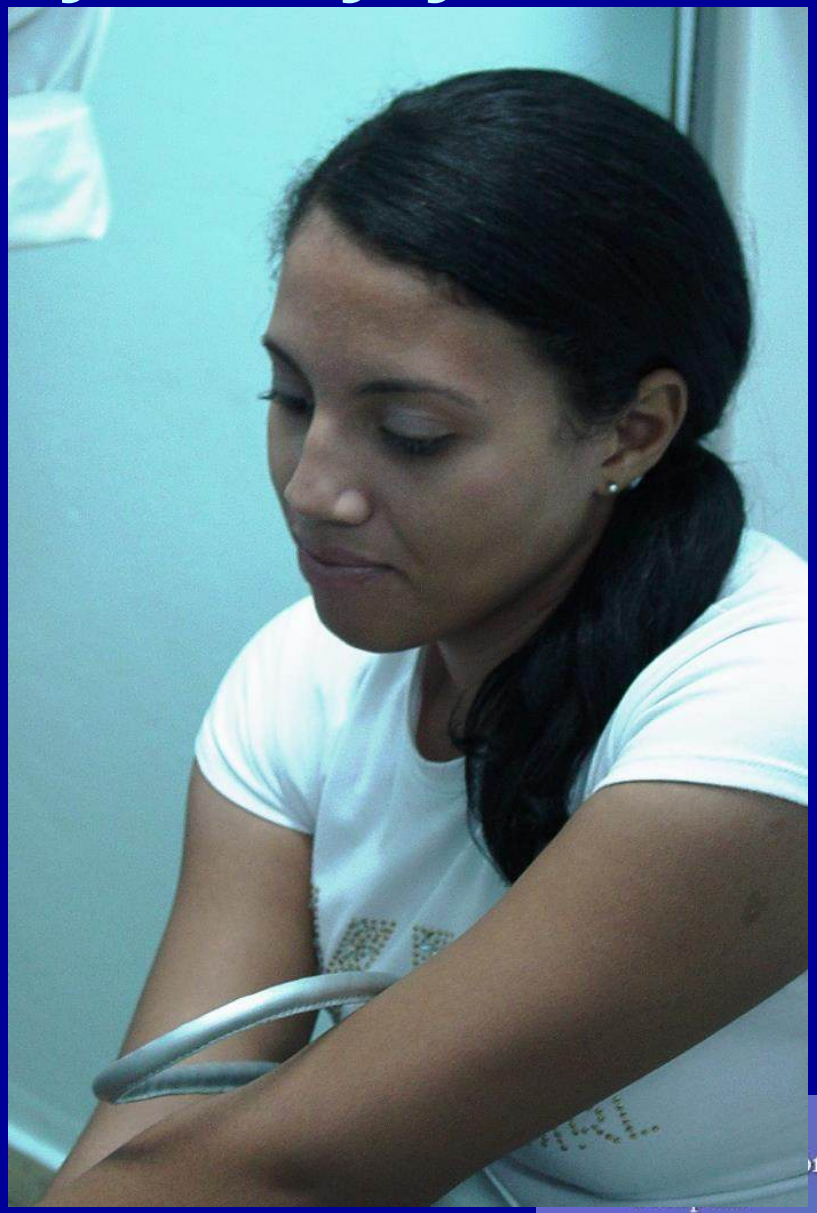
4-flap Z-plasty

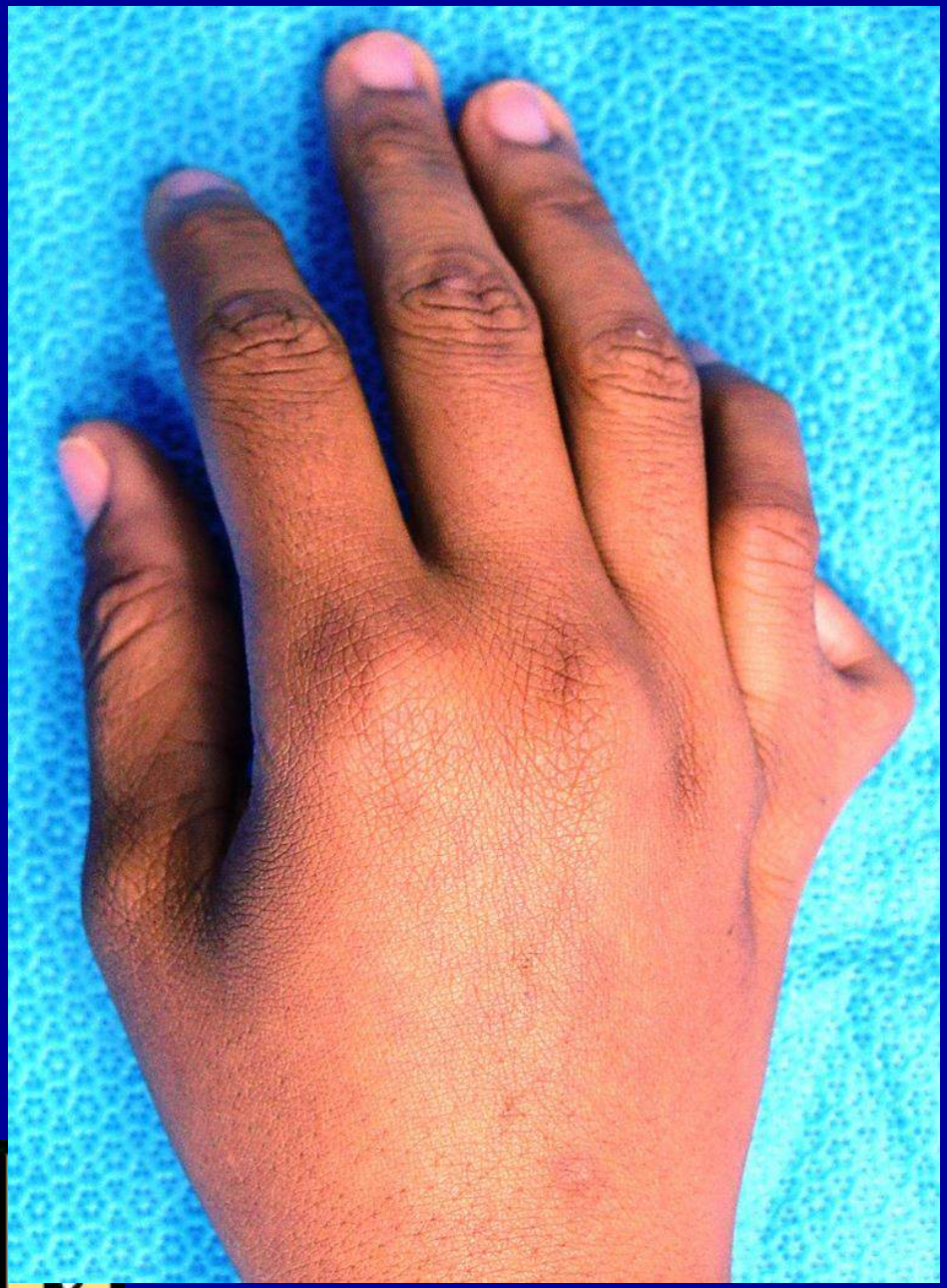


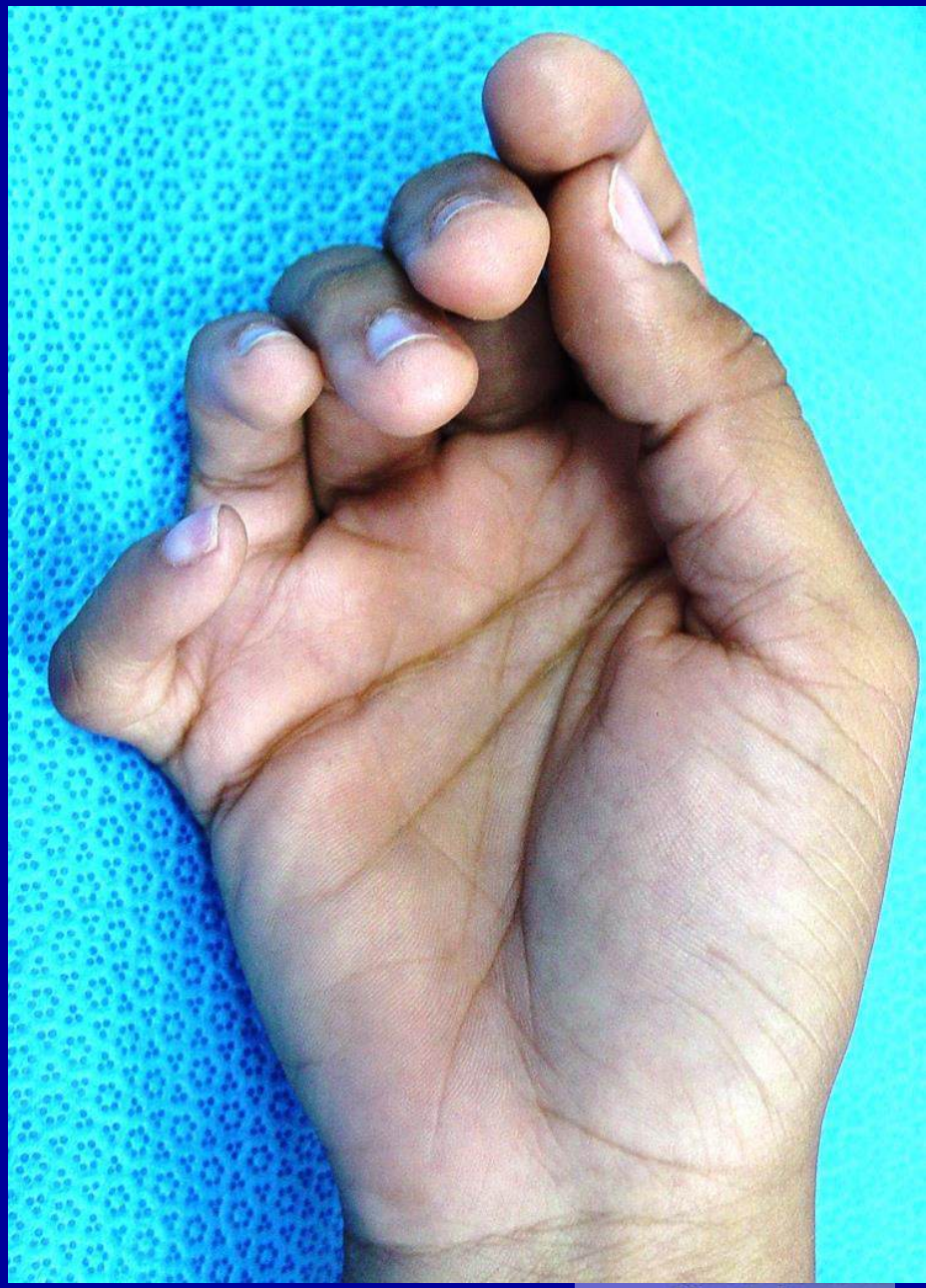


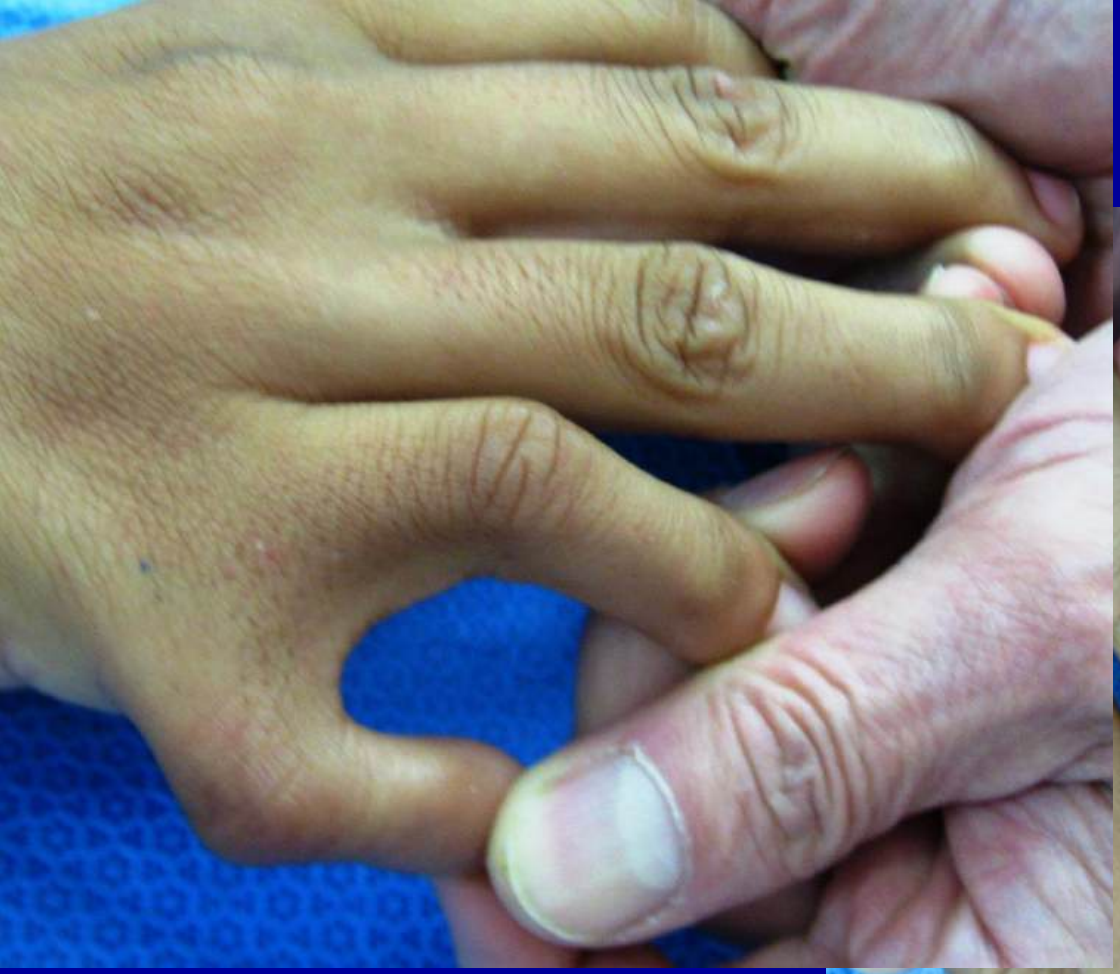
ER – 20F polydactyly

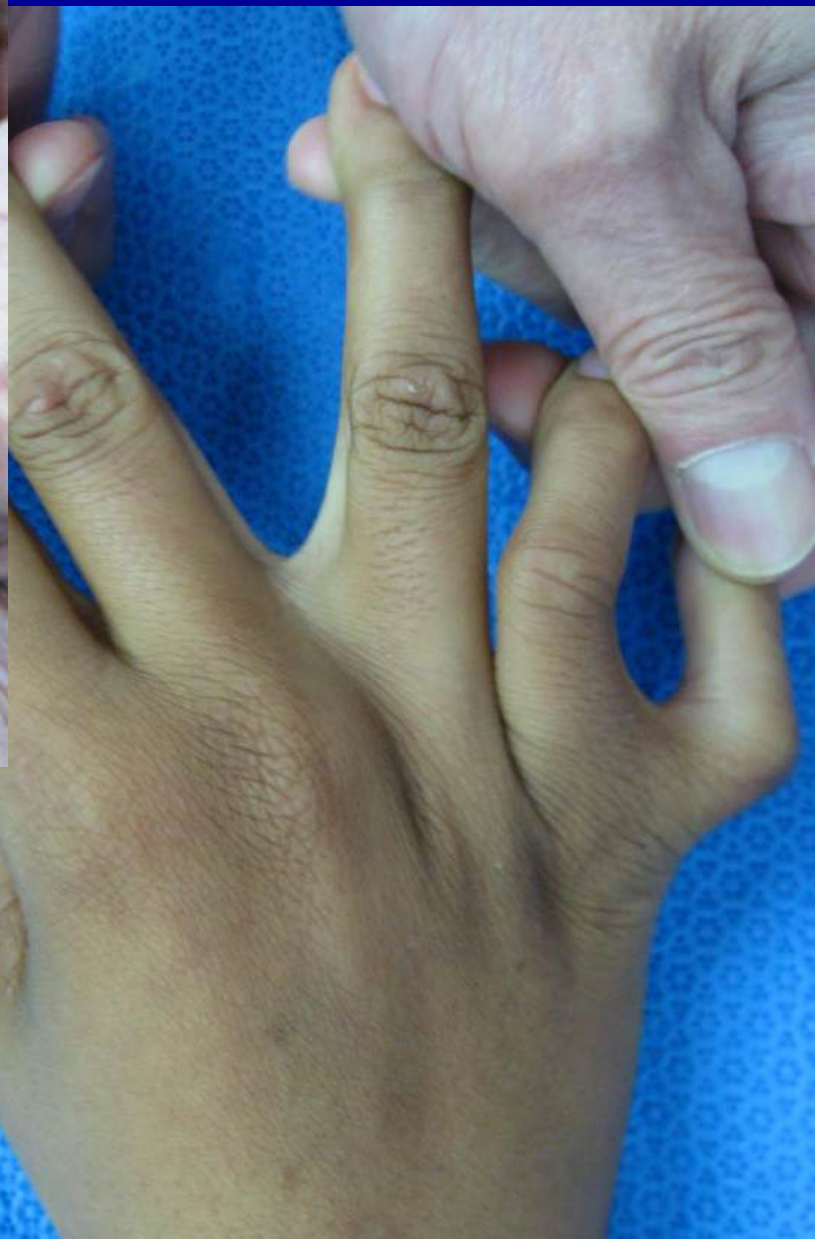
- No active flex/ex of supernumerary digit
- Sensation intact

