

## A Case of Isolated Paediatric Pisiform Dislocation

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### INTRODUCTION

Wrist pain is a frequently encountered complaint in emergency departments. Pisiform dislocation is a rare cause of wrist pain and often misdiagnosed. Currently there is limited literature available on its incidence and no consensus on the optimal treatment approach.

### REPORT:

An 8-year-old girl was taken to the emergency department after she fell on outstretched hand while running. She complained of left wrist pain and refused to move her wrist. Her mother noticed swelling of the left wrist and sought medical attention.

Upon examination the left wrist movement was limited and swollen. She has tenderness at pisiform region on palpation. There were no obvious deformity or bruising.

Initial standard plain radiograph without contralateral films was misinterpreted as left wrist scapholunate dissociation which prompted Emergency Department referral to the orthopedic team. Upon our review, standard PA and lateral view x-ray of both wrists were done for comparison. The scapholunate gap was found to be similar on both wrists. Pisiform dislocation was apparent on both left wrist x-ray views.

The patient was treated with a left below elbow backslab for two weeks and followed up at 2nd and 8th week post trauma. She has full range of motion and completely painless wrist.



**Figure 1: Plain radiograph of both wrist in PA and Lateral view showing pisiform dislocation on left lateral view.**



**Figure 2: Painless and full wrist flexion and extension at 8 weeks post trauma.**

### CONCLUSION:

Traumatic pisiform dislocation is rare and may be missed or misdiagnosed. Careful evaluation and contralateral comparison of standard plain radiograph are adequate to aid its diagnosis. In paediatric patient conservative treatment by splinting followed by early range of motion may be adequate to restore the wrist to its pre-morbid state.

### REFERENCES:

1. Petrou, I. G. et al, (2018). Traumatic Dislocation of the Pisiform Bone. Journal of hand and microsurgery, 10(1), 37-40