FESSH Club

1o Practice oriented questions about DRUJ-instability

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What is the most common cause of DRUJ-Instability?

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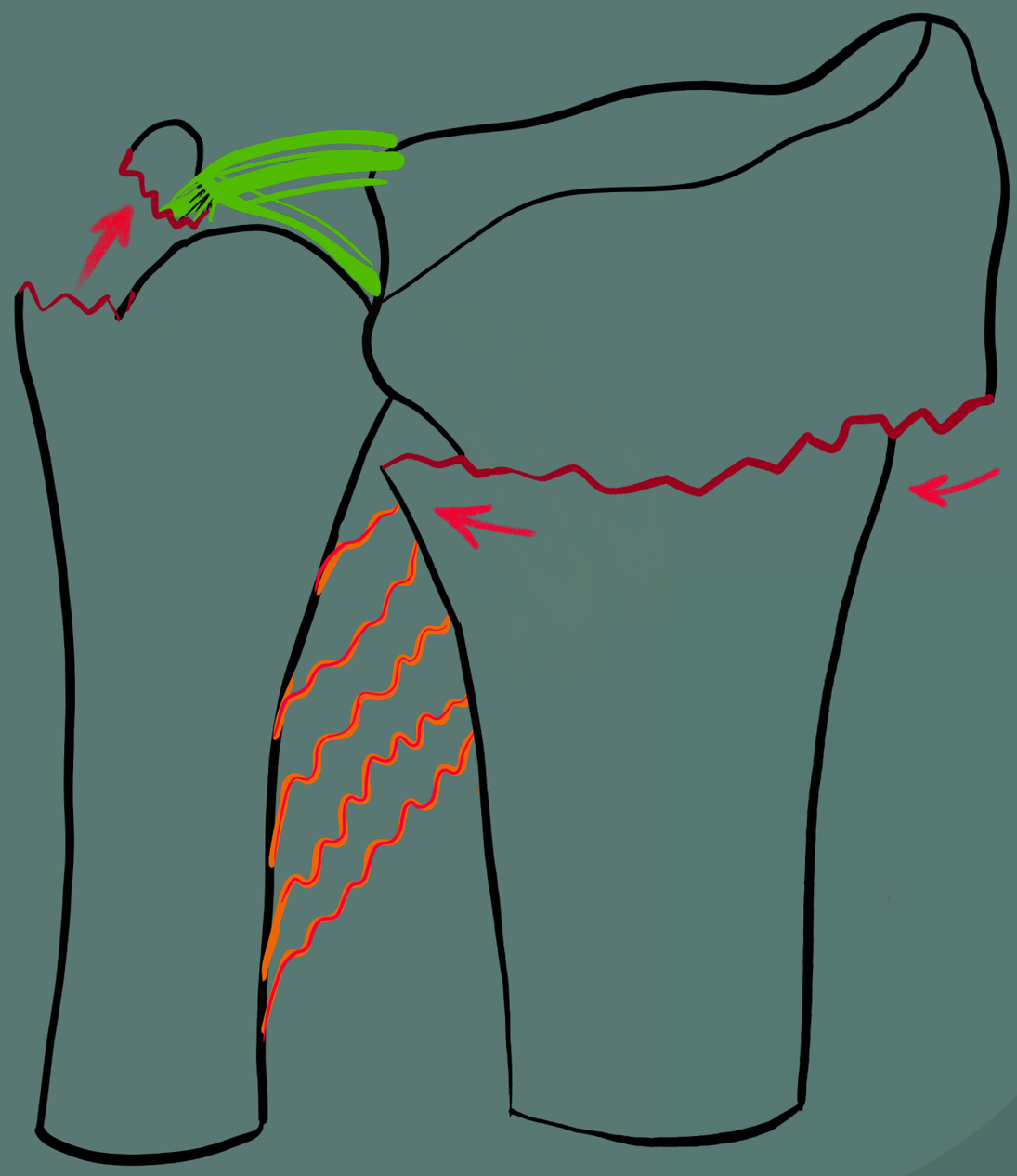
Fractures of the distal radius



3-37% incidence of instability with a fracture

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Which distal radial fractures are accompanied with instability?

Is residual instability a problem?

2

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Galleazzi Fractures

occurs about 7.5cm proximal to the articular surface

Residual instability occurs up to 55% !

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Is the lateral X-Ray an accurate method to diagnose DRUJ-Instability?

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NO!

CT for both forearms in Neutral-, Supination & Pronation is required

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How to name DRUJ Dislocations?

