

EXTENSOR INDICIS PROPRIUS OPPONENSPLASTY - CHOICE OF TRANSFER AND TIPS FOR A SUCCESSFUL SURGERY

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Introduction: Severe carpal tunnel syndrome leads to atrophy of thenar muscle causing weakness of thumb opposition. A 61-year-old man with severe right carpal tunnel syndrome underwent an operation of tendon transfer or opponensplasty. A variety of options are available for low median nerve palsy but we decided on extensor indicis proprius (EIP) opponensplasty compared to Camitz transfer. We will discuss on why we selected this option and tips to a successful surgery.

Discussion: During the surgery, there were a few methods to harvest the EIP. We note that to obtain the longest length, there must be an incision proximal to the extensor retinaculum. Additionally, you need to incise volarly over the pisiform proximal to the wrist crease. We suggest that the end of the EIP should be reinforced with a Krakow suture to allow a stronger pull and better suturing to the base of the thumb.

Conclusion: Initially we decided on a Camitz transfer however we felt that the surgical incision on a palmar side would be quite extensive and over a sensitive part of the hand. On the other hand, EIP opponensplasty has better biomechanics to provide thumb opposition. Camitz transfer provides thumb abduction rather than opposition. Abductor digiti minimi (ADM) transfer has less success and may have complications of muscle contracture.