

CASE REPORT

AN UNCOMMON INJURY OF THE THUMB

S. ANKARATH, A. P. COHEN

Ulnar collateral ligament rupture of the thumb is a relatively common injury that is often missed in the emergency department. This in combination with an interphalangeal joint dislocation of the ipsilateral thumb is rare and we report such a case. The importance of looking specifically for an associated ulnar collateral ligament laxity in any injury to the thumb is highlighted. The force producing a combination of ulnar collateral ligament rupture with ipsilateral simultaneous injury to the thumb is often severe enough to cause complete rupture of the ligament, necessitating open repair.

Keywords : ulnar collateral ligament ; interphalangeal joint dislocation ; skier's thumb ; Stener lesion.

Mots-clés : ligament collatéral ulnaire ; luxation interphalangienne ; pouce du skieur ; lésion de Stener.

CASE REPORT

A 40-year-old lady with mild spastic cerebral palsy attended our emergency department following a fall onto her outstretched hand. Clinical examination and radiographs confirmed a dorsal dislocation of the interphalangeal joint of the non-dominant thumb (fig. 1). This was reduced under ring-block and a plaster thumb spica was applied. At four days, review in the Orthopaedic clinic indicated tenderness at the metacarpophalangeal joint of the same thumb, with radial laxity both clinically and on stress radiographs (fig. 2). Surgical exploration confirmed complete rupture of the ulnar collateral ligament with a Stener lesion. Following open repair, the thumb was protected in a plaster cast for six weeks. At four months, both the metacarpophalangeal and interphalangeal joints have regained full range of motion and are stable.



Fig. 1. — Dorsal dislocation of the interphalangeal joint of thumb before reduction, with congruous metacarpophalangeal joint.

Department of Orthopaedics, York District Hospital, Wigginton Road, York, YO3 7HE, United Kingdom

Correspondence and reprints : S. Ankarath, 36 Lowfield Road, Beverley, North Humberside, HU17 9RE, United Kingdom.



Fig. 2. — Stress film demonstrating radial laxity of the metacarpophalangeal joint.

DISCUSSION

Ulnar collateral ligament injury of the metacarpophalangeal joint of the thumb is often missed in the emergency department (3). The presence of an associated injury to the ipsilateral thumb can distract the examiner from the diagnosis of ulnar collateral ligament rupture. In this patient, dislocation of the interphalangeal joint of the thumb was the focus of attention in the emergency department, resulting in the ulnar collateral ligament injury being missed. There are many reports of skier's thumb occurring in combination with other injuries to the same thumb (1, 2, 4). In each of these cases, surgical repair of the ulnar collateral ligament was required, illustrating the degree of violence needed to produce these combined injuries. These cases demonstrate that it is mandatory to assess the integrity of the metacarpophalangeal joint clinically, and if required using stress radiographs, when confronted with an injury elsewhere in the thumb. We feel that suspicion of an ulnar collateral ligament injury in such situations should lead to a low threshold for surgical exploration of the ligament, as the force required to cause this combination of injuries implies extensive soft tissue damage, and a surgical repair may often be required.

REFERENCES

1. Gottlieb J. O., Boe S. Combination of the ulnar collateral ligament and spiroid fracture of the thumb. *Scand. J. Plastic Reconstr. Surg.*, 1989, 23, 75-76.
2. Hooper G. J. An unusual variety of skier's thumb. *J. Hand Surg.*, 1987, 12-A, 627-629.
3. Musharafieh R. S., Bassim Y. R., Atiyeh B. S. Ulnar collateral rupture of the first metacarpophalangeal joint: A frequently missed injury in the emergency department. *J. Emerg. Med.*, 1997, 15, 193-196.
4. Smith I., Jamieson A. A rare combined fracture and ligamentous injury of the thumb. *J. Hand Surg.*, 1998, 23-B, 542-543.

SAMENVATTING

S. ANKARATH, A. P. COHEN. Een ongewoon duimletsel.

Een ruptuur van het ligamentum collaterale ulnare aan de duimbasis is een relatief frekwent letsel dat aanvankelijk vaak miskend wordt. Zeldzaam echter is een associatie van genoemd letsel met een interphalangeale luxatie van dezelfde duim; de auteurs beschrijven een dergelijk geval. Ze dringen erop aan bij alle duimletsels systematisch te zoeken naar een eventuele laksheid van het ligamentum collaterale ulnare. Meer nog: krachten die gelijktijdig een letsel van het ligamentum collaterale ulnare én een ander duimletsel veroorzaken, zijn vaak voldoende belangrijk om een volledige ruptuur van het ligamentum collaterale ulnare te veroorzaken; een hechting wordt dan noodzakelijk.

RÉSUMÉ

S. ANKARATH, A. P. COHEN. Lésion traumatique inhabituelle du pouce.

La rupture du ligament collatéral ulnaire du pouce est une lésion relativement fréquente qui passe souvent inaperçue au départ. Son association avec une luxation interphalangienne du pouce est rare; les auteurs en présentent un cas. Ils insistent sur la nécessité de rechercher spécifiquement une éventuelle laxité du ligament collatéral ulnaire dans tous les cas de traumatisme du pouce. Les forces susceptibles de provoquer à la fois une lésion du ligament collatéral ulnaire et une autre lésion concomitante au niveau du pouce sont souvent suffisamment importantes pour entraîner la rupture complète du ligament, imposant sa réparation chirurgicale.