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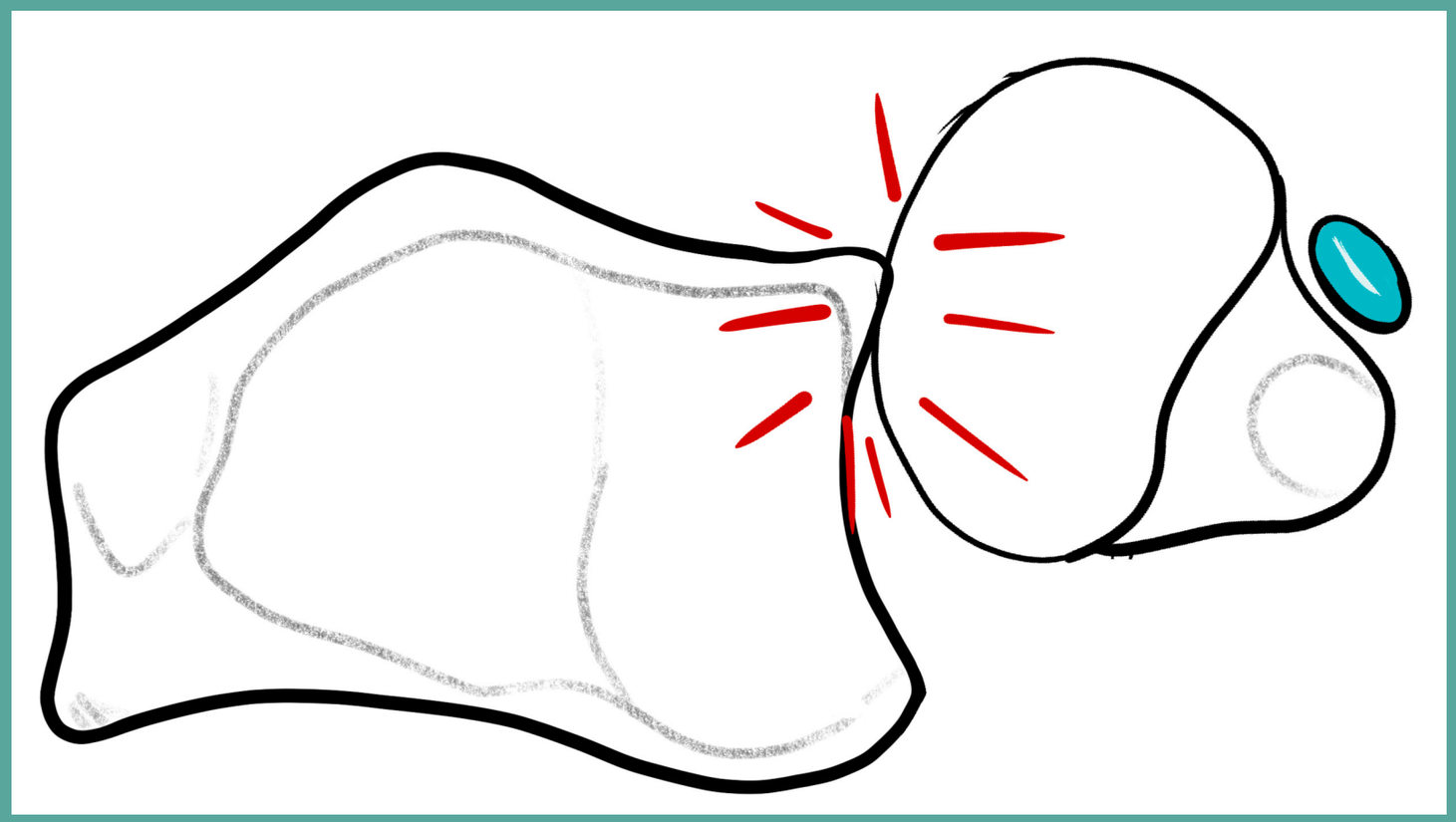
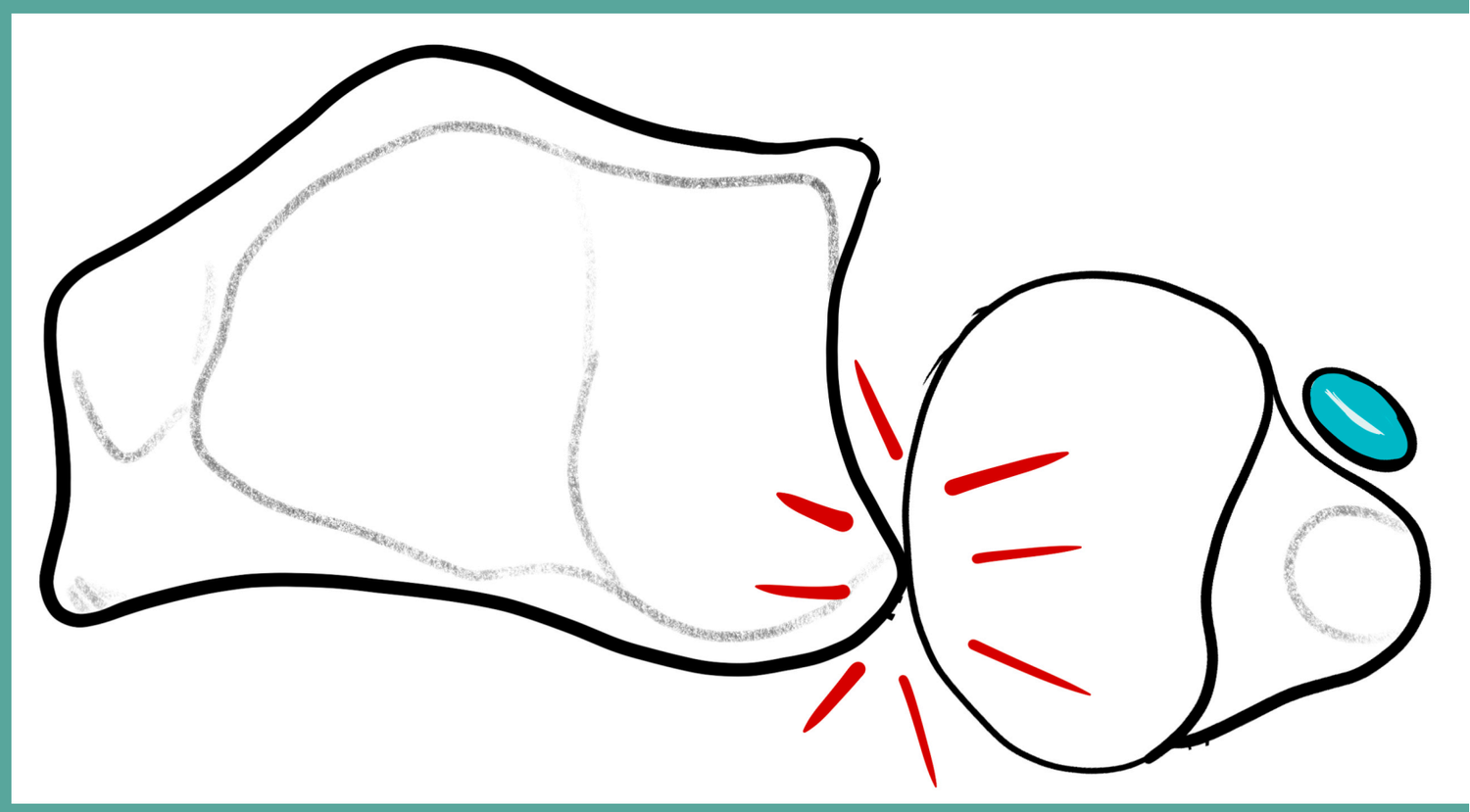
Despite the fact that the radius moves and the ulna is stable, dislocations are named by position of the ulna in relation to the radius.



