Case discussion: Two years follow-up of RASL procedure for chronic scapholunate dissociation

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Case discussion:

30 years old Saudi male, medically free, History of trauma to his left hand during playing football, fell down on pronated wrist 2 months prior to his presentation to OPD

He heard click in left wrist, ROM not affected but he complains of pain with lifting heavy objects but unable to do pushups in the gym

Initial x-rays and MRI:

Post op x-rays:

x-rays 1 year post op:

One-year post op, patients' grip is almost equal bilaterally:

Diagnostic wrist arthroscopy:

Patient underwent diagnostic wrist arthroscopy and found to have:

- RADIOCARPAL ARTHRITIS & DETTACHED LIGAMENTS
- TFCC INJURY WITH SYNOVITIS
- SCAPHOLUNATE ARTHRITS
- MIDCARPAL SYNOVITIS & DEGENRATIVE CHANGES

Clinically, patient improved his ROM and hand grip:

Therefore, plan was done to take the patient for open reduction and association of scaphoid and lunate (RASL procedure):

Z SHAPE DORSAL INCISION DONE, DISSECTION BETWEEN 3RD AND 4TH EXTENSOR COMPARTMENT DONE FOLLOWED BY OPENNING OF THE CAPSULE AND EXPLORATION OF SCAPHOLUNATE LEGMENT FOUND TO BE RUPTURE AND IRREBARABLE, SO, DECORTICATION DONE, SCAPHOLUNATE FIXED TOGETHER AFTER RESTORATION OF THE CARPAL BONE ALLIGMENT USING JOYSTICK K.WIE AND FIXATION DONE USING HERBERT SCREW

Conclusion:

scapholunate dissociation is the most common cause of wrist instability. Reduction and association of scaphoid and lunate (RASL procedure) is found to be safe and effective treatment of chronic static scapholunate dissociation. It realigns the scaphoid and lunate, restore the function, reduce the pain and appears to be robust over time