

Proximal Tendon Rupture Retrieval: Minimally Invasive Approach

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INTRODUCTION:

Retrieval of a proximal ruptured tendon can be challenging to preserve its blood and nutrient supply from the sheath. We present a case of traumatic flexor pollicis longus (FPL) tendon with rupture at the musculotendinous junction during traumatic hand injury and how we proceed with the sourmelis surgical technique

REPORT:

A 58-year-old lady with diabetes mellitus and hypertension presented with deformity and pain in her right thumb during a motor vehicle accident. Examination shows a deep laceration wound at the zone T3 flexor thumb. Otherwise, no other injury was reported. The plain radiograph show fracture at the base of the proximal phalanx right thumb.

Upon surgery, thorough wound debridement and copious irrigation were done. The flexor pollicis longus tendon of the right thumb was involved with rupture at the musculotendinous junction.

The proximal phalanx fracture was fixed with 2 cross k-wires for stabilization. The tendon retrieved then was measured, and the estimated site of rupture was marked as proximal to flexor zone 5. A volar incision was made at the estimated distance, then muscle belly of the flexor pollicis longus and the site of rupture was identified. Using a paediatric suction tube, it was introduced into the tendon sheath at the distal wound(zone T3). It was aimed to preserve and ensure the tendon retrieve along the original track of the sheath. The tube then advances until the proximal wound. The tendon distal stump was then stitched to the tube. The tube then further advances to the proximal until appears at the proximal incision.

Figure: Proximal tendon rupture



A venepuncture needle was used to hold the distal stump while the stitch was cut. The paediatric suction tube was then removed. The tendon was repaired to the remaining fibre at the proximal stump and the wound closed.

CONCLUSION:

By using a minimally invasive technique optimal outcomes can be achieved by minimal soft tissue handling and preserving the tendon sheath without compromising strength and quality of tenorrhaphy

REFERENCES:

1. Sourmelis SG, McGrouther DA. Retrieval of the retracted flexor tendon. J Hand Surg Br. 1987