

## A RARE PRESENTATION OF COMPLETE ISOLATED SCAPHOID DISLOCATION

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**Introduction:** Traumatic isolated dislocation of scaphoid bone is an extremely rare injury. A comprehensive review of literature yielded only 55 cases reports since first reported in 1903.

**Discussion:** A 33-year-old gentleman presented to our center after injured his dominant right hand in a motor vehicle accident in outstretched hand position. He complained of pain and loss of motion of the wrist. Physical examination showed prominent palpable bone at radial aspect volar side of right wrist with no open wound and without signs of neurovascular involvement. Plain radiograph revealed isolated volar dislocation of scaphoid bone. Remaining carpal and metacarpal bones remained in their normal position. Post close manipulative reduction (CMR) x-ray was not acceptable and proceed with CMR and percutaneous pinning using two K-wires. Postoperatively scaphoid cast was applied for 8 weeks and K-wire removal was done at 5 weeks. Physiotherapy was started to restore motion and strength. At 8 months after operation, patient resumed working with minimal limitation of wrist extension. There was no evidence of avascular necrosis and osteoarthritis. Scaphoid dislocation is a severe form of scapholunate dissociation. Options of treatment depends on time of injury and type of dislocation. In view of simple dislocation with scapholunate ligament disruption, surgery with k-wire fixation was recommended. Duration of casting proposed for 6 to 9 weeks. Monitoring for avascular necrosis and post traumatic osteoarthritis must be done although it is uncommon

**Conclusion:** Isolated scaphoid dislocation is an exceedingly rare event and require prompt intervention for good prognosis. In our case, CMR and percutaneous pinning is sufficient and patient able to return to work with good functional outcome.