MELBOURNE SHOULDER & ELBOW CENTRE

Mr Harry Clitherow
MBChB, FRACS (Orth), FAOrthA

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

For more information and all referrals contact

Ph: 03 9592 3388
Fax: 03 9419 7577
email: office@harryclitherow.com.au

www.harryclitherow.com.au

Distal Radius, Ulna and Triquetrum Fractures

Presentation
- Distal radius and dorsal triquetrum fractures are usually a result of a fall onto an outstretched hand.
- Ulna styloid tip fractures are commonly associated with distal radius fractures.
- Some ulna styloid fractures can be caused by a violent rotation injury (e.g. machinery kicking back, hand yanked on a pet's leash).

Pathology
The distal radius reliably heals, but if it heals in a displaced position (malunion) this can lead to secondary problems.
- Joint surface displacement can lead to arthritis.
- Extra articular displacement can lead to a prominent ulna that can impinge on the adjacent carpal bones.

Fractures of the tip of the ulna styloid do not usually cause long term problems. However fractures the extend to the base of the styloid can be associated with triangular fibrocartilage (TFCC) tears and distal radioulnar joint (DRUJ) instability.

Dorsal Triquetrum fractures represent and avulsions of some wrist ligaments. They can usually be thought of as severe wrist sprains, rather than fractures.

Examination
The patient may have an obvious deformity.
Palpating over the distal radius / triquetrum / ulna styloid is painful.
- The ulna styloid is on the very medial side (little finger side) of the ulna head.
- The dorsal triquetrum is just distal to the ulna head on the dorsum (back) of the wrist.

Imaging
Plain X ray is the most useful investigation.
- Will show the fracture and any significant displacement.
- Articular surface involvement will be visible on the X ray. It is often more extensive that suggested on the X ray.

CT Scan is mainly used to determine treatment once a fracture has been identified.

Treatment
Dorsal triquetrum fractures can be managed in a cast for 4-6 weeks, even if they are slightly displaced.
Undisplaced distal radius and/or ulna fractures need to be immobilised, generaly for 6 weeks.
- Undisplaced fractures of the ulna styloid base must be splinted against rotation as well as flexion and extension (need a sugar tong type brace).

Displaced fractures usually need to be reduced and held.
Displacement of the articular surface is more significant than extra-articular displacement.

Surgery
Surgery involves open reduction and internal fixation to correct the deformity and hold it in position.
After surgery the patient is usually referred to a hand therapist for customised splinting and to commence controlled mobilisation exercises.

When to Refer to a Surgeon
ANY of
1. Intra-articular involvement.
2. Displaced distal radius or ulna styloid base fractures.
3. Persistent symptoms despite appropriate non-surgical treament.