

# Carpal instability

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The most commonly involved carpal bone is the lunate. A lunate dislocation is where the lunate bone dislocates out of the radiocarpal joint. In a perilunate dislocation the lunate remains in the radiocarpal joint and the rest of the carpus dislocates around the lunate. Lunate and perilunate dislocations are easily missed unless careful attention is paid to carpal alignment on the lateral radiograph ( Figure 32.22 ). Review of the radiographs should particularly ensure the anatomical location of the lunate in the radiocarpal fossa and the capitate in the 'cup' of the lunate is maintained. Acute injuries should be reduced closed initially to remove pressure from the median nerve. Anatomical carpal alignment is difficult to hold and therefore surgical reconstruction of damaged intrinsic ligaments, together with K-wire fixation of the carpal bones, is often undertaken. Ligamentous healing is slow and may be incomplete. K-wires are kept in place for 8 weeks and the wrist casted or splinted for 3 months. Carpal instability

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