DISLOCATION OF THE TRIQUETRUM AND LUNATE: BRIEF REPORT

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Dislocation of the lunate together with the triquetrum does not appear to have been reported. One such injury has been treated surgically with a good early result. Case report. A 61-year-old man was involved in a road traffic accident having been drinking and driving. On admission, he was confused but had no skull fracture. Deformity of the left wrist was noted and radiographs taken (Figs 1 and 2). Palmar dislocation of the lunate was diagnosed, together with a fracture of the radial styloid process. The dislocated triquetrum, with an articular facet facing the ulnar styloid process, was not noticed.

The following day his level of consciousness had improved and, on questioning, he complained of tingling in the distribution of the median nerve. Closed reduction failed and the wrist was explored through a volar approach, radial to the flexor tendons and median nerve. The carpal tunnel was decompressed and the lunate reduced. The scapho-lunate interosseous ligament was found to be torn and there was a transverse split in the palmar radio-carpal ligament which was repaired with interrupted absorbable sutures. The following day, he still complained of tingling in the median nerve territory. Radiographs revealed that, though the lunate was reduced, the triquetrum was still dislocated forwards (Fig. 3).

The wrist was explored once again through the volar approach but on the ulnar side of the flexor tendons and the median nerve. The triquetrum was found with its hamate articular facet facing anteriorly and its lunate facet facing towards the ulnar styloid; it was relocated into its correct position. The symptoms were now relieved and the wrist was immobilised in plaster for ten days. Radiographs revealed a scapho-lunate dissociation (Fig. 4).

Three months after the injury the wrist still lacked 20° of dorsiflexion and 15° of palmarflexion; ulnar and radial deviation were full and the grip fair. He had a little residual sensory impairment in the thumb and index finger, but no symptoms of instability in the wrist. There was no radiological increase in density of the lunate.

Discussion. While fractures of the triquetrum are not uncommon, dislocation is rare (Dobyns and Linscheid 1984). Of three previous reports (Frykman 1980; Soucacos and Hartofilakidis-Garofalidis 1981; Bieber and Weiland 1984), one was a dorsal dislocation and the other two were palmar. Diagnosis was delayed in all three cases. Clearly the injury is easily missed. In our case, the diagnosis was obvious in retrospect; the radiographs showed that the pisiform was no longer overlying the triquetrum and an articular facet was facing the ulnar styloid.

REFERENCES