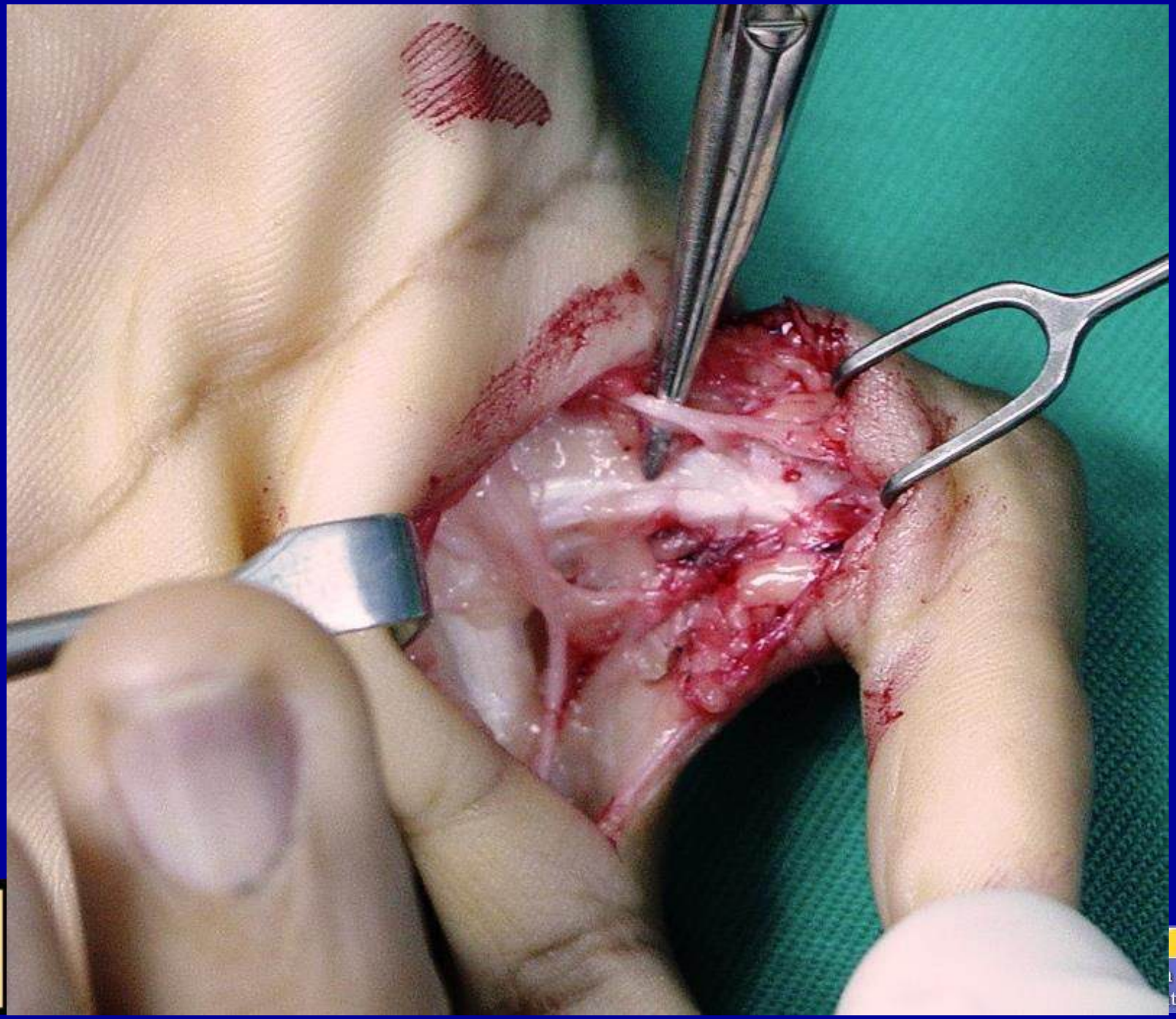












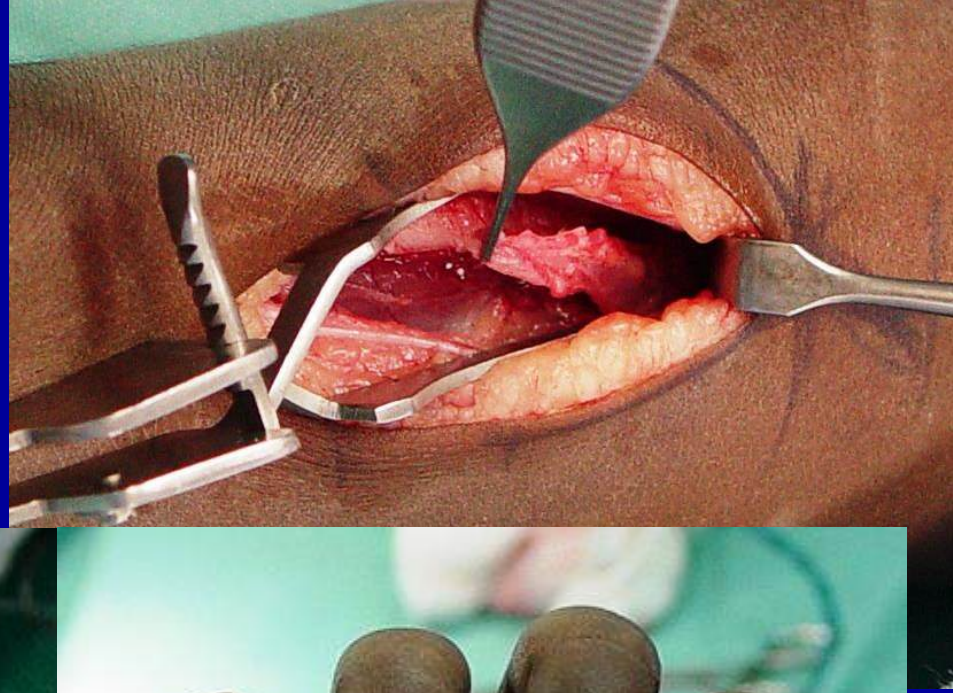
Union Memorial Hospital

LC – 2M congenital brachial plexopathy

- ↓ wrist/finger extension
- Elbow flexion contacture
- Shoulder ROM
  - FE 100
  - ER 20

