FDP and FDS of Index Finger Rupture with Distal Radius Fracture – A Case Report

Eo Chun Keat; Govindaraju a/l Subramaniam; Kok Hoong Kooi,
Department of Orthopaedic, Hospital Kulim, Jalan Mahang, 09000, Kulim, Kedah.

INTRODUCTION:

We are reporting a rare case of primary flexor digitorum superficialis (FDS) and flexor digitorum profundus (FDP) of index finger rupture concurrently with distal radius fracture.

REPORT:

A 38 years old male fell from a lorry and broke his fall with right hand. He complained of right wrist pain. Radiographs showed distal radius fracture. Closed manipulative reduction was done. Day 5 post injury, during clinic follow up, he complained of inability of flexion of PIPJ and DIPJ of right index finger. Surgery was planned to explore the tendon and fixing the fracture.

Intraoperatively, noted complete ruptured of FDP and FDS of right index finger at zone 5. Fibrotic tissues was seen and adhesion of the FDP and FDS to adjacent flexor tendons. Direct end to end flexor tendons were repaired with 4-core suture and running epitendinous suture. Carpal tunnel released and volar plating for distal radius fracture was done after tendon repair.

Postoperatively, the fingers were immobilized with dorsal blocking slab. Rehabilitation was commenced immediately. During 2 weeks follow up, patient was able to flex the finger actively.

CONCLUSION:

Flexor tendon injury associated with distal radius fracture is a rare condition. A thorough examination of the hand function will allow the surgeon to detect the injury early and proper management can be administered.

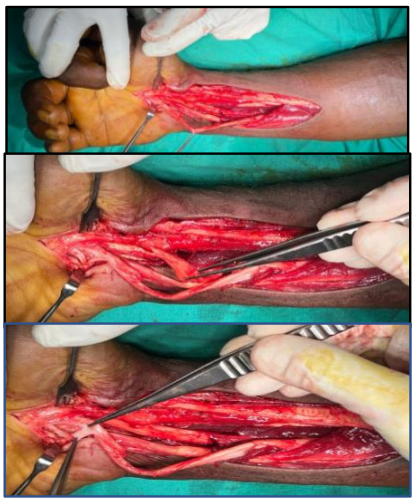

Figure 1: ruptured FDS and FDP

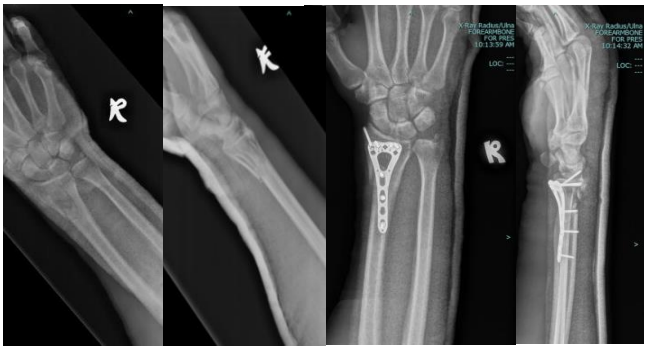

Figure 2 : distal radius fracture, pre and post op.

REFERENCES:

1. de Jong J.P., Nguyen J.T., Sonnema A.J., Nguyen E.C., Amadio P.C., Moran S.L. The incidence of acute traumatic tendon injuries in the hand and wrist: a 10-year population-based study. Clin Orthop Surg. 2014;6(2):196–202.
2. 1. Wong JK, Peck F. Improving results of flexor tendon repair and rehabilitation. Plast Reconstr Surg. Dec 2014; 134(6): 913e–925e. DOI: 10.1097/PRS.0000000000000749