

DILEMMA IN POST TRAUMATIC KIENBOCK'S DISEASE

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Introduction: Kienbock's disease is a rare disorder of the wrist joint, in which the lunate bone undergoes avascular necrosis, leading to collapse and subsequent pain and dysfunction. There are many causes, such as ulnar variance, genetic predisposition, cerebral palsy, or as in this case, trauma. The rarity of such cases, coupled with the complex anatomy of carpal bones, makes such conditions easily missed.

Discussion: This is a 30 year old man who was involved in an MVA and complained of persistent left wrist pain. X-ray showed a lunate fracture, and CT scan day 8 post trauma confirmed a comminuted lunate fracture with multiple small fracture fragments seen at the radio-lunate articular surface. A diagnosis of post traumatic Kienbock's disease was made. Proximal row carpectomy (PRC) was done a year later as patient had persistent pain, however three months later a second operation of wrist fusion was required as the pain and restricted hand function was still debilitating. Three months post fusion, patient was pain free, and despite no wrist motion, was able to continue with his work.

Conclusion: There is no definitive consensus as to the optimal treatment. Thus, every case has to be individually tailored, with many instances requiring multiple procedures to achieve the desired outcome. Motion preserving surgery should always be considered first, even if the disease is in an advanced stage. Wrist fusion should only be an option when despite motion preserving surgery, hand function, worklife and ADL is still affected.