















DRUJ my Take on It





















DRUJ my Take on It

Disclosure

Consultant for Lima
Consultant for Arthrex EMEA
Consultant for Lavander Medical
Consultant For Stryker
Consultant For Orthospace











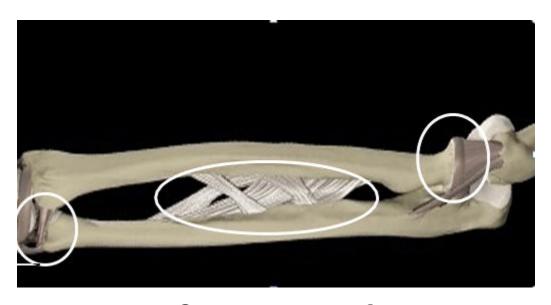








"Forearm Joint"



One functional unit









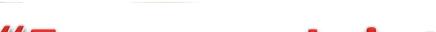




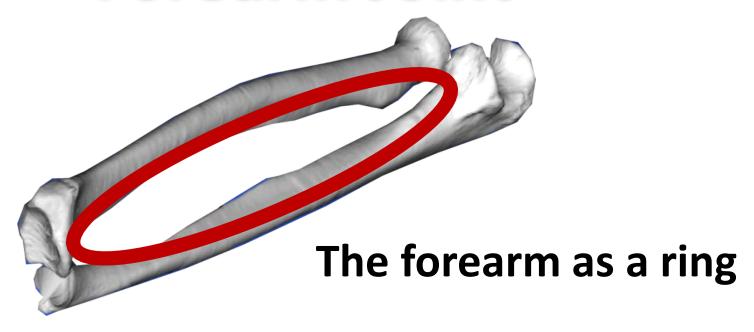








"Forearm Joint"



















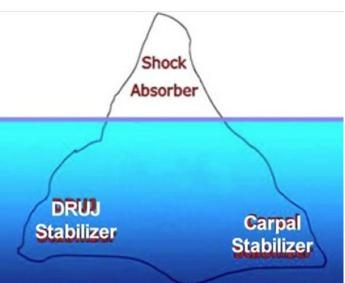




The Iceberg Concept







Atzei & Lucetti 2011











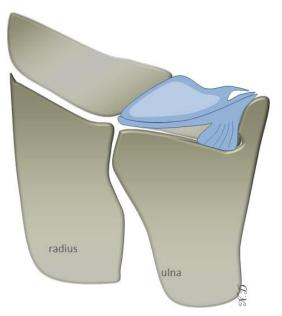


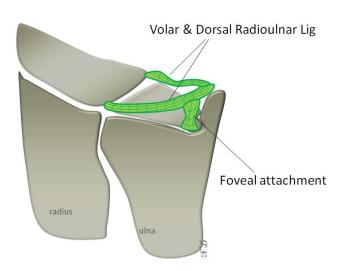






Anatomy















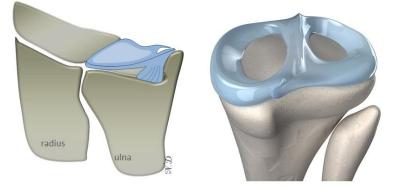






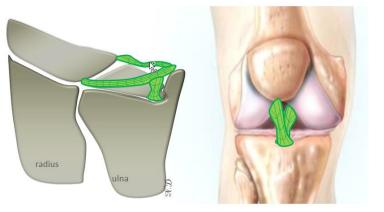
Anatomy

TFC MENISCUS



TFC













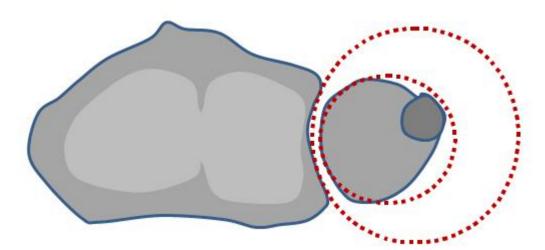








Congruity of DRUJ



10mm vs 15mm Full congruity impossible











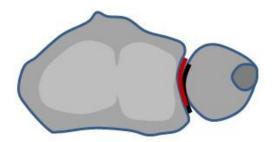


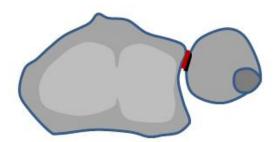




Congruity of DRUJ

Neutral rotation: 60% of sigmoid notch in contact Extremes of rotation: 10% Dorsal and palmar rims important