Tendon transfers

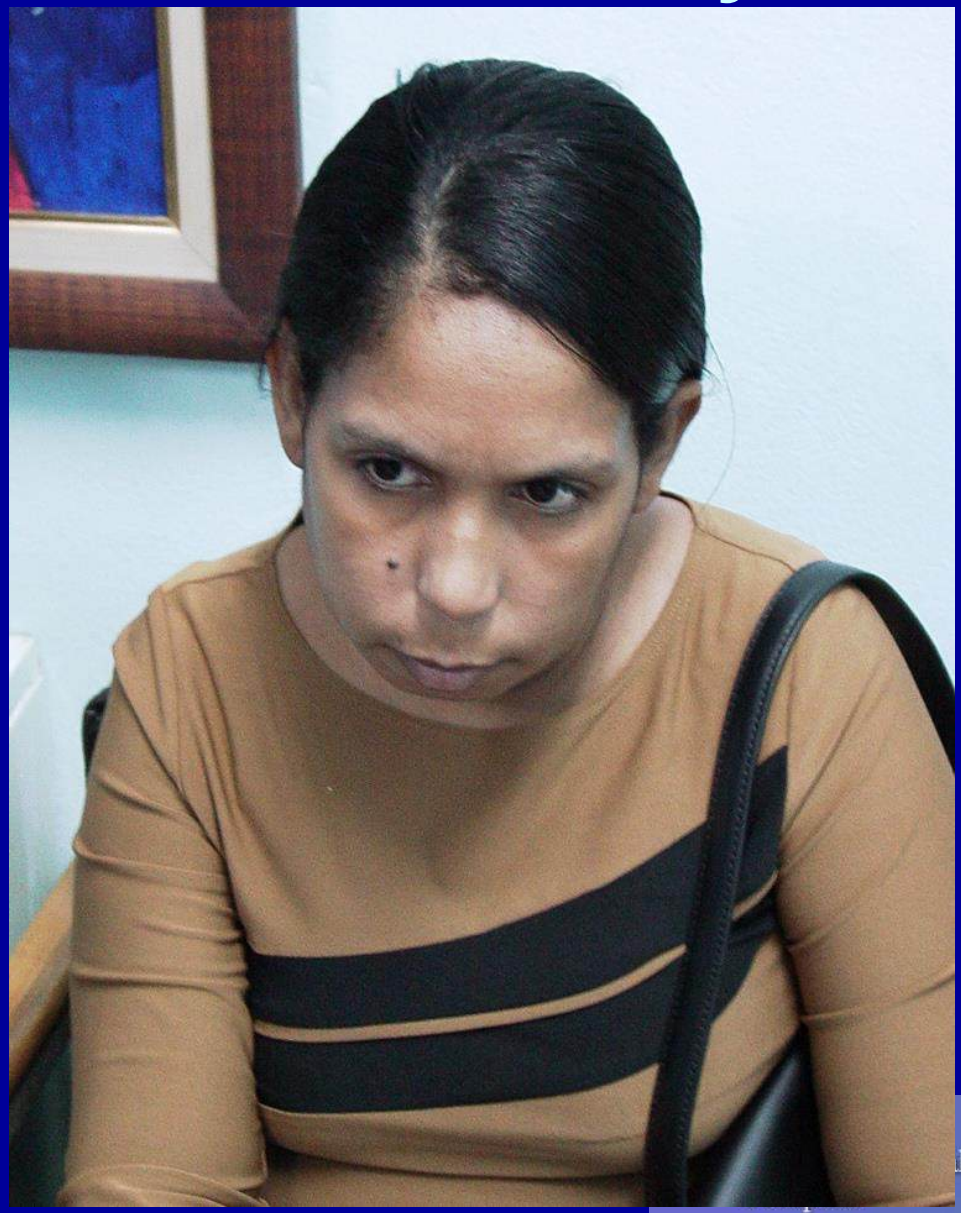
- PT → ECRB/ECRL
- FCR → EDC
- PL → EPL

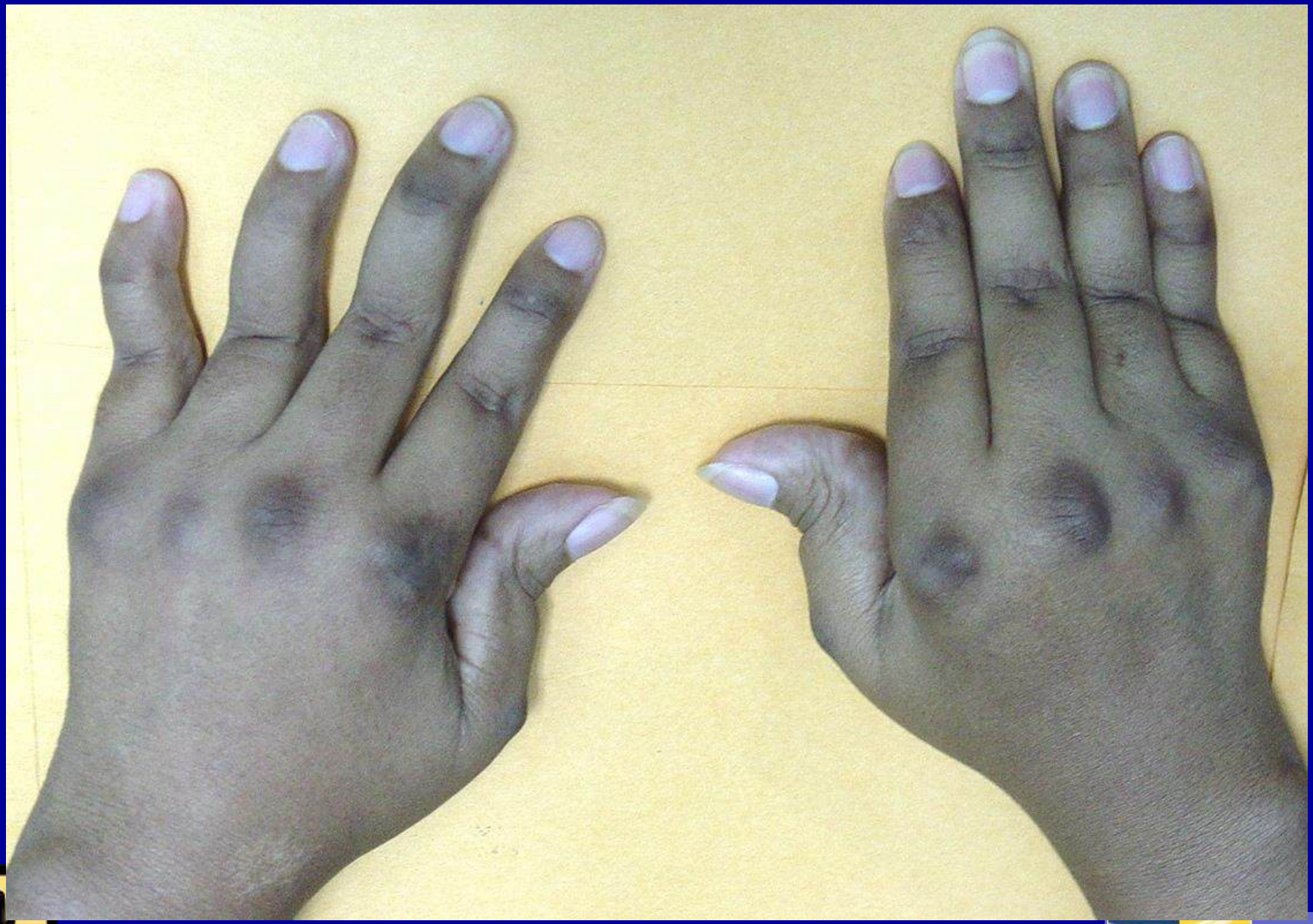


Union Memorial Hospital

NR – 37F b/l hand deformity

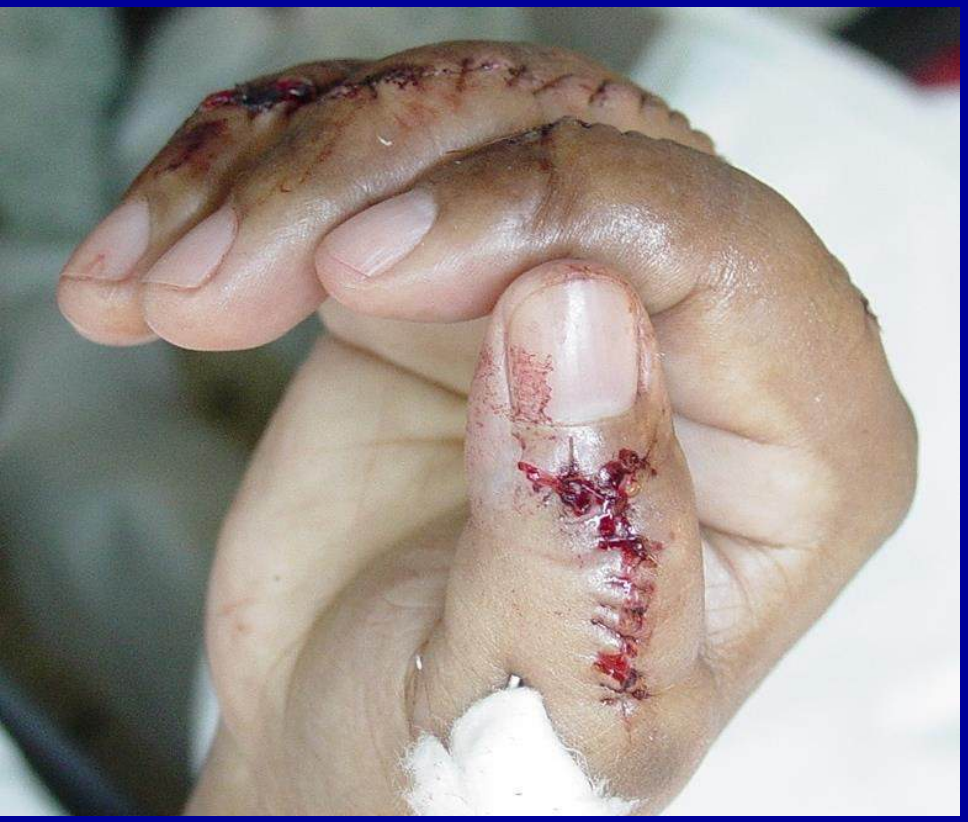
- RA, no medical intervention
- B/L hand, wrist, foot, knee involvement
- Difficulty performing ADLs due to hand deformity
