

GENERAL DATA

- ×44 Y/O male
- × Occupation: doctor
- Underlying disease: HTN under medication control
- × Information from the patient himself

CHIEF COMPLAINS

* Left wrist painful and swelling post golf injury for 4 months

PRESENT ILLNESS

- * Left hypothenar eminence discomfort and tenderness this January after playing golf
- Pain and swelling this February at the same area
- Subcutaneous bone instable and movable
- × Pain aggravated recently
- × No trauma history

PHYSICAL EXAMINATION

- Left hypothenar eminence pain and tenderness
- Movable mass under hypothenar eminence after gripping
- × No numbness over wrist or ulnar site
- × No weakness noted



Pre-op diagnosis: left hamate hook fracture

- × 2011/05/31 admission
- × 2011/06/01 ostecotomy of hamate hook
- × Post-op diagnosis: neglected hamate hook fracture
 - 5th flexor tendon partial tear

8423733 38 Male Traffic acident conservative NI Ratiographic CTI 8551625 60 Male Stress fracture(graphic) conservative Excision Ratiographic Ratiographic 00000208 25 Male Stress fracture(graphic) conservative Excision Ratiographic Ratiographic				Trauma mechanism	Initial treatment	Secondary treatment	Diagnostic image
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10000208 25 Male Stress fracture(ball) conservative Excision Radiography Radiography 10451022 25 Male 2222 conservative Nil Radiography	8581625	60	Male		conservative	Excision	Radiography,
	10000208	25	Male		conservative	Excision	
	10451022	25	Male	????	conservative	Nil	
Courbod injuny Badiostophy	20273828	31	Male		conservative	nil	Radiography,

Hood of hamate fracture in our hospital









HOOK OF HAMATE FRACTURE

- Rare, 2%-4% of the carpal fractures, more common than the body
- common in golfers and in tennis, racquetball, and baseball players
- * typically occurs on the nondominant hand
- overlooked easily and often presenting with secondary sequelae UpToDate 19.1; Browner: Skeletal Trauma, 4th

ed. Marx: Rosen's Emergency Medicine, 7th ed

SYMPTOMS AND PE FINDINGS

- x pain over the hypothenar eminence(especially 1 cm dis
- eminence(especially 1 cm distal and radial to the pisiform)
- * Painful flexion of the ring and small fingers
- Pain is exacerbated with wrist dorso-ulnar deviation because of fragment movement.

UpToDate 19.1; Browner: Skeletal Trauma, 4th ed. Marx: Rosen's Emergency Medicine, 7th ed

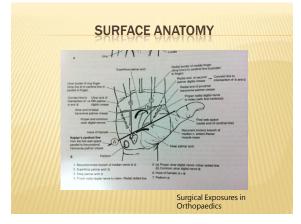
SYMPTOMS AND PE FINDINGS

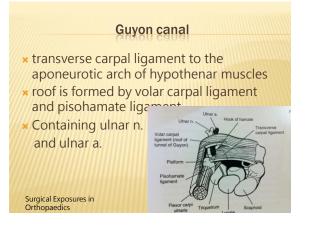
- Maybe associated decreased grip strength
- paresthesia in the 4th and 5th digits(Guyon' s canal) or mild carpal tunnel syndrome

UpToDate 19.1; Browner: Skeletal Trauma, 4th ed. Marx: Rosen's Emergency Medicine, 7th ed

- **x** Mechanism:
- →direct force: the force of the swing transmitted directly
- →indirect force: an avulsion injury through the transverse carpal and pisohamate ligament attachments to the hamate hook
- →both

Guha AR, Marynissen H. Stress fracture of the hook of the hamate. *Br J Sports Med. 2002;36:224–225.*





Radiographic Findings

- Plain film, including PA, lateral, supinated oblique(45°), and carpal tunnel views(best), about 71%
- If suspicion is high and plain films are not conclusive, CT is useful(100%)

Scheufler O, Andresen R, Radmer S, et al. Hook of hamate fractures: critical evaluation of different therapeutic procedures. Plast Reconst Surg 2005;115(2):488–97.

TREATMENT * A trial of immobilization with a short arm cast for first 1-2 weeks * Referred to surgery if high functional demand, evidence of tendon, neurovascular injury or non-union after immobilization UptoDate 19.1; Browner: Skeletal Trauma, 4th ed. Marx: Rosen's Emergency Medicine, 7th ed

TREATMENT

- Fragment excision: gold standard, early to rehabilitation, desirable to laborers and athletes
- CRIF: grip strength recovery???
- * Bone grafting: restitution of the functional aspects as ORIF
- Low-intensity pulsed ultrasound: time consuming

<u>Scheutler O. Radmer S. Erdmann D. Germann G. Pierer G. Andresen R.</u> Therapeutic alternatives in nonunion of hamate hook fractures: personal experience in 8 patients and Ann Piast Surz. 2005 Auc:55(2):149-54. ***** Thanks for your attention!