Little osseous stability











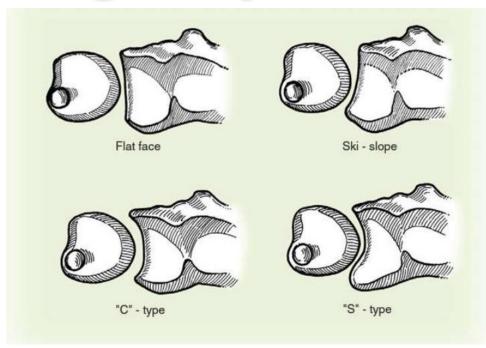








Congruity of DRUJ



















Extending Standard Musculoskeletal Care to Less Privileged Areas

Instability

- Pronation
 - Ulnar head dorsal
 - DRUL taut
 - If PRUL ruptures, dislocates dorsally
- Supination
 - Ulnar head volar
 - PRUL taut
 - If DRUL ruptures, dislocates volarly



Dorsal ulna dislocation



Pronation



Palmar ulna dislocation



Supination

















Function

Rotation Load transmission Stability













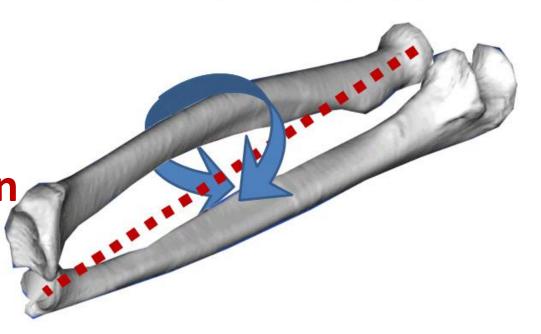






Kinematics

Rotation
Axis
Dislocation















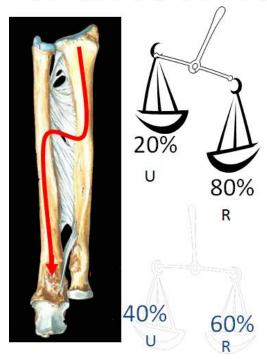




Extending Standard Musculoskeletal Care to Less Privileged Areas

Load transmission

Halls 1964, Palmer 1984, Birkbeck 1997













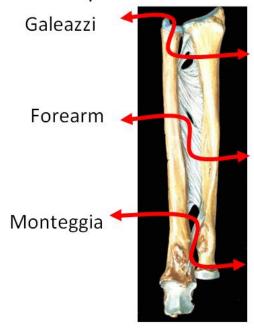


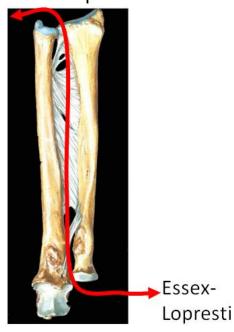




Load transmission

Explains common fracture patterns

















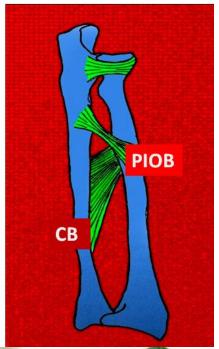




Interosseous Membrane

Two main bands:

- Central Band (volar)
- Proximal Interosseo us Band (dorsal)
- Accessory bands (1-5)
- Membranous portion