- PSH: L wrist fusion 2005





Union Memorial Hospital

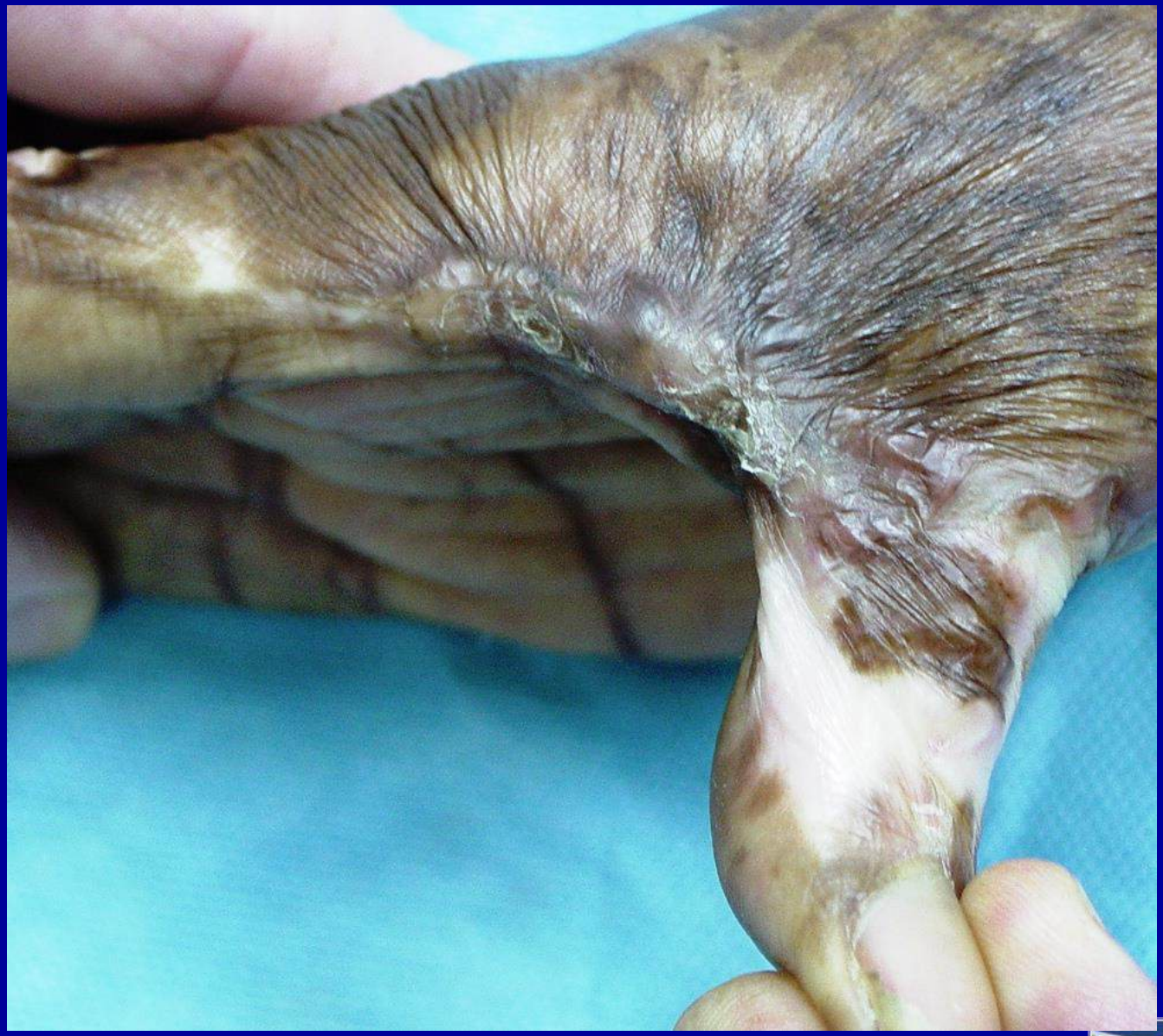
Rx: arthrodesis PIP 2-5, IP thumb



Union Memorial Hospital

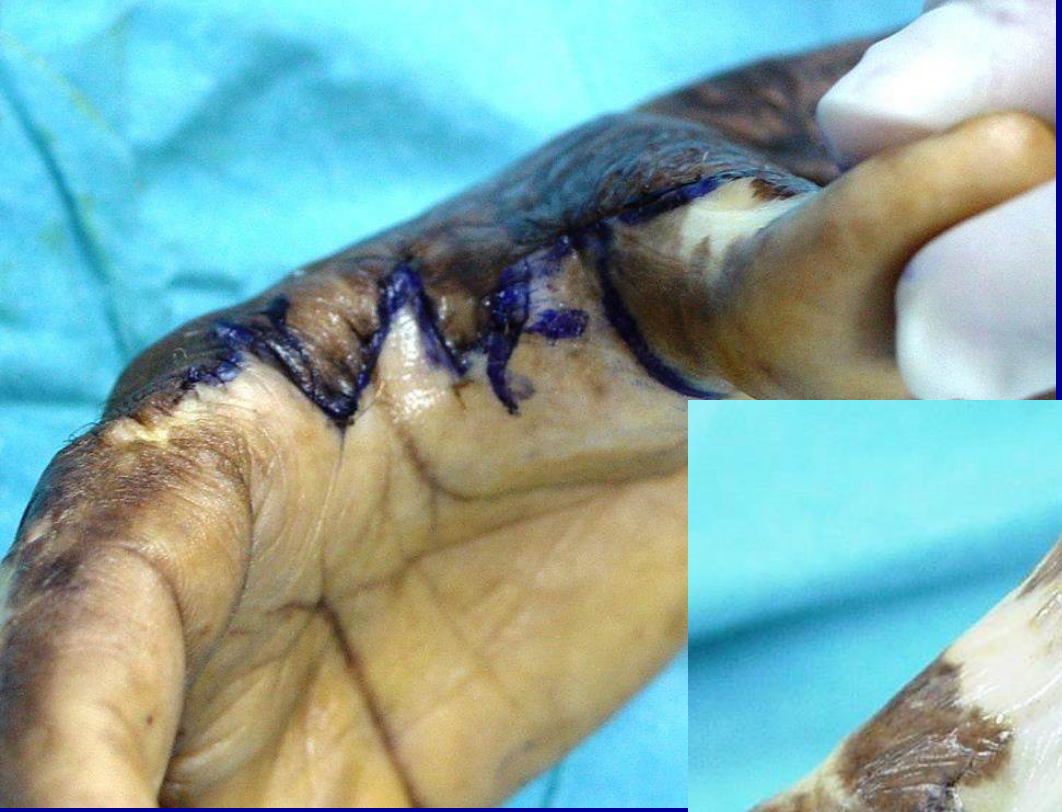
MA – 41F contracture 1st web space

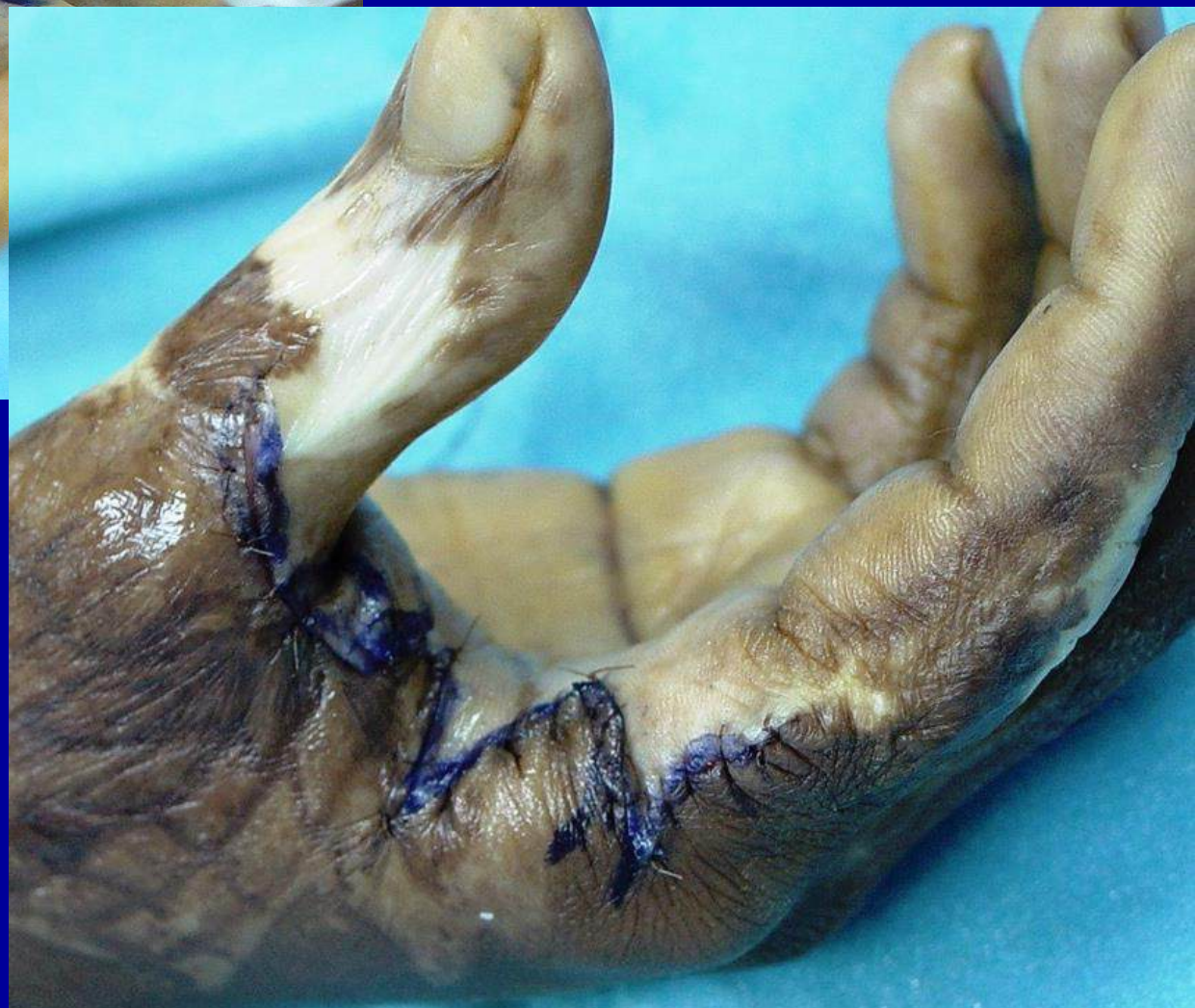
- Burn R upper extremity
- c/o painful nodule 1st web



