

Moore Technique for Volar Lip Fracture of Distal End Radius

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INTRODUCTION:

Fractures involving volar marginal fragments distal to the line insertion of the pronator quadratus may not be stabilized with volar-locked plating alone due to the small size and distal location of the fragment¹. It is crucial to identify and stabilize this small fragment effectively, as inadequate fixation could lead to potential subluxation of the radiocarpal and radioulnar joints². We present the successful treatment of a volar lip fracture at the distal end of the radius using the Moore technique.

REPORT:

We report a 28-years-old male presented with Frykman type 3 closed left distal end radius fracture post motor vehicle accident. Intraoperatively noted volar lip fracture of distal end radius which was stabilized via Moore technique with 2 Kirshner wire of 0.9mm and variable angle locking plate on top of it. Post fixation fracture was stable and immediate wrist range of motion exercise were started post operative.



Figure 1 : Pre operative X-ray of the right wrist.



Figure 2 : Post operative X-ray of the right wrist.

CONCLUSION:

Treating volar lunate facet fractures at the distal radius poses a challenging task as there is possibility of postoperative loss of reduction¹. Moore and Dennison have proposed using one or several pins to capture the distal volar marginal fragment and secured them under the volar locking plate where it stabilizes the critical volar lunate facet fragment using inexpensive standard K-wires and plate provides stability to the volar lunate facet fragment to resist volar displacement². This technique is cost-effective and a practical alternative as it facilitates compatibility with both locking and non-locking plates, thus making them more widely available for cases where a single plate fixation would be unable to achieve stability¹.

REFERENCES:

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