

## ACUTE REPAIR OF TRIANGULAR FIBROCARILAGE COMPLEX IN TRAUMATIC DETACHMENT

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**Introduction:** The triangular fibrocartilage complex (TFCC) is the major ligamentous stabilizer of the distal radioulnar joint (DRUJ) and the ulnar carpus. A TFCC disruption can cause DRUJ instability and functional impairment of the wrist. Recommended treatment of TFCC tears varies from closed reduction to open repair depending on multiple factors. Indication of surgery include highly unstable DRUJ or persistent symptoms despite adequate close treatment.

**Discussion:** A 24 years old gentleman presented with complaint of ulnar-sided left wrist pain and swelling after a fall during a futsal game. Clinical and radiographic assessment were consistent with DRUJ instability. We elected for open repair of the DRUJ. Intraoperatively, the TFCC were detached from the ulna head. Thus, 2 oblique anchor point were made using 2.0 mm Kirschner wire and the TFCC were re-anchored using Vicryl absorbable suture size 1. We then insert 2 size 1.6 mm Kirschner wire across the distal radio-ulnar to protect the repair. Postoperatively, a sugar thong splint was applied and kept for 3 weeks up to wire removal. Afterwards, progressive range of motion exercise was done and at 3 months postop, he regained full range of motion of the wrist and forearm with no instability or pain.

**Conclusion:** The articular disk of the TFCC has a rich blood supply at its outer margin, and acute detachment are amenable to suture repair. In this case, we are able to achieve good clinical and functional outcome with early surgical intervention.