

TO TOE) Scaphoid fracture

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The blood supply to the scaphoid enters distally and supplies the scaphoid in a retrograde fashion. As such, a displaced waist of scaphoid fracture interrupts the blood supply to the proximal pole, leading to avascular necrosis. An undisplaced fracture of the scaphoid may not be visible on the initial radiographs. If a fracture is not evident on the initial radiographs and the patient is tender in the anatomical snuff box following a fall on the outstretched hand, special scaphoid view radiographs should be requested (Figure 32.21). If a fracture is not evident on the initial radiographs and the patient remains tender in the anatomical snuff box, then treat as a suspected scaphoid fracture until a fracture is actively excluded. The standard protocol of a suspected scaphoid fracture is to immobilise the wrist and examine again 10–14 days later. If tenderness remains, repeat the scaphoid views. If facilities and resources allow, an earlier diagnosis may be made with a bone scan, MRI or CT. Undisplaced fractures can be treated non-operatively in a below-elbow cast. It is not necessary to include the thumb as a routine. In displaced or unstable fractures (>1 mm) consideration should be given to open reduction and rigid fixation with a headless compression screw. Complications of scaphoid fractures include: non-union, avascular necrosis, malunion and carpal instability.

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