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Orthopaedic Surgeon Upper Limb Specialist

Mr Clitherow specialises in

- Shoulder problems
- Elbow conditions
- Wrist problems
- Hand problems
- Upper Limb Nerve problems

TAC and Workcover referrals
accepted

Urgent appointments available

Consulting at

- Melbourne Shoulder and Elbow
Centre Brighton
- St John of God Hospital Berwick

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Triangular Fibrocartilagenous Complex (TFCC) Tears

Triangular fibrocartilagenous complex (TFCC) tears cause pain around the ulnar side (little finger side) of the wrist. They are divided into traumatic and degenerative groups, according to their aetiology. Traumatic tears may be associated with a fracture of the styloid process of the ulna. Large traumatic tears can also cause instability of the distal radioulnar joint (DRUJ), which is the joint that allows the wrist to rotate.

Degenerative tears have a more gradual onset. Some patients have an ulna that is naturally longer than the radius (ulnar positive variance), which increases the forces across the TFCC. There may also be secondary arthritis forming in the adjacent triquetrum bone.

Presentation

- Traumatic tears are usually the result of a significant fall onto the outstretched hand, or a forced rotation of the wrist whilst gripping an object.
- Degenerative tears may become symptomatic after a relatively minor incident.
- In both cases the patient complains of ulnar-sided wrist pain and clicking, when lifting, gripping, and twisting objects. If the DRUJ is unstable there may also be reduced rotation of the wrist.

Examination

- Pain and tenderness around the ulnar head, particularly around the ulnar styloid.
- Pain with maximal wrist extension or rotation.
- Pain with loaded ulnar deviation of the wrist.

Imaging

Plain x-ray of the wrist:

- Identify any fractures or non-unions.
- Identify any arthritis that may be the cause of the pain.

Ultrasound scan is not always reliable.

MRI is usually required make the diagnosis.

Treatment

Most TFCC tears will slowly become asymptomatic with time.

Wrist splint:

- Rest the wrist and prevent putting the wrist in positions that cause pain.

Hand Therapy:

- The therapist can advise on splinting options to help reduce any instability of the DRUJ.
- Strengthen the muscles that cross the wrist to increase its stability.

Steroid injections have not proved effective.

Surgery

Traumatic tears can usually be **repaired**. Degenerative tears are **debrided** to remove the loose edges that are causing symptoms. Other procedures such as an ulnar shortening osteotomy may also be required at the same time. Following successful surgery, the patient can expect to be able to grip and twist objects with normal strength and little or no pain.

When to Refer to a Surgeon

ANY OF:

- Traumatic tear with associated fracture.
- Persistent pain or dysfunction despite a period of rest and appropriate hand therapy.