

A Rare Case of Finger Compartment Syndrome

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INTRODUCTION

Isolated finger compartment syndrome is a rare occurrence and lacks adequate documentation. It is typically associated with out of proportion pain, reduced sensation, discoloration and intra-compartmental swelling.

REPORT

A 28yo man presented with a crush injury of the right hand following a road traffic accident. During examination in the A&E department, he complained of severe pain in the little finger (LF). His right little finger was swollen, pale and CRT was prolonged. Digital compartment was tense. Radiographs showed a LF P2 comminuted fracture and fractures at the base of 4th and 5th metacarpal bone (MCB).

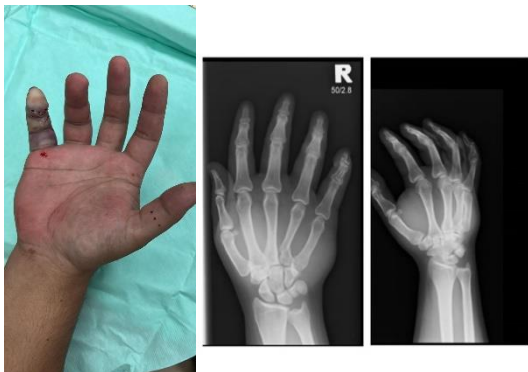


Figure 1: Right hand x-ray showing comminuted fracture P2 little finger and base of 4th/5th MCB

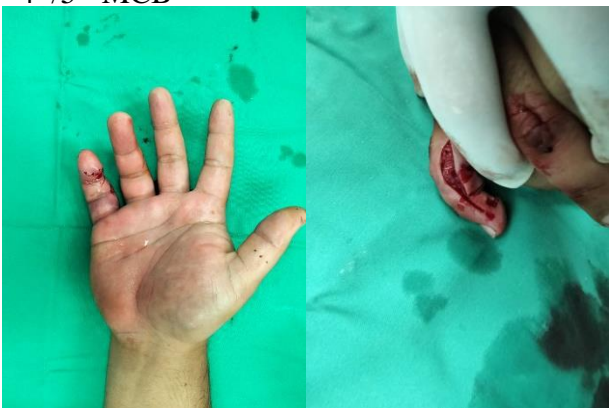


Figure 2. Post fasciotomy picture showing returned perfusion.

A clinical diagnosis of LF compartment syndrome was made, however, In view of no urgent OT available, we decided to proceed with fasciotomy of the little finger in the ETD setting under aseptic technique. A mid axial incision was made on the radial side. Post fasciotomy, there was immediate improvement in perfusion. Later patient was brought into OT was wound debridement, axial K-wiring of right little finger, and K-wiring of the 4th and 5th metacarpal bone of the right hand.

CONCLUSION

Bedside fasciotomy of the finger is a useful practice when dealing with acute Compartment syndrome of an isolated finger, especially in situations where we are unable to bring the patient into OT immediately. It is a simple but delicate procedure which could save the finger from worsening condition.

REFERENCES

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