

A Late Presentation of an Open Fracture Dislocation – “Yay or Nay”

¹Bhaskaran D, ¹Muniandy S, ¹Kandasamy C, ¹Sri Kumar SK, ¹Tan HP, ¹Sabir Husin Athar S

¹Department of Orthopaedics, Hospital Tengku Ampuan Rahimah, Klang

INTRODUCTION:

Virtually all open fractures must be considered for operative intervention. Infection and soft tissue compromise associated in “minor” open fractures mandate appropriate preoperative and operative management to minimise the risk of clinically important complications.¹

REPORT:

A 30-year-old gentleman presented to Emergency Department with an industrial accident, with an open fracture dislocation over left wrist joint with severe soft tissue injury involving majority of extensor tendons, after nine hours from the time of trauma.

On examination, the wound was seen to have sustained a tractional avulsion injury of the extensor tendons mainly at zone VI and VII with dislocation of the wrist joint with contamination. Fortunately, Doppler signal was biphasic for both radial and ulna arteries.

Intra-operatively, wound debridement and arthrotomy washout of the left wrist was done, with cross-wrist external fixation. All avulsed tendons were shortened and repaired at musculotendinous junction.



Despite the delayed presentation with high Mangled Extremity Severity Score (MESS), thorough but judicious soft tissue debridement and skeletal management was done to reduce the risk of infection. Decision between limb salvage and amputation surgery in crush injury cases with high MESS depends on various factors, including severity of injury, extent of soft tissue and skeletal damage, limb ischemia and anticipated functional outcome². Upon follow-up at our outpatient clinic after 2 months, patient is satisfied with limited extension movement of his fingers and undergoing active hand therapy.

CONCLUSION:

The successful outcome of this case underscores the importance of bold perseverance. Limb salvage was achieved through meticulous wound management, and comprehensive rehabilitation despite significant delays in seeking medical attention. This case highlights potential for successful outcomes, even in the face of daunting challenges.

REFERENCES:

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