Union Memorial Hospital

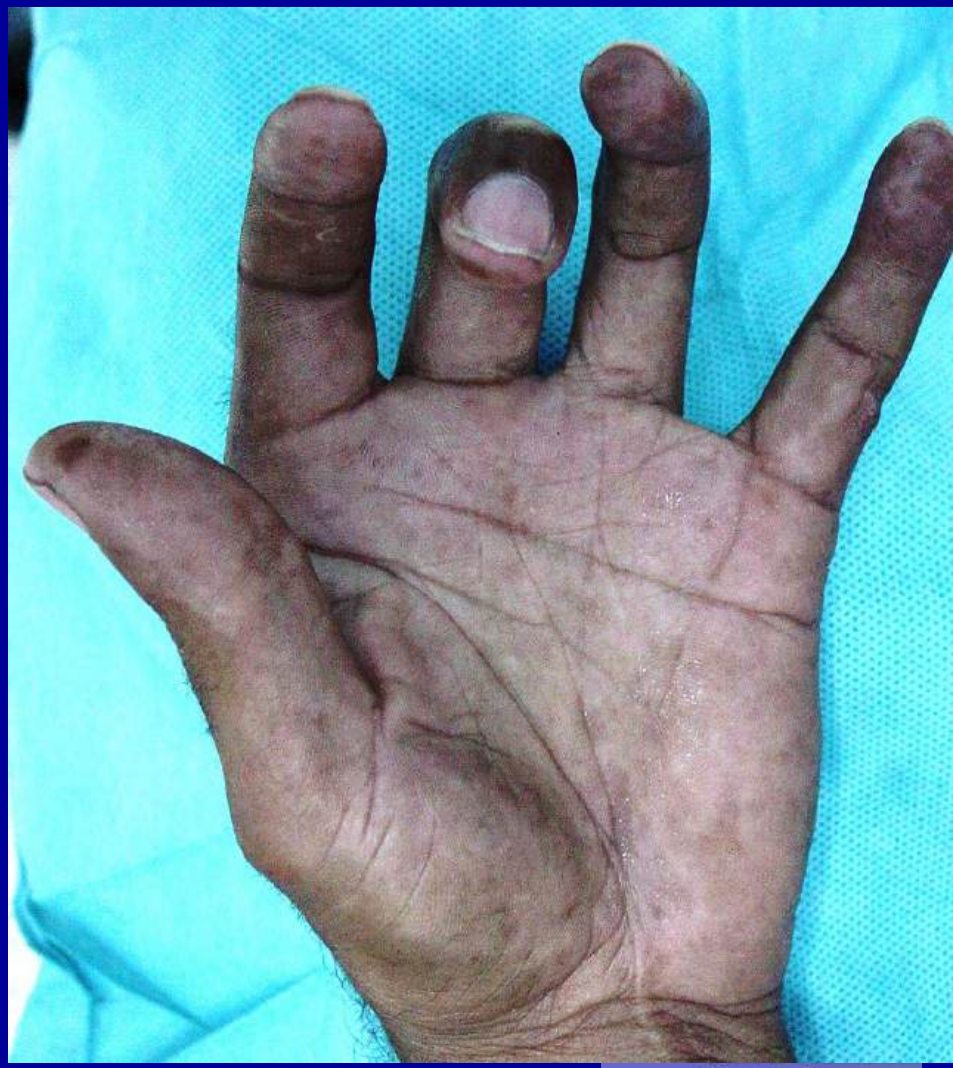
Rx: 4-flap Z-plasty





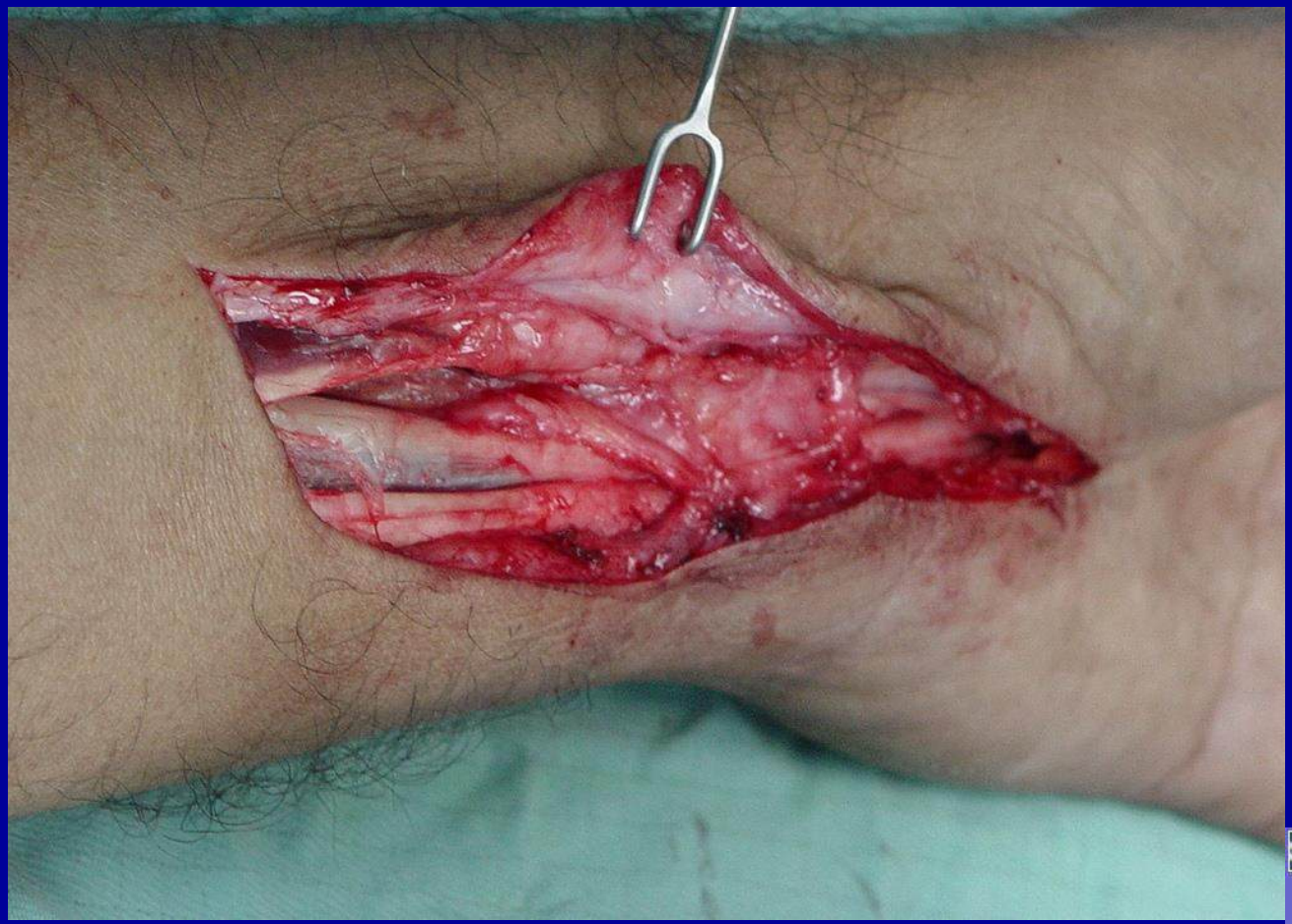
JQ – 40M burn R wrist

- Electrical pain with palpation over median nerve
- Median n. sensation intact, no motor
- Previously exploration at wrist



