

# PREISER'S DISEASE FOLLOWING A TRANS-RADIAL ARTERY ANGIOGRAM: A CASE REPORT

<sup>1</sup>Chai XH; <sup>2</sup>Sachin S

<sup>1</sup>Master of Orthopaedic Surgery, University Malaya

<sup>2</sup>Senior Lecturer, Hand and Microscopic Surgeon, University Malaya Medical Center

## INTRODUCTION:

Preiser's disease is a very rare condition affecting the scaphoid due to avascular necrosis (AVN). The common risk factors are corticosteroids, smoking and alcoholism. We present a case of non-traumatic scaphoid AVN, following a trans-radial artery coronary angiogram.

## REPORT:

A 67-year-old man with underlying ischemic heart disease, had a history of coronary angiogram through his right radial artery in 2007. A few months after the angiogram, he developed chronic right wrist pain which affected his daily function. His condition had initially been treated as carpal tunnel syndrome and DeQuervain tenosynovitis. Release of the carpal tunnel and first dorsal compartment of wrist failed to relieve his pain. There was anatomical snuffbox tenderness and limited active flexion and extension of wrist. Radiographs and MRI revealed a fragmented scaphoid proximal pole and Radio-Scaphoid arthritis. (Figure 1)



Figure 1:  
Pre-operative radiograph and MRI.

He underwent proximal row carpectomy (PRC) and posterior interosseus neurectomy. A volar splint was applied post-op. At 3 months post surgery, his wrist pain was minimal and had

improved grip strength. He was satisfied with the outcome. Post-operative radiographs showed the capitate seated well on the lunate fossa (Figure 2).



Figure 2:  
Radiographs post-PRC

## DISCUSSION:

The major blood supply of scaphoid consists of dorsal carpal artery and dorsal scaphoid artery. These arteries branch out from the radial artery within the anatomical snuffbox. The ideal site of radial artery catheterization is 2–3cm proximal to the wrist crease. A direct injury from the catheterization, thromboembolism, vasospasm, and infection can possibly compromise the blood supply to the scaphoid.

## CONCLUSION:

Radial artery catheterization may induce scaphoid AVN. Further studies are required to evaluate the cause-effect relationship between this two conditions.

## REFERENCES:

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