



Wrist Arthrodesis in Advanced Rheumatoid Arthritis: A Case Report

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INTRODUCTION

Rheumatoid arthritis is a chronic debilitating systemic autoimmune disease with 0.5 to 1 % prevalence rates globally¹. Most commonly affected joints in hand are metacarpophalangeal, proximal interphalangeal and wrist joints. Within 2 years of diagnosis, half of the patient will experience wrist pain and 90% will have wrist disease by 10 years characterized by severe bony destruction and synovitis².

REPORT

A 55 years-old lady with known case of Rheumatoid Arthritis presented to us with chronic right wrist pain and deformity worsening for the past 10 years. Initial clinical and radiological assesment shows severe arthritis of right wrist joint with dorsal subluxation of ulnar head, loss of wrist extension and poor hand grip function.

Wrist arthrodesis with pre-countoured 10 degree dorsiflexion 2.7/3.5 mm locking plate done with distal ulnar resection. Articular cartilage of radiocarpal, intercarpal and carpometacarpal articular surfaces denuded and filled with bone graft. Wrist was fixed in 5 degree ulnar deviation.

Throughout 6 months of post-operative follow up, union is achieved with resolved pain, improved hand grip and overall functional outcomes.

Most common complications including tendon adhesions, extensor tendon irritaion, wound dehiscence and wound infection are not encountered hence contributing to overall high patient satisfactory.



FIGURE 1: PRE-OPERATIVE XRAY



FIGURE 2: INTRA-OPERATIVE PLATE PLACEMENT



FIGURE 3: POST-OPERATIVE XRAY

CONCLUSION

Growing published evidence-based on benefits of wrist arthrodesis in advanced stage rheumatoid arthritis making it remains as golden treatment standards. Main goals are restoring wrist stability, allowing painless activities of daily active life and eventually improving overall quality of life.

REFERENCES

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