Rx: PQ transposition over median nerve

- Median n in continuity
- Positioned volar to all tendons at wrist

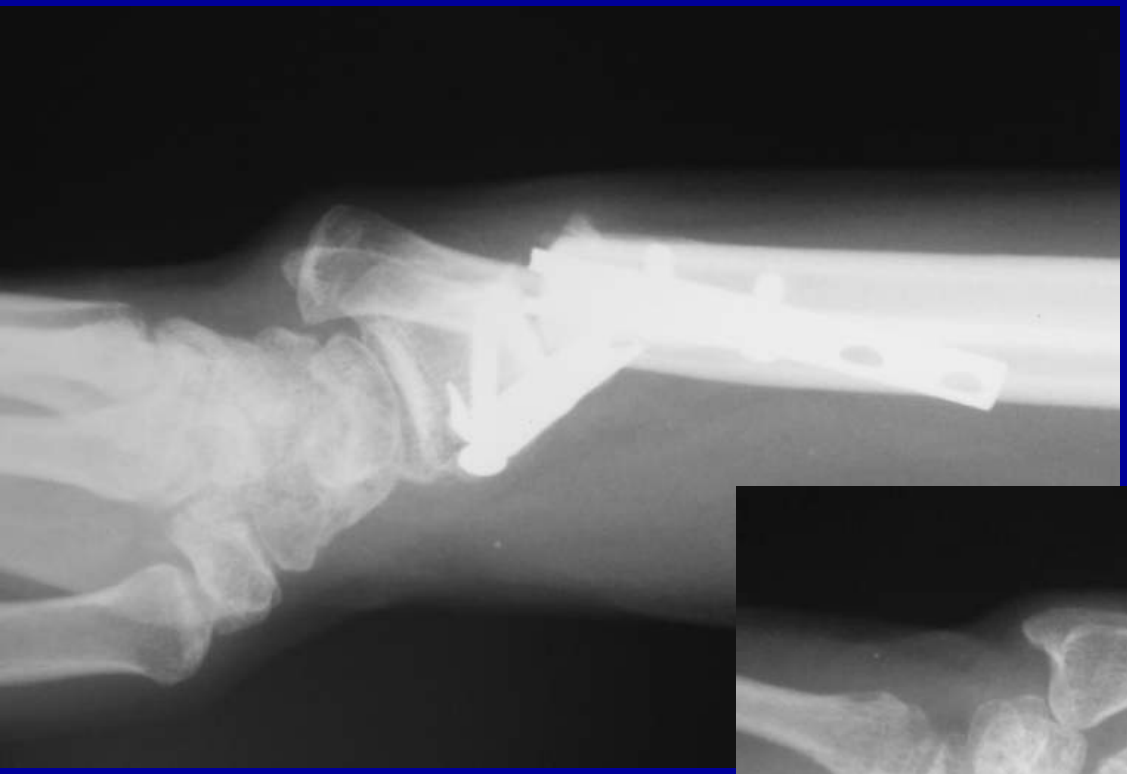


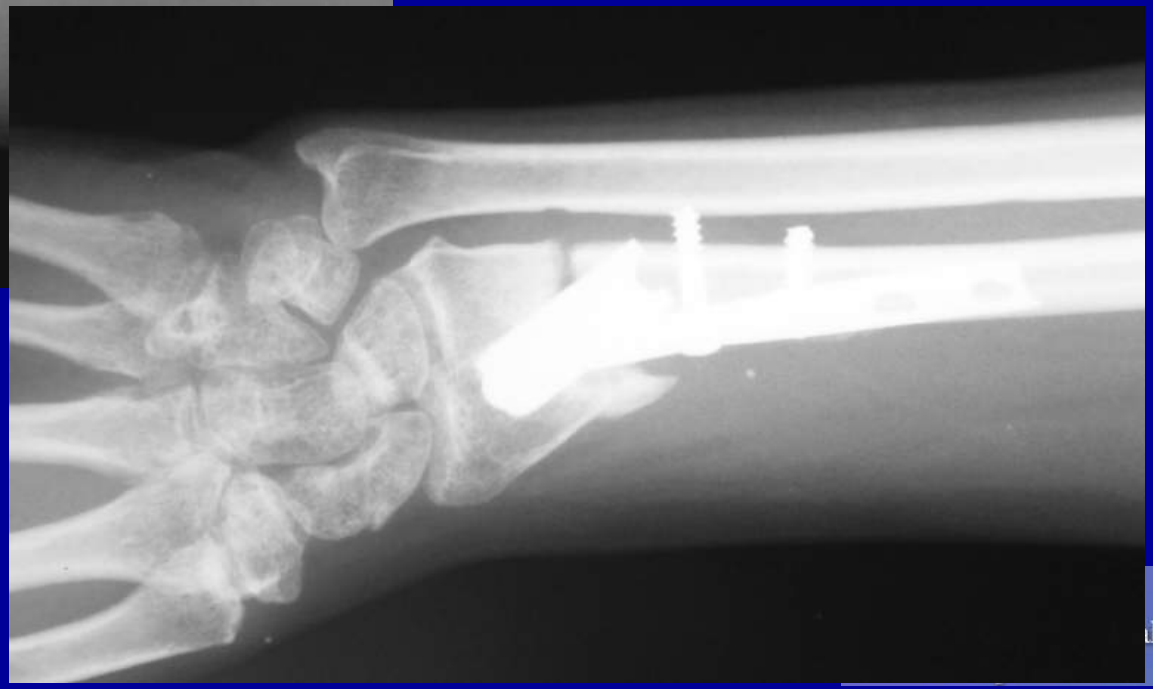
Union Memorial Hospital

F/U from 2005 D.R. trip

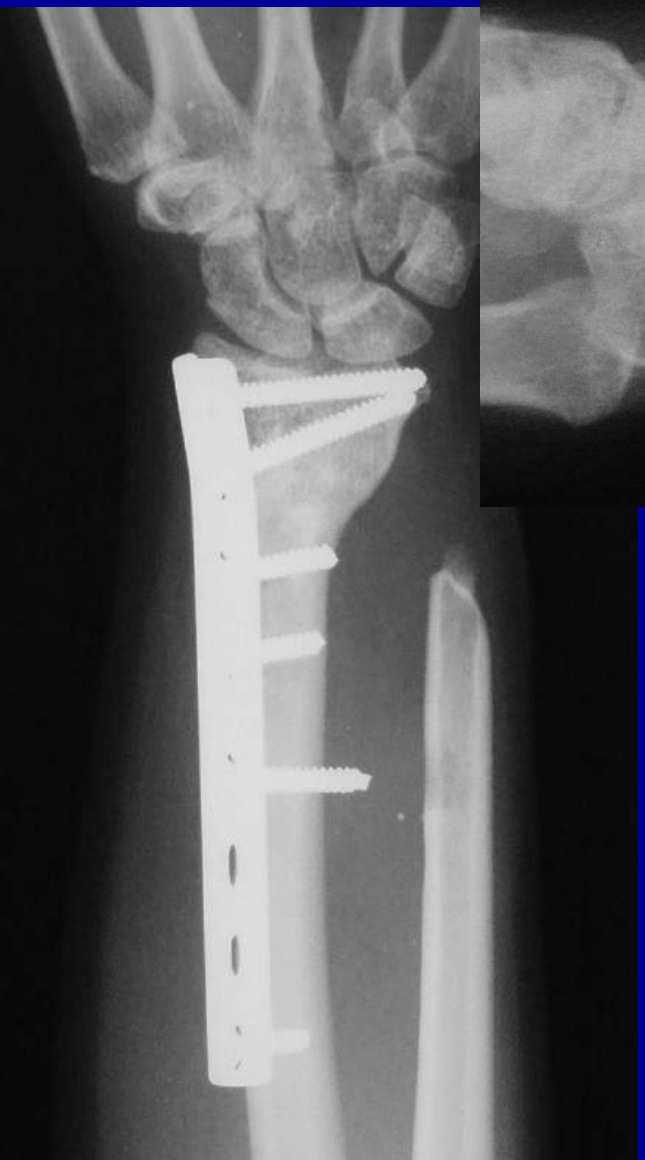
Union Memorial Hospital

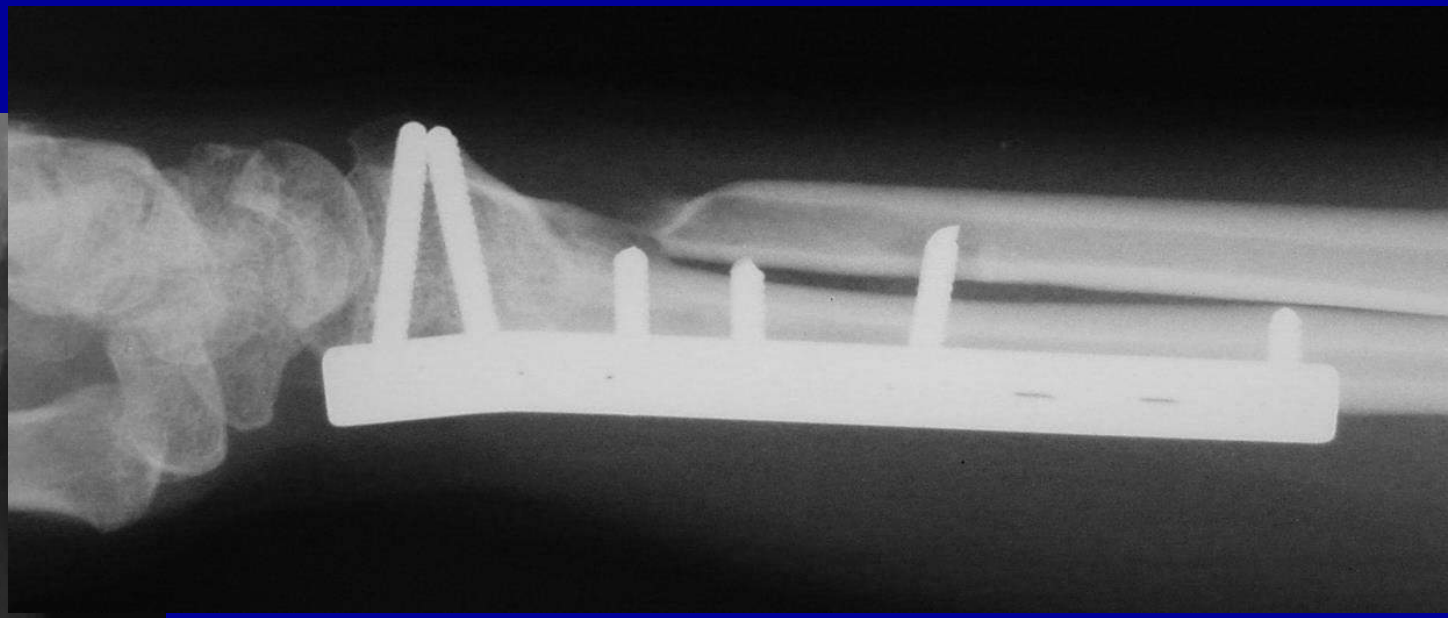
GJ – 47F R DR non-union



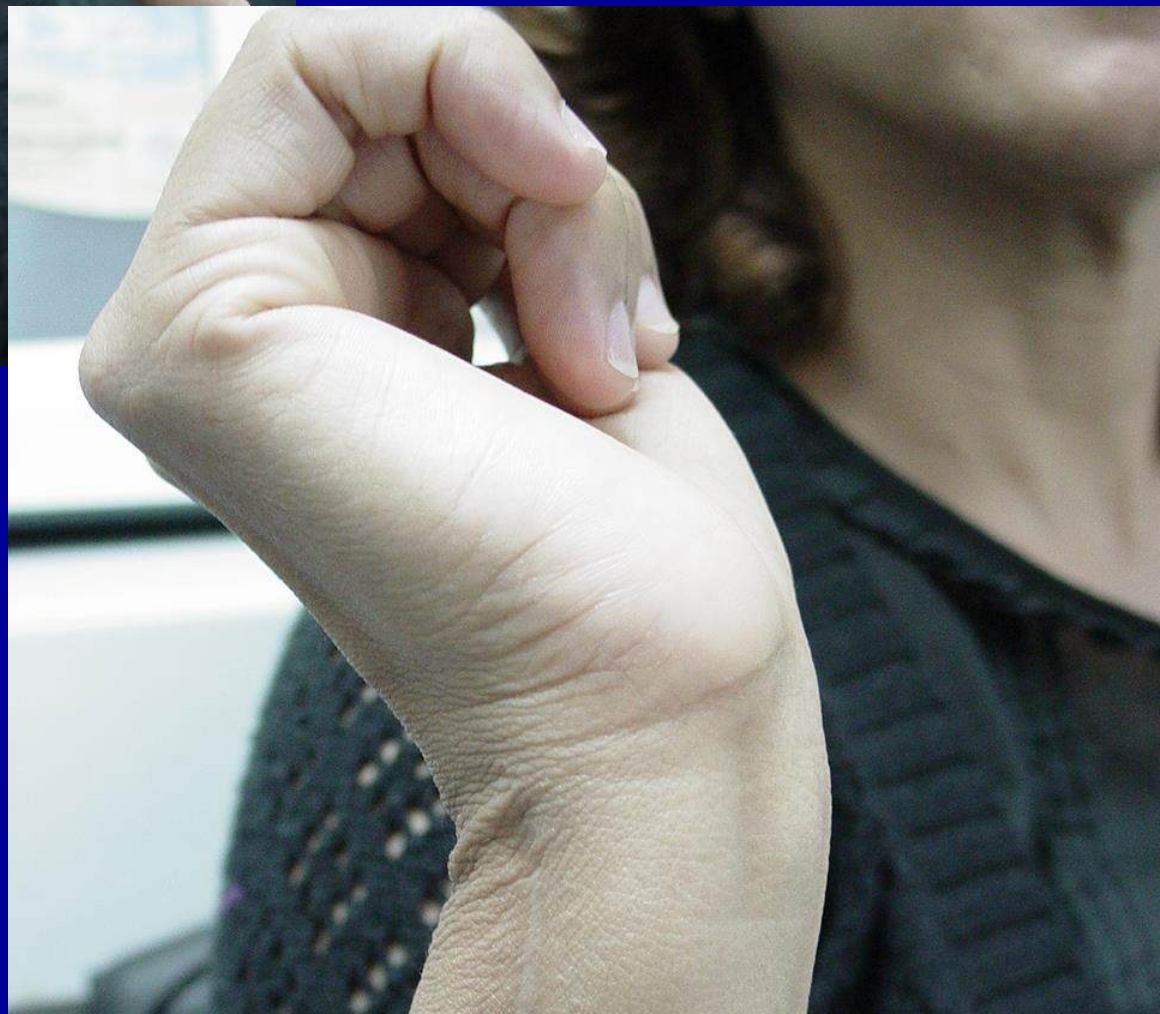


1 yr post-op ORIF, BG, Darrach





Union Memorial Hospital



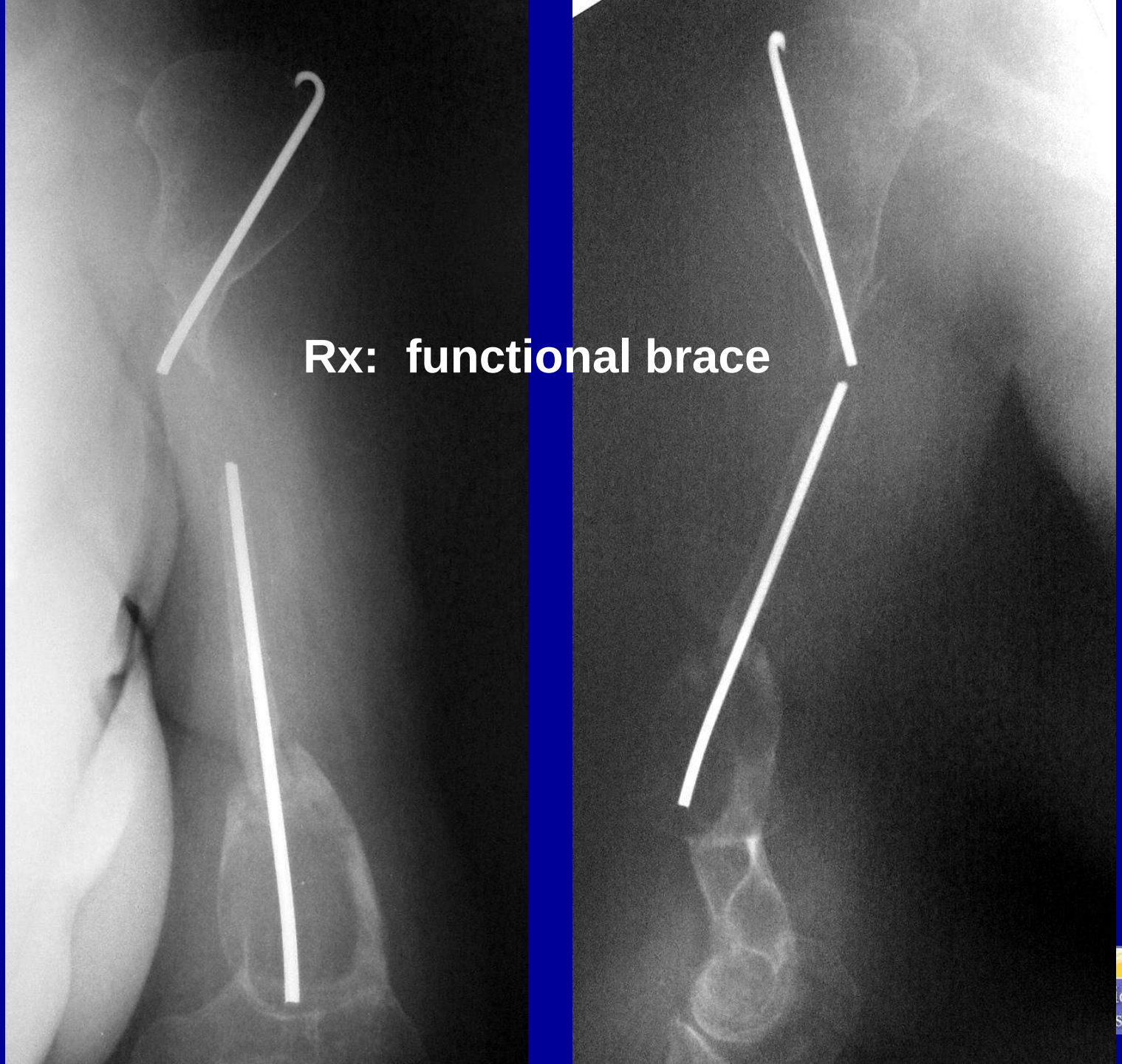
