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= Abstract =

Volar Perilunate Dislocation - A case report -

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Perilunar dislocation is not a common injury. When it occurs it is usually dorsal. Only a few isolated cases have been reported of volar perilunar dislocation, in which the capitate is displaced volar to the palmar flexed lunate. Like its more common dorsal counterpart, volar perilunate dislocation usually requires either a concomitant fracture of the scaphoid or scapholunate dissociation. Many authors have been proposed the mechanism of injury, forced hyperflexion, hyperextension with supination of the forearm and violent trauma with extensor tendon rupture. The diagnosis is most easily made on the lateral view. Closed reduction using finger-trap traction should be the initial step in management. Although successful treatment has been reported with a closed reduction alone, open reduction is probably indicated in most cases to align and stabilize the bones. We are reporting on a patient of volar perilunar dislocation without a fracture of the scaphoid or scapholunate dissociation of the right hand associated with extensor tendon rupture.

Key Words : Volar Perilunate Dislocation

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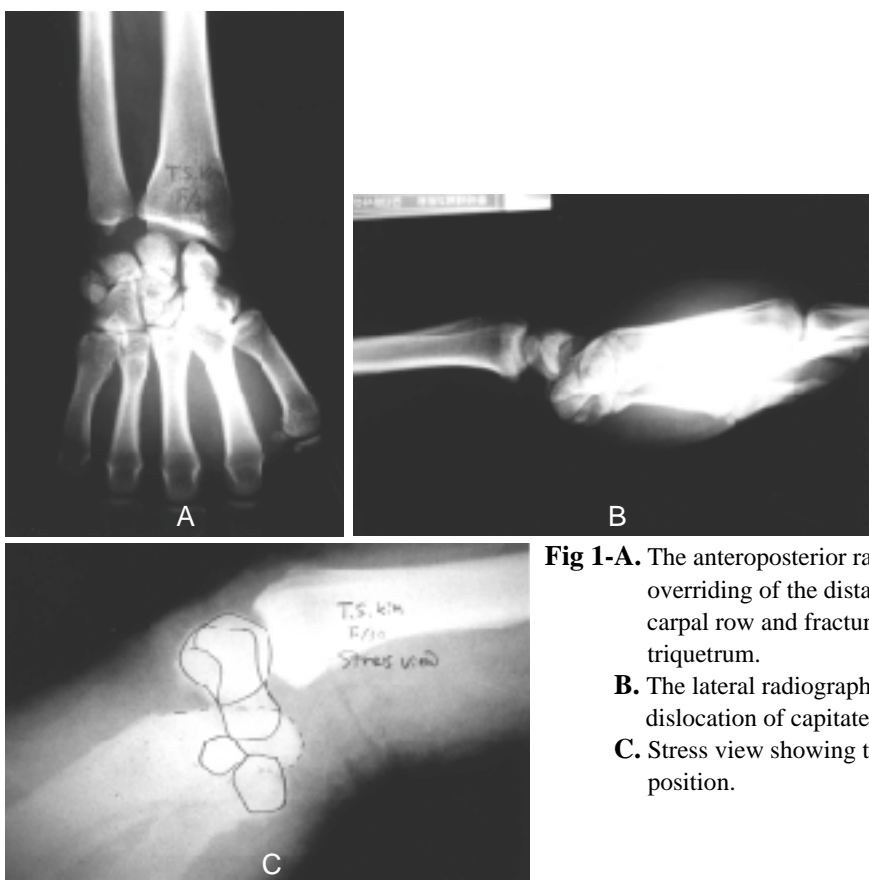


Fig 1-A. The anteroposterior radiograph showing overriding of the distal row on the proximal carpal row and fracture line on capitate and triquetrum.

B. The lateral radiograph showing the volar dislocation of capitate from the lunate.

C. Stress view showing the lunate remaining in its position.

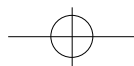


Fig 2-A. Intraoperative finding showing the volar dislocation of the distal carpal row with intact lunotriquetral space.

B. Intraoperative finding showing the reduction state of the distal row with the intact lunoscaphoid space and transverse fracture line of the capitate.

C. Postoperative anteroposterior radiograph showing the well reduction state of the dislocation and capitate fracture.

D. Postoperative lateral radiograph showing the well reduced carpal bones with scapho-trapezoid space widening.



Fig 3-A. The anteroposterior radiograph at 1 year after the operation showing the good alignment of the carpal bones without the evidence of the arthritis or carpal dislocation.

B. The lateral radiograph at the 1 year after the operation showing the normal lunocapitate and lunoscaphoid angle with the normal scaphotrapezoid space.



Table 1. Cases reported of volar perilunar dislocation (first author, published year).

Transcaphoid volar perilunar dislocation	Volar perilunar dislocation with intact scaphoid
Aitken (1960)	MacAusland (1944)
Campbell (1964)	Dunn (1972)
Weiss (1970)	Pournaras (1979)
Woodward(1975)	Minami (1989)
Morawa (1976)	
Green (1980)	
Saunier (1981)	
Fernandes (1983)	
Foster (1985)	
Schwartz (1986)	
Moon(1994)	

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(Fig. 1).

(extrinsic ligament) (dorsal capsule) 가

(Fig. 2).

9,11,19,20) (Table 1).

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O'Brien 가 , Green
(Fig. 3).

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. Green O'Brien⁷⁾

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 . Minami ¹³⁾
 Schwartz ¹⁸⁾
 . Mayfield ¹²⁾
 . Green O'Brien⁷⁾
 가
 , Foster⁶⁾ Schwartz¹⁷⁾
 가
 , Morawa ¹⁴⁾
 가
 . Saunier
 Chamay¹⁶⁾
 가
 4
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 3
 1
 K-
 . Klein Webb⁸⁾
 “crowded
 carpal sign ”
 K-
 가
 가
 가
 가
 가
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 “ finger trap ”
 . Aitken Nalebuff²⁾ Fernande ⁵⁾
 , MacAusland¹⁰⁾ , Dunn⁴⁾ , Poumaras kappas¹⁵⁾



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가

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