

Hamate Body Fracture with Hamatometacarpal Subluxation

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INTRODUCTION:

Isolated fractures of hamate bone is rare, difficult to diagnose, occurring in 2-4% of carpal bone fracture. Hamate fractures is classified into type 1(hamulus) and type 2(body). Displaced hamate fractures are best treated with open reduction internal fixation (ORIF). We present a case of a coronal body of hamate fracture with hamatometacarpal subluxation.

REPORT:

42 years old right hand dominant male had an accident when the motorbike handle fell onto his right dorsum hand on a clenched fist. Post trauma, he sustained pain and swelling over right hand. Examination revealed tenderness and swelling over the dorso-ulna aspect of the hand. X-ray showed body of hamate fracture with subluxed hamatometacarpal joint. Computed topography (CT) shows Type 2 fracture of the hamate bone.



Figure 1: X-ray imaging hand



Figure 2: CT showing body of hamate fracture

In view of a big displaced fracture fragment, we proceeded with screw fixation of the hamate body and K wiring to stabilize the CMC joint



Figure 3 and 4: X-ray post ORIF

The K wire was removed 1 month post op. At 2 months, patient had no more pain over the right hand and able to grip objects. X ray during follow up shows no fracture line. Patient was discharged with full range of motion and minimal pain upon heavy lifting

CONCLUSION:

Hamate fracture with hamatometacarpal dislocations are rare and can be missed easily. A high index of suspicion is needed. Oblique hand imaging is necessary. CT allows fracture configuration to be analyzed for surgical planning. Displaced hamate fracture subluxation should be treated with ORIF

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