Union Memorial Hospital

Non-operative cases

Union Memorial Hospital

Humerus non-union

- 78F s/p L humerus fx
- PSH:
  - ORIF
  - Free fibula
- NVID

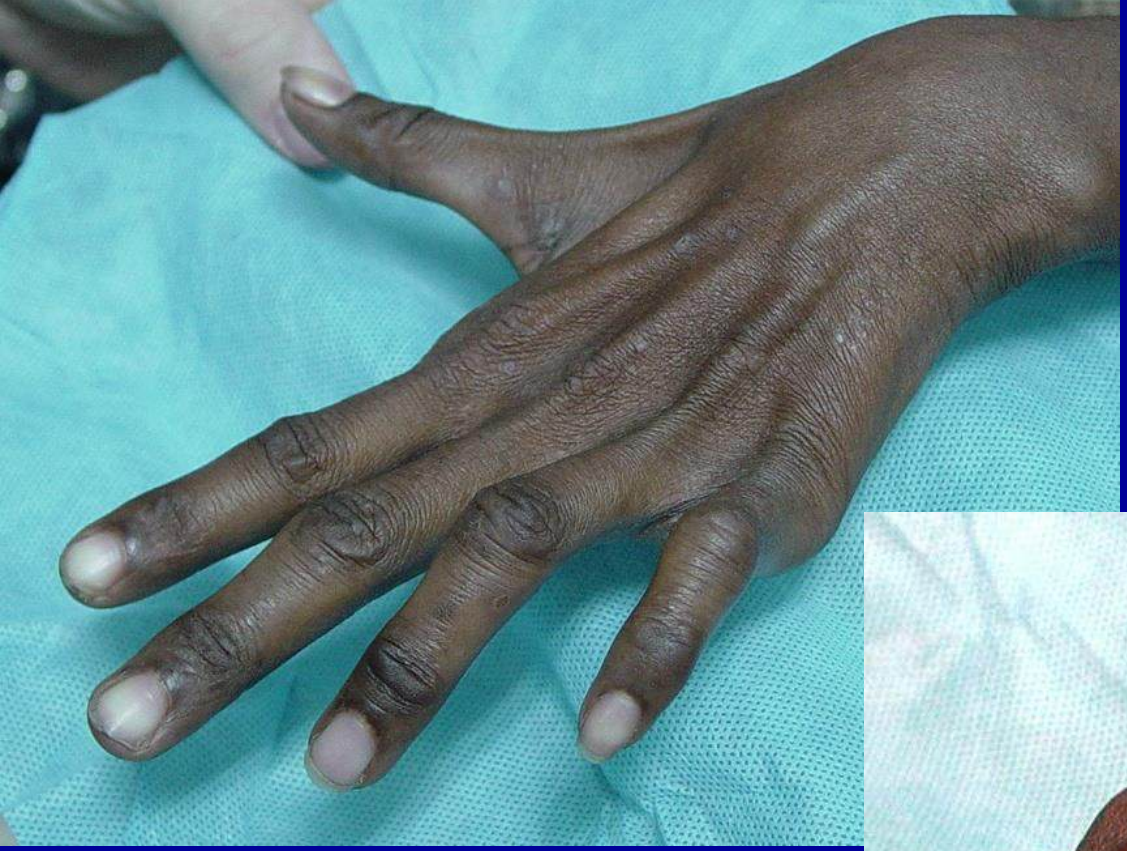


Rx: functional brace

Low ulnar nerve laceration

- 26F s/p ulnar n lac 2 yrs prior to presentation
- No functional deficits

Union Memorial Hospital



Rx: observation

Gunstock deformity

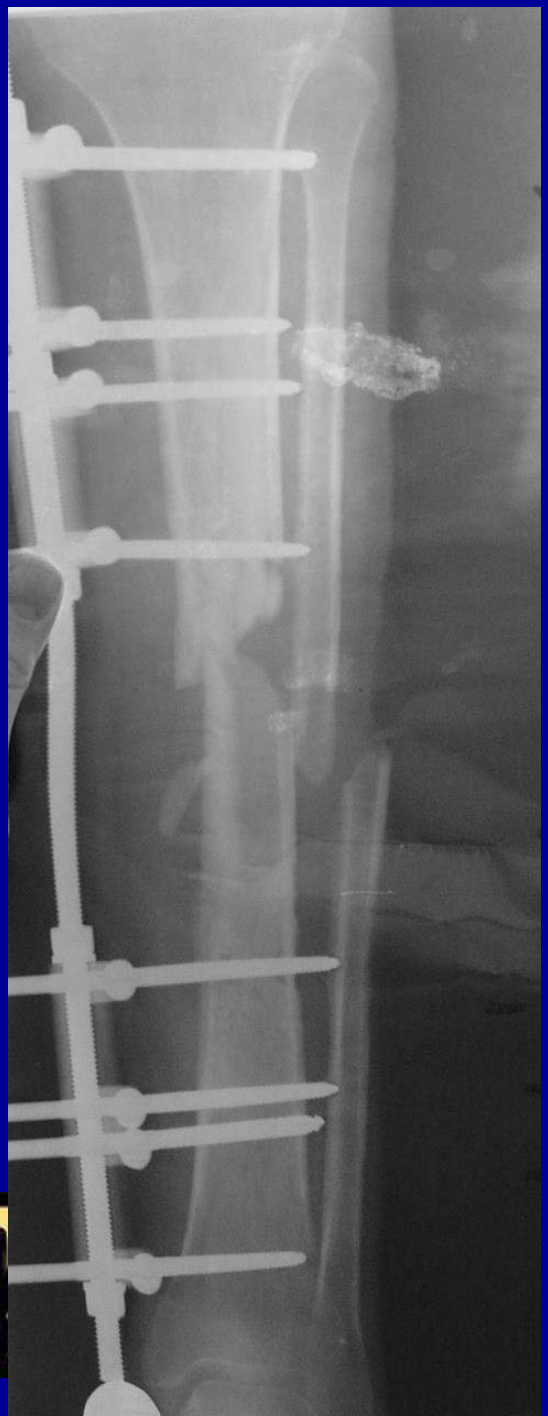
- 8M s/p supracondylar humerus fracture
- No functional deficit