Dorsal



Palmar

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Which Dislocations of DRUJ are the common ones?

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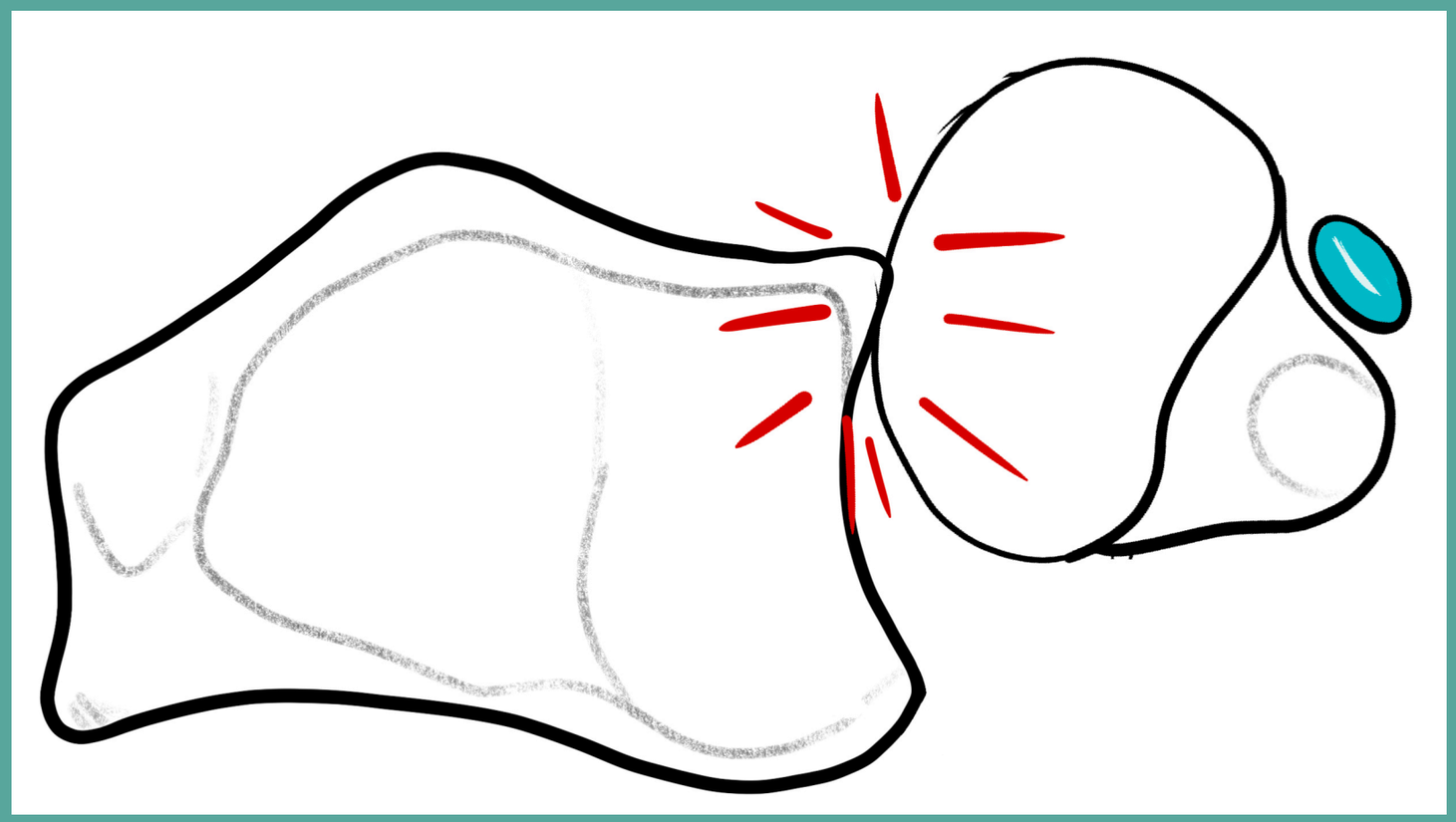
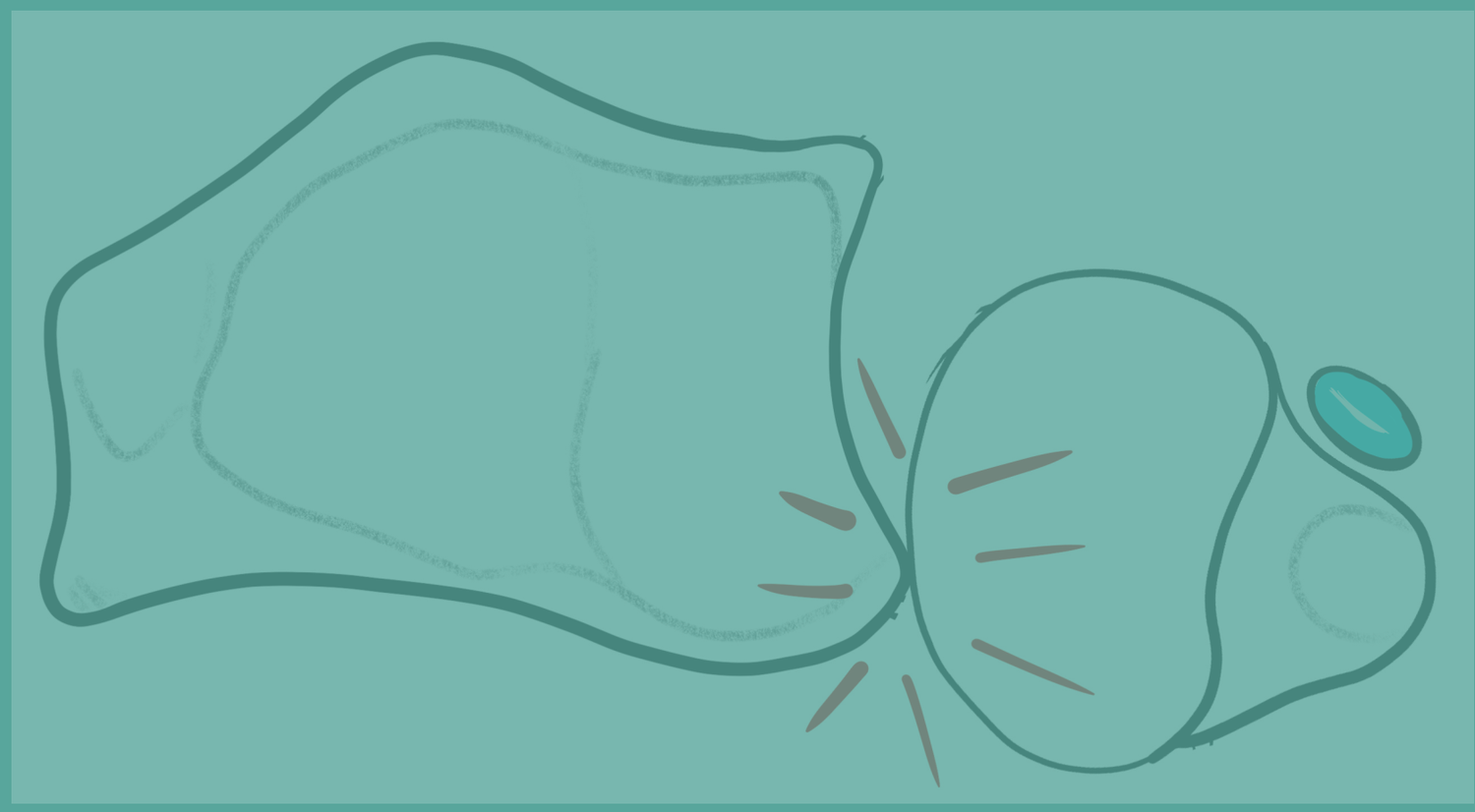
DORSAL dislocations are common



