

Abstract

The arthroscopic outside-in suture of the articular disc in a traumatic TFCC lesion

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Lesions of the TFC complex are a frequent cause of posttraumatic wrist pain often overlooked at the time of injury. Diagnosis and indication for surgery are usually made weeks or months after the trauma by MRI or arthroscopy. If a suture is possible several open and arthroscopic techniques may apply. Since 2001 we perform an outside-in suture for the traumatic Palmer type B1 suture under arthroscopic view. The procedure is technically simple with a standard 18G needle and a 3-0 nonabsorbable suture, no special guiding instruments are required. We report our results of 31 sutures with a mean follow-up of 29 months. The outcome was measured by the DASH-Score, a very good or a good result was achieved in 25 cases. There were five minor complications. One patient had to be revised arthroscopically with a debridement of the persisting lesion, two were treated with steroid infiltration of a hypertrophic scar and two with physiotherapy for a reduced range of motion. All but one patient became pain free and returned to work and daily activities. We recommend the arthroscopic outside-in suture as a reliable treatment for the traumatic Palmer type B1 lesion of the ulnar cartilage complex.