

Thumb metacarpophalangeal ulnar collateral ligament

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(ai) (a) (ii) (b) (c) (d) Figure 32.21 Scaphoid fracture. (a) Anteroposterior (i) and lateral (ii) views in which the injury is difficult to see; (b, c) oblique views with the fracture line highlighted; (d) in this case of a young patient, the fracture was treated with early fixation.

Cap Rad Lun ligament-to-bone healing. A rupture of the ulnar collateral ligament should be suspected when an ulna-directed force is directed across the metacarpophalangeal (MCP) joint. A tender swelling on the ulnar side of the MCP joint may signify the Stener lesion. Increased laxity may be clinically evident; if there is uncertainty, stress radiographs can demonstrate the degree of injury. Complete ruptures with a Stener lesion (interposed aponeurosis) require open reduction of the ligament to restore bone contact, with a suture anchor repair of the associated ulnar collateral ligament.

(b) Figure 32.22 Perilunate dislocation. (a) A plain lateral radiograph of the wrist; (b) the outline of the perilunate dislocation is highlighted. Cap, capitate; Lun, lunate; Rad, radius.

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