

## Longitudinal Split Tears of the UT ligament; Rare case

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### INTRODUCTION:

Triangular Fibrocartilage Complex (TFCC) Injuries, a common cause of ulnar-sided wrist pain and continues to be a “black box” and is often considered the low back pain in hand surgery. Clinical signs of positive fovea signs with negative ballotment test does not exclude TFCC injury.

### REPORT:

21 years old lady, presented with 1 year of ulna sided wrist pain after she alleged sport injury and fell in extended wrist position. Clinical examination showed positive fovea sign but negative ballotment test. Diagnostic arthroscopy of the wrist was done through portal 3-4 and longitudinal split of ulnotriquetral ligament was visualised to be torn and repaired using outside to inside repair.

Figure 1: Proliferative synovial villi extending prestyloid recess toward pisotriquetral joint



Figure 2: Arthroscopic view from 3-4 portal, showing longitudinal split tear of the UT ligament after debridement of the synovial villi.



### CONCLUSION:

Diagnosis of longitudinal split tear of the UT ligament can be made if the distal radioulnar joint is stable. Positive fovea sign Unlike tears of the peripheral triangular fibrocartilage (TFC) or avulsions of the distal radioulnar ligaments, longitudinal split tears of the UT ligament do not cause any instability to the distal radioulnar joint or the ulnocarpal articulation. It is mainly a pain syndrome that can be incapacitating. However, because the UT ligament arises from the palmar radioulnar (PRU) ligament of the TFCC, it is by definition, an injury of the TFCC. According to Palmer classification, this injury is a form of type IC injury that has not been previously described.

### REFERENCES:

1. Shian-Chao Tay, Wendy L, et al Longitudinal Split Tears of the Ulnotriquetral Ligament, Hand Clin 26 (2010) 495–50