

## TRANSCAPHOID PERILUNATE DISLOCATION

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**Introduction:** Transscaphoid perilunate fracture-dislocation, consider rare, high energy injuries, can affect both bone and soft tissue. Sometimes it can be missed easily, which lead to delay treatment and catastrophe result. Here we presented a case of trans-scaphoid perilunate fracture-dislocation, how we approach each of them, what complication we face before, during and after surgery.

**Discussion:** Twenty years old Malay gentleman, active smoker, no known medical illness was involved in a motor vehicle accident. The patient came to the emergency department with a complaint of pain over the right wrist. On examination, there was deformity and swelling over the right wrist. The patient could not move his wrist or finger due to pain, however, the sensation was intact, and the distal pulse was palpable. An anterior-posterior x-ray revealed a disruption of Gilula's line and impaction of scaphoid on the radius, which led to a closed comminuted scaphoid waist fracture. On the lateral view, there was apparent perilunate dislocation. Then CT scan wrist with 3D configuration done for further evaluation, which has shown trans-scaphoid perilunate fracture-dislocation, lunate dislocation, fracture of right triquetrum bone and fracture of right radio styloid. The patient admitted for open reduction and internal fixation scaphoid and multiple K-wire inserted to stabilize the carpal bones. Post operation, the wrist is stabilized in 30 degree extension with free motion is allowed over metacarpophlangeal joint for 6 weeks. At 6 weeks, multiple K-wires were removed and start of intensive physiotherapy. At 3-month post operation full range of motion noted over all the joints with good hand grip.

**Conclusion:** Acute injury of trans-scaphoid perilunate fraction dislocation, anatomical reduction for scaphoid fracture, restoration and maintenance of carpal bones alignment for at least 6 weeks with intensive physiotherapy are very important to achieve a good functional outcome.