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LETTERS TO THE EDITOR

I read with interest the article “Closed-Reduction Percutaneous Pinning of a Complex Divergent Carpometacarpal Fracture-Dislocation Involving the 4 Ulnar Carpometacarpal Joints” by Drs. Lewicky and Sheppard (*Am J Orthop*. 2009;38(4):191-193), and I commend the authors for successfully treating the injury closed with percutaneous fixation.

Our published series of 12 dorsal dislocations did not include any divergent dislocations.¹ Percutaneous fixation was deemed to be appropriate in only one case. We used computed tomography (CT) to help evaluate the potential for unappreciated fracture dislocations or intra-articular fracture fragments. I have noted a number of chondral fragments that have been in the joint intraoperatively and ponder the impact these fragments would have if closed reduction and percutaneous pinning had been performed.

The authors did not note whether they used CT to facilitate their preoperative planning. I would concur with the authors’ final sentence, “Attempts at closed reduction should be made with the knowledge that in most instances percutaneous pinning or open reduction and internal fixation will have to be performed,” and I would underscore the utility of CT in the decision-making process.

Author’s Disclosure Statement. The author reports no actual or potential conflict of interest in relation to this letter.

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Reference

1. Prokuski LJ, Eglseder WA Jr. Concurrent dorsal dislocations and fracture-dislocations of the index, long, ring, and small (second to fifth) carpometacarpal joints. *J Orthop Trauma*. 2001;15(8):549-554.

AUTHORS’ RESPONSE

We thank Dr. Eglseder for his comments concerning our above-referenced article. We have come to appreciate the role of computed tomography, particularly combined with 3D reconstructions, in assessing these injuries. The ability to recognize chondral fragments and significantly malrotated periarticular fragments is extremely important in preoperative planning. We recognize the good fortune necessary to treat this injury with closed reduction and percutaneous pinning alone.

Our primary focus in the article was the principle of creating a solid border column upon which to build the remaining construct. In this manner, the 3 arches of the hand (ie, the proximal transverse, distal transverse, and longitudinal arches) can be restored effectively.

We thank Dr. Eglseder for his insights in sharing his experience with this unusual and potentially difficult injury pattern.

Authors’ Disclosure Statement. The author reports no actual or potential conflict of interest in relation to the article.

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