Dorsal

Palmar



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How to treat acute closed dislocations of DRUJ

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closed reduction

test stability through the whole ROM

stabilize in the stable position

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In Which position should you stabilize the forearm after reduction?

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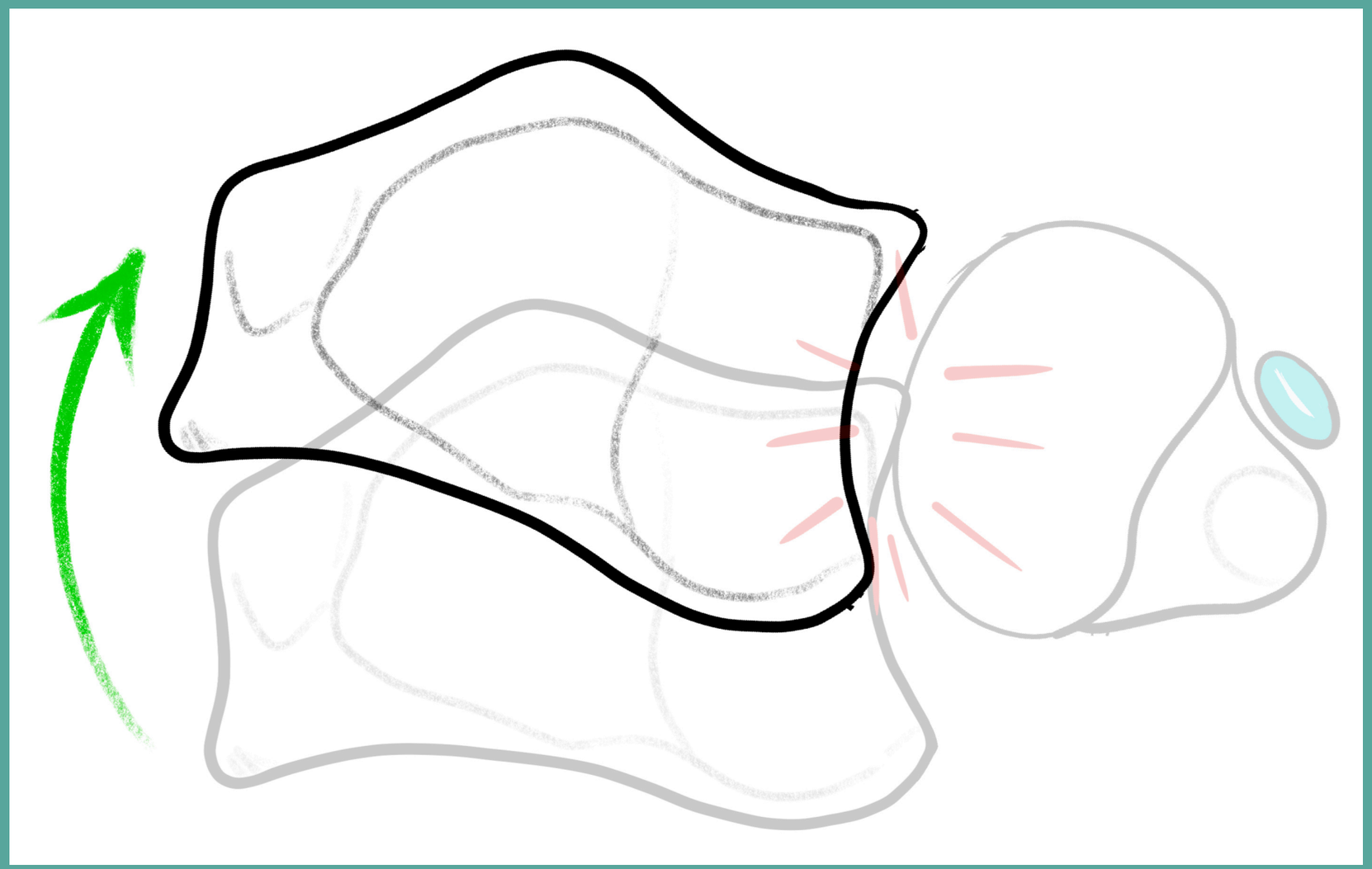
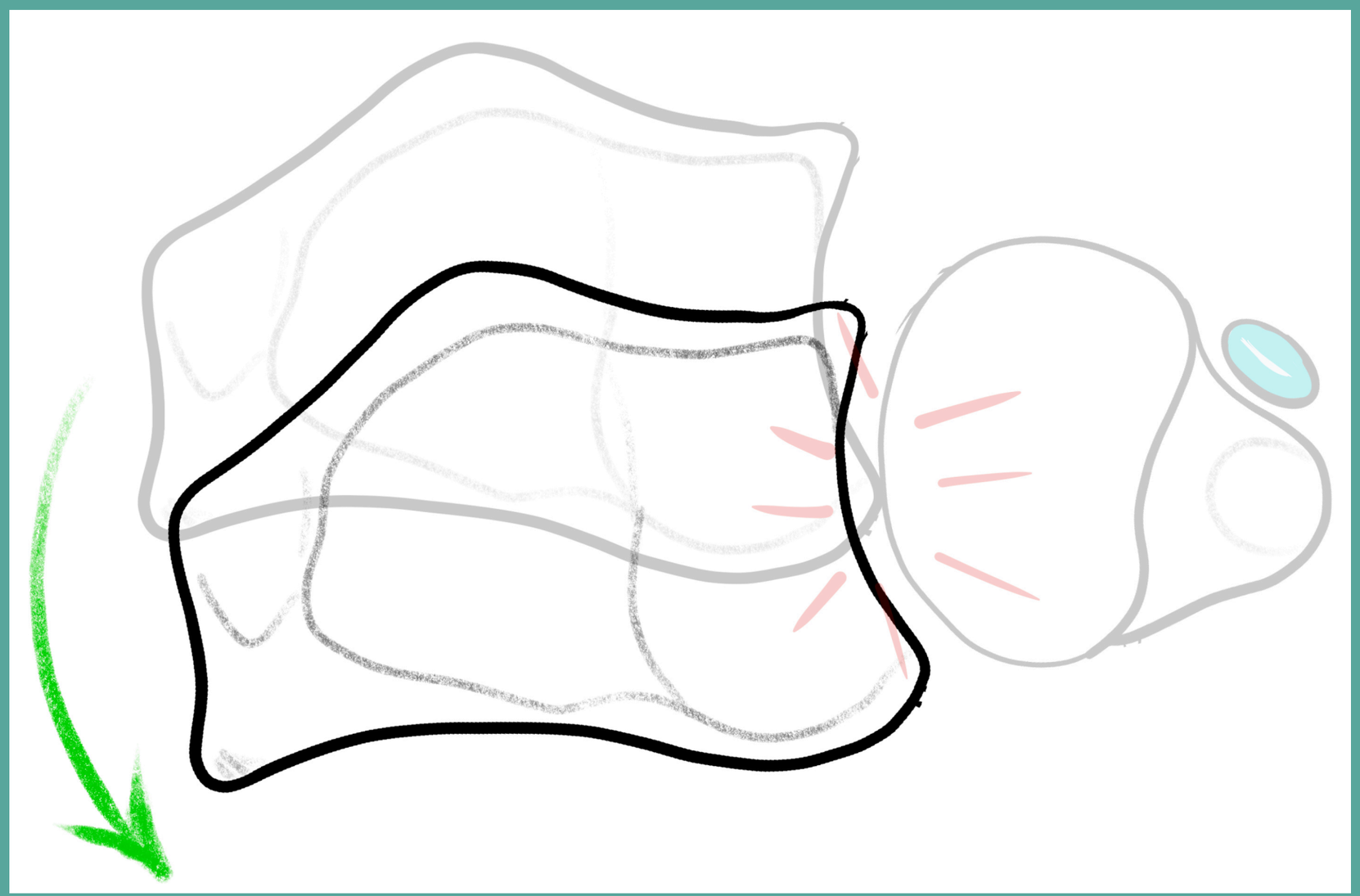
DorSal dislocations are stable in Supination



Palmar dislocations are stable in Pronation



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When to consider TFCC-Refixation in colsed DRUJ-dislocations?