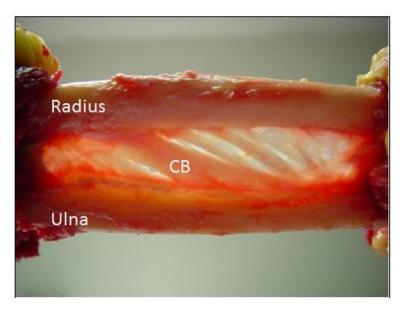






Interosseous Membrane

- 70% of forearm stability
- Injury of other elements of IOM (partial tears), increase CB strains













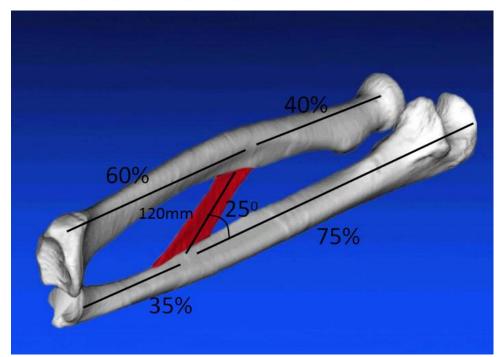






Extending Standard Musculoskeletal Care to Less Privileged Areas

Central Band



















Misconceptions

- TFCC tear ≠ DRUJ instability
 - In fact: most tears don't cause instability
- Ulnar styloid fracture ≠ DRUJ instability
 - Styloid fractures may co-excist with TFCC tears



















Classification

DRUJ **linjuries**

Acute injury

Chronic instabilty or arthritis

Isolated injuries

along with fractures





















Classification

DRUJ linjuries

Acute injury

Chronic instabilty or arthritis

Isolated injuries

along with fractures

















Isolated Ulnar head Dislocation

Dorsal: reduce in supination
Palmar: reduce in pronation
Global instability: usually requires
stabilization





















Isolated Ulnar head Dislocation

Failed closed reduction may result from trapped ECU, capsule, ulnar styloid, extensor tendon

Open reduction dorsal - 5th compt.

TFCC repair if avulsed











































































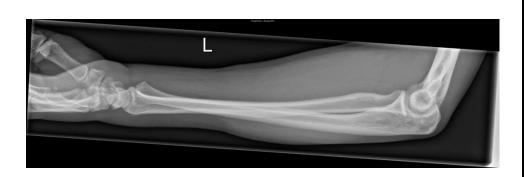


























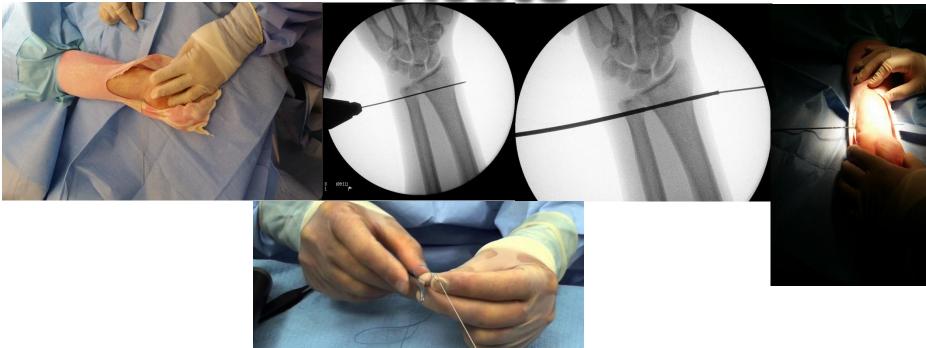






Extending Standard Musculoskeletal Care to Less Privileged Areas

<u>Acute</u>





























MINI TIGHT ROPE













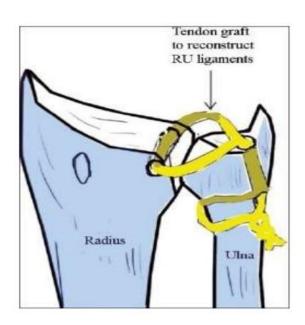






Extending Standard Musculoskeletal Care to Less Privileged Areas

Chronic



Diagrammatic representation of Adams-Berger procedure for chronic DRUJ instability. The dorsal and volar radioulnar ligaments are reconstructed with a palmaris longus graft.























