

HAMATOMETACARPAL FRACTURE DISLOCATION AN EASILY MISSED INJURY

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Introduction: Carpal hamate fractures are rare, estimated around 2% - 4% of all carpal bone fractures. Coexistence with lesser metacarpals dislocation accounts for less than 1% of all hand trauma and is often referred to as fourth and fifth carpometacarpal (CMC) fracture-dislocation or as ring and small finger CMC injury. Mechanism of injury is usually a clenched fist strike against an unyielding object. Diagnosis of such lesions can often be missed due to lack of familiarity with the injury and absence of obvious physical and radiological features. We present the case of hamate fracture associated with fourth and fifth CMC dislocation, which was treated with K-wiring of hamate and the metacarpals.

Discussion: A 28 years old male presented with swollen left hand after falling and landed on his dorsum aspect of left hand in palmar flexion. Physical examination revealed swelling of the left hand and tenderness over the ulnar side of his left wrist with limited motion at the wrist. X-rays revealed fracture of the body of left hamate associated with fourth and fifth left CMC dorsal dislocation. He underwent CMR and k-wiring of CMC dislocation and hamate fracture under general anaesthesia. Post-operatively, the wrist was immobilized with volar splint. K-wire was removed then at 6th week. Patient was compliant to physiotherapy. Good function without pain was noted at 3 months follow up.

Conclusion: Hamatometacarpal fracture-dislocation may be missed at initial presentation up to 71% in some studies. Pain and swelling are the main clinical findings but the rarity of this traumatic event along with subtle deformity in some cases, may cause it to go unnoticed. This injury is often missed on initial presentation, which emphasizes the need for compulsive diagnostic evaluation and careful follow-up. Anatomic reduction and congruent stability of the CMC arch is mandatory to achieve a good result.