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If stable ONLY in extremes of Pro/Supination

(TFCC is nearly always ruptured at the ulna)

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Which structure is responsible for a retained stability in DRUJ, especially when TFCC is torn?

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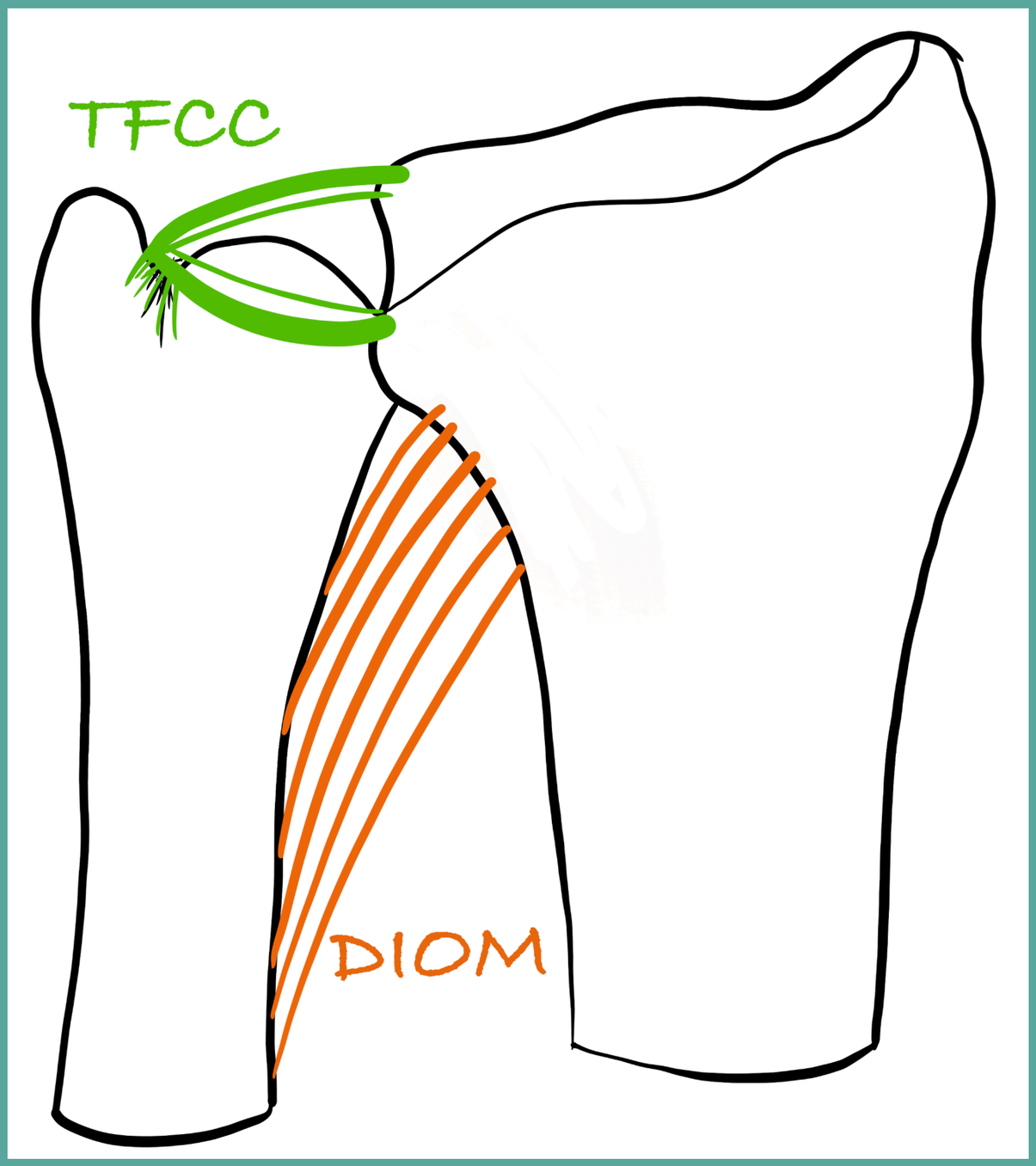
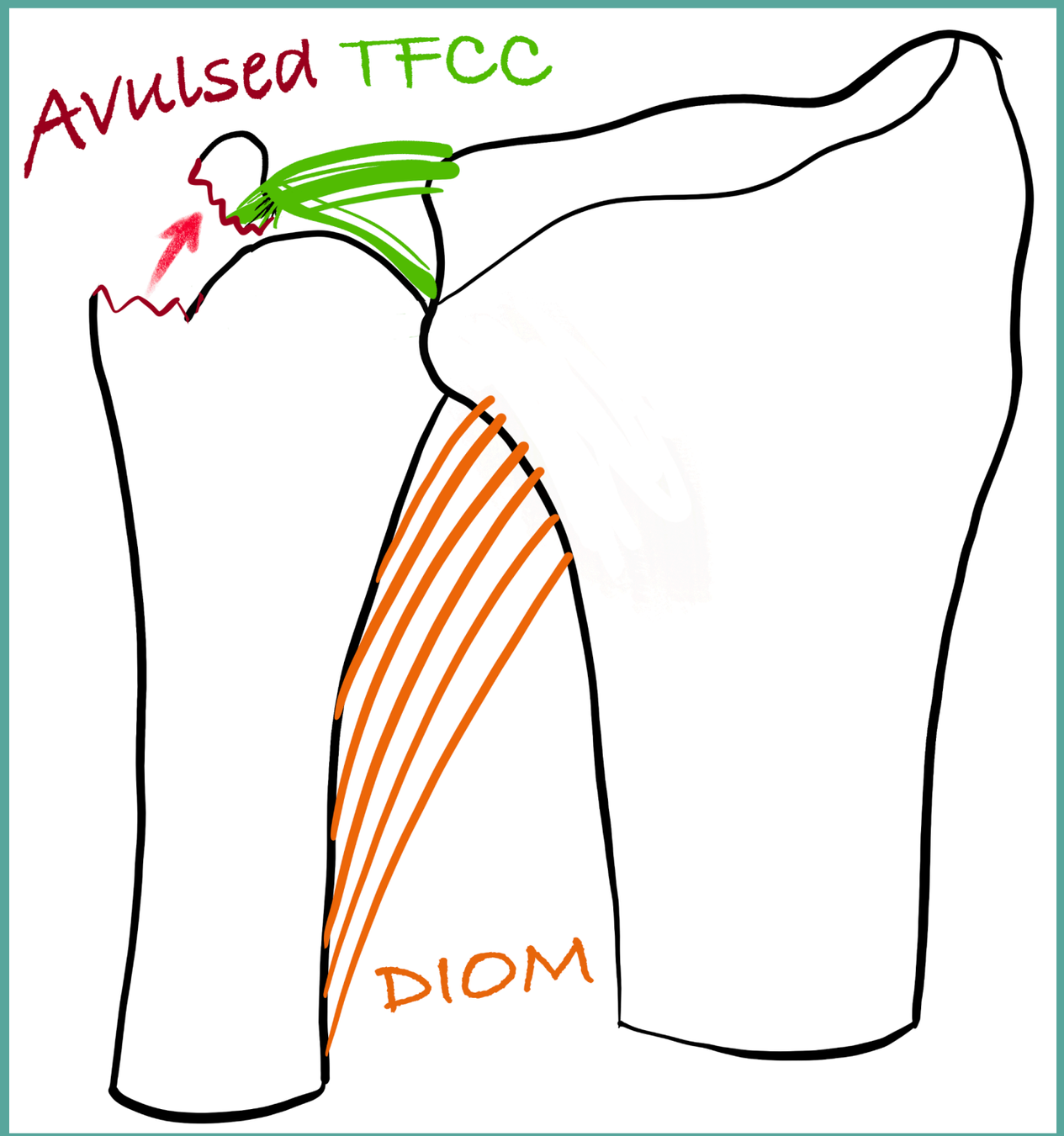
the distal interosseous membrane **(DIOM)** of the forearm