Scheker semiconstrained total distal radioulnar joint arthroplasty











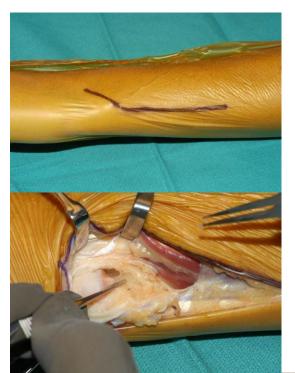




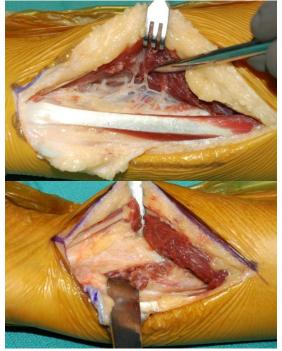






























Extending Standard Mascaloskeletal Care to Less Privileged Areas













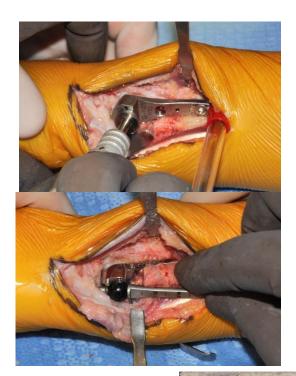


























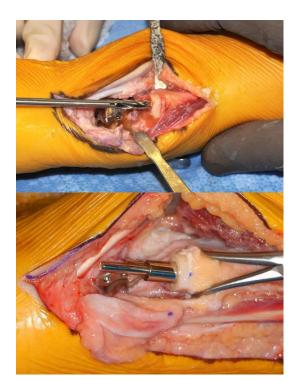


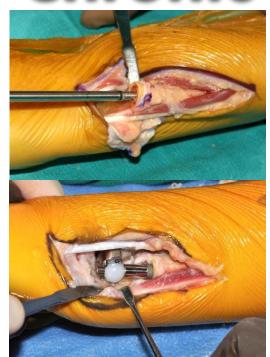
























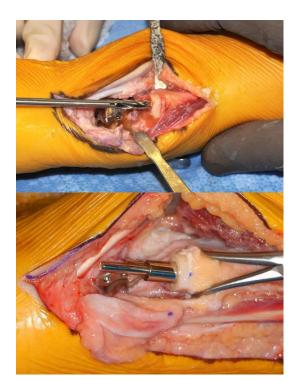


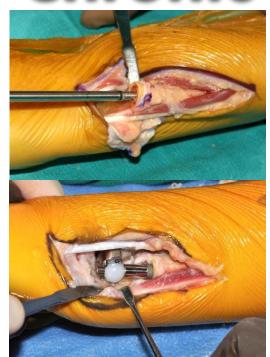


























































Extending Standard Musculoskeletal Care to Less Privileged Areas















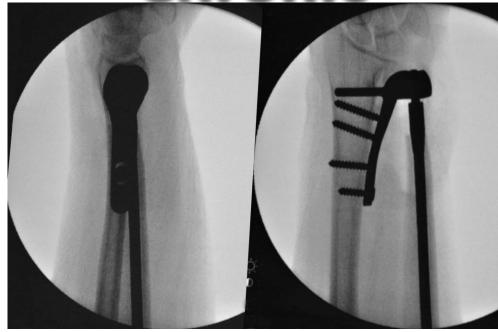








Extending Standard Musculoskeletal Care to Less Privileged Areas





















Results

5 prosthesis in 5 years Mean FU 12 months (2-25) Phone contact Dash Score VAS score





Satisfaction score















Results

No patients had further surgery Mean DASH 1.3 Mean VAS 0



















Conclusion

The Scheker prosthesis has shown satisfactory results with 100% survival rate in all reports.



















Conclusion

The constrained design of this prosthesis gives enough stability to prevent painful subluxation.





















Done







