

Multiple Carpometacarpal Joint Dislocation; a clinical image

Clinical Image

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Received: Feb 10, 2020; **Accepted:** Feb 14, 2020; **Published:** Feb 25, 2020

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Traumatic fracture dislocations of second to fifth carpometacarpal (CMC) joints is a rare injury making up less than 1% of hand injuries [1]. Notifying the joint disruption could be difficult due to swelling and overlapping of bones. The mechanism of injury is usually due to high energy trauma e.g. car accidents. Dorsal CMC joint dislocations are more common than volar CMC joint dislocations. In literature, most cases presented single CMC joint dislocation, but few cases are available about multiple CMC joint fracture dislocation [2,3].

Here we presented a 46 year old female suffering the second and third CMC injury. She transferred to our emergency department with extreme annoying left hand pain and severe swelling after a car crash; she was not

able to move her fingers. Neurovascular examination was unremarkable. Primary evaluation was conducted. X-ray of her left hand illustrated second and third CMC dislocation (Figure 1). Her hand was stabilized in volar splint and moved to operation room. Closed percutaneous pinning under fluoroscopy was conducted (Figure 2).

The patient discharged on day 1 postoperatively. She was feeling good on follow up visits and scheduled for k-wires removal and physical therapy after 6 weeks.



Figure 1: Initial x-ray study of a 46-year-old female illustrating 2nd, 3rd CMC dislocation.

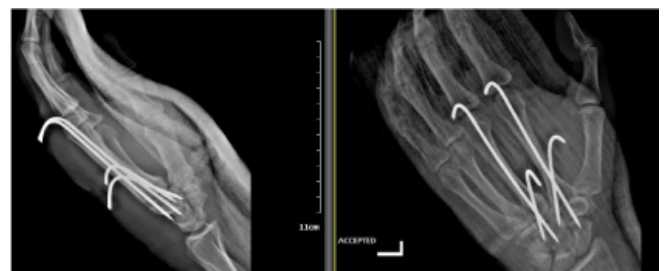


Figure 2: Postoperative radiography of the patient.

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