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Why correcting the residual ulnar translation of radial shaft in DRFs is paramount in reducing the incidence of DRUJ instability, when TFCC is injured?

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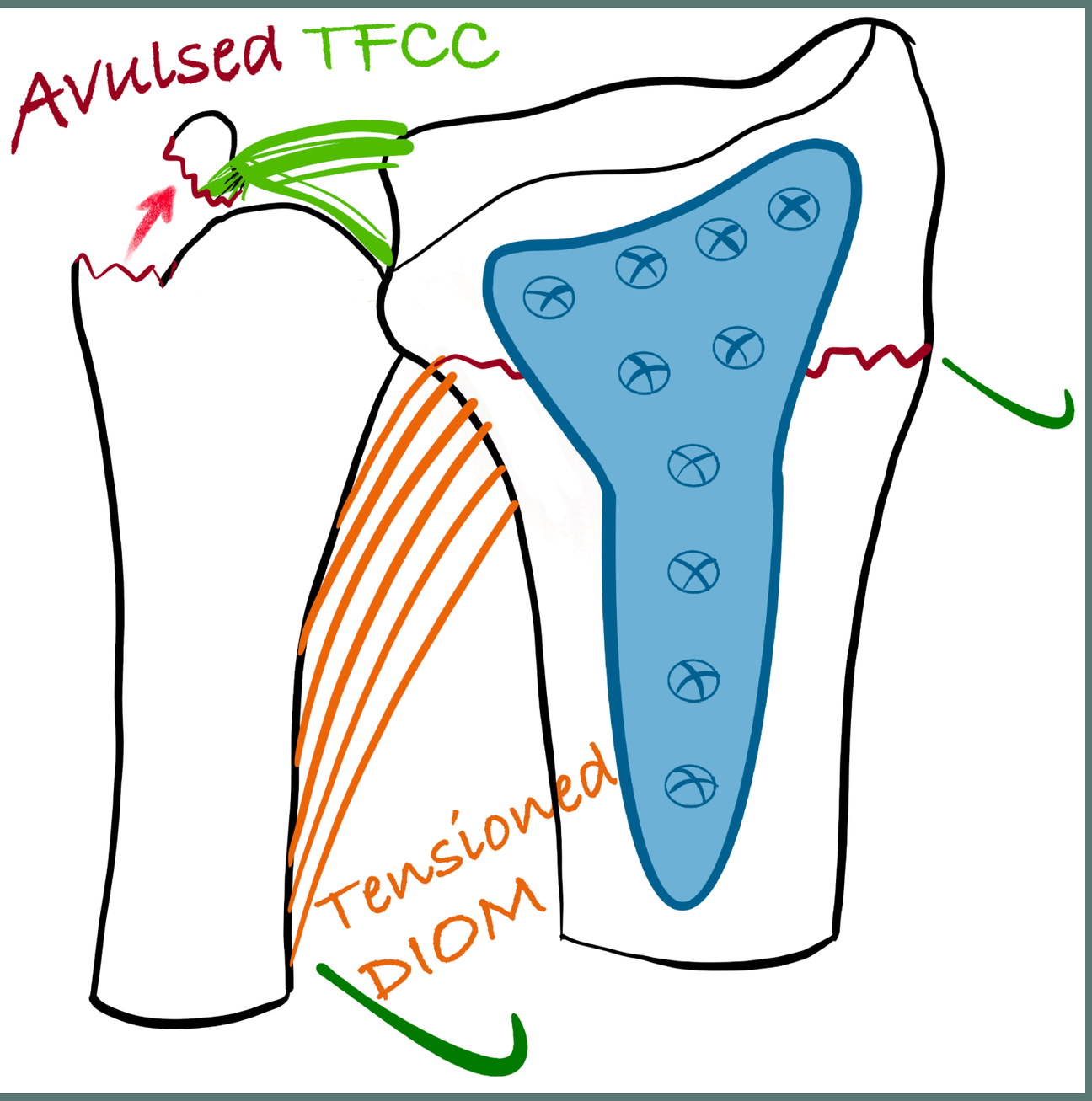
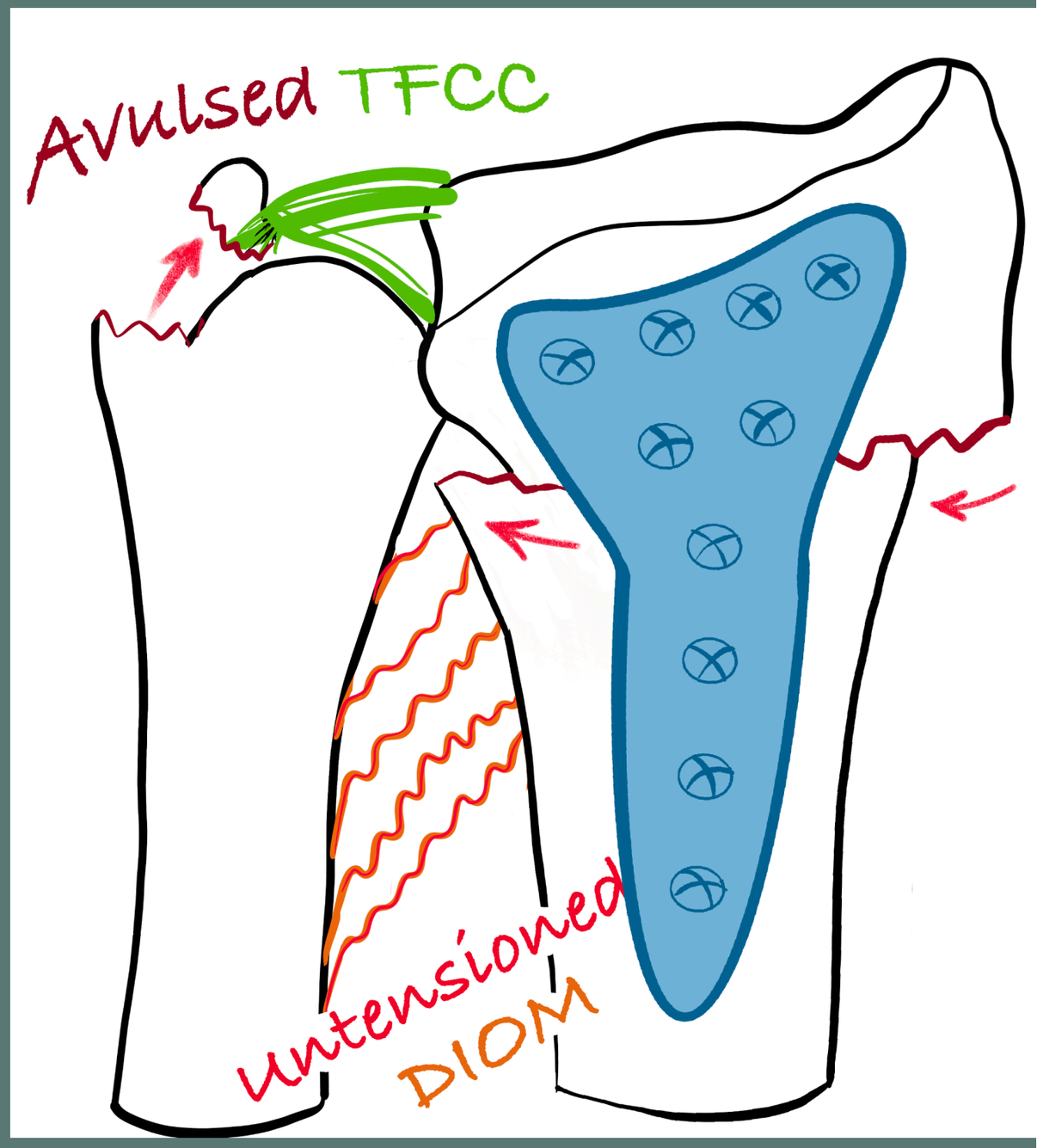
To keep the DIOM tensioned & retain DRUJ-Stability





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