- Rx: observation

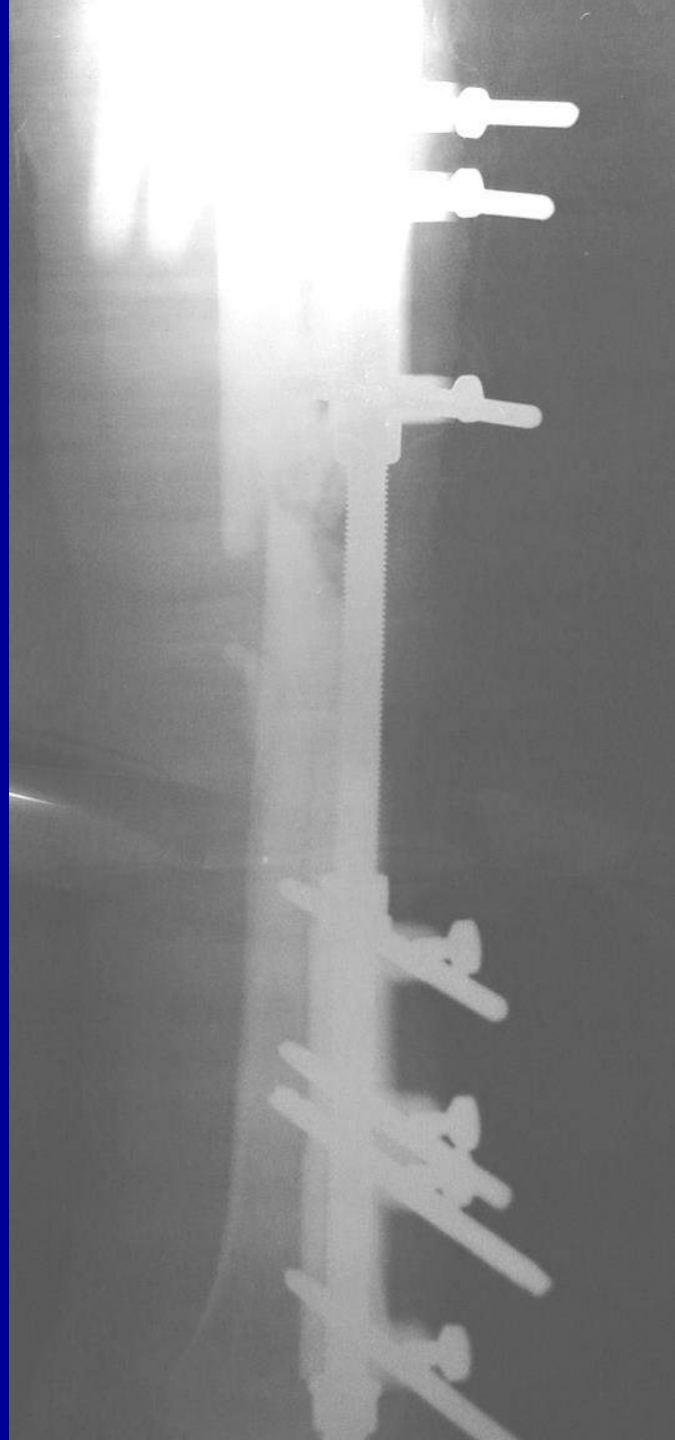
Union Memorial Hospital

Open tib-fib fx

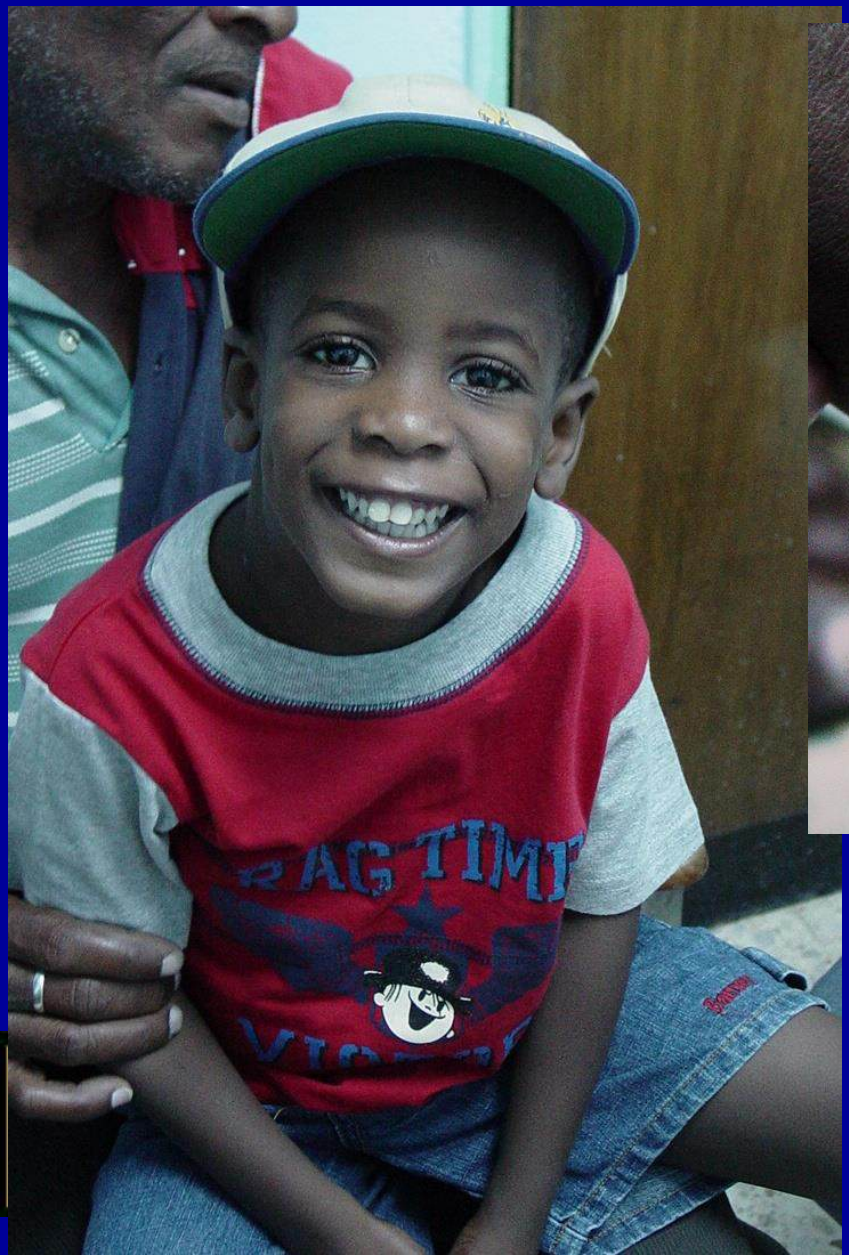
- 24M 8 mos s/p MVA
- Exposed bone
- NVID

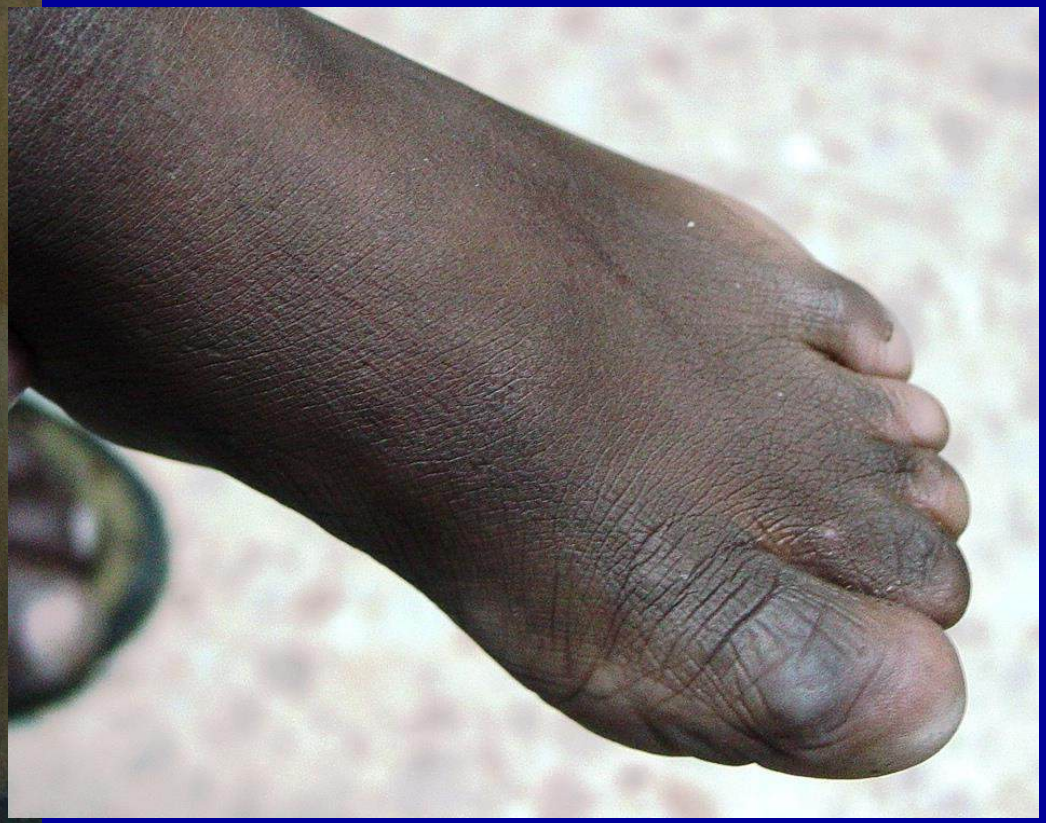


Recommendation:
BKA



5M - lower extremity syndactyly





Rx: observation

Union Memorial Hospital


Thank you