

EYE CAN'T SEE WHAT THE MIND DOES NOT KNOW: EXTENSOR CARPI RADIALIS LONGUS AVULSION FRACTURE FIXATION UNDER WALANT SURGERY

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Introduction: Avulsion fracture of extensor carpi radialis longus (ECRL) is relatively rare and this type of fracture pattern is often unreported. We report a case that was treated with open reduction and Kirschner wire (K-wire) fixation done under Wide Awake Local Anaesthesia No Tourniquet (WALANT). Keywords: ERCL, Metacarpal, Avulsion.

Discussion: 30-year-old male sustained a hyperflexion injury at workplace, presented with pain over dorsum of right wrist associated with limited range of motion. On examination noted mild swelling and tenderness over dorsum of right hand. Radiological investigation showed an avulsion fracture of the extensor carpi radialis longus (ECRL) at its insertion. Open reduction and k-wire fixation of the ECRL avulsion fracture was done under WALANT. Perioperatively, patient was in supine position and WALANT block was given under image intensifier guidance. A dorsal longitudinal skin incision was made over the base of second metacarpal. The fragment of bone attached to the ECRL tendon had displaced proximally and was rotated. The fracture was reduced anatomically and fixed with a 1.0 mm K-wire. Two more K-wire was added to provide rotational stability. Post operatively, cast was applied to protect the repair and fixed at 20-degree extension for 2 weeks. Post operative 30 day he achieved excellent recovery with 60-degree right wrist extension and with near normal Disabilities of the Arm, Shoulder and Hand (DASH) score of 8.

Conclusion: This is a rare and often unrecognised fracture pattern, and early recognition is the key to its management. Open reduction and internal fixation for these injury leads to positive outcome by restoring joint surface integrity and grip stability. Early ORIF allows for early mobilisation, which allows patients to return to work and activity much faster; thus, having socio-economic benefits.