NON-UNION OF THE TRIQUETRUM

Report of a Case

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Fractures of the triquetrum are uncommon. The literature of the injury has been reviewed by Greening (1942); and its anatomy and mechanics was later discussed by Bonnin and Greening (1944), who described two types, a compression fracture and a traction fracture. A transverse fracture was noted by Fairbank (1942), who observed that it did not unite quickly and required prolonged immobilisation in plaster. The case described here is of interest because it shows established non-union of a transverse fracture.

In May 1948, a stoker aged twenty-two years was playing football and fell backwards on to his left wrist, which was forcibly dorsiflexed and became very swollen and painful. Three days later he attended hospital for advice; radiographs were taken (Fig. 1) but were reported to show no fracture. A crêpe bandage was applied and he was instructed in wrist and finger exercises. He was able to return to work fourteen days after injury, but slight pain in the wrist persisted. In October 1948 he sustained a minor injury to the same wrist at work and returned to hospital at once. On examination there was then a little swelling of the wrist and all movements were painful, particularly dorsiflexion and ulnar deviation. Radiographs showed a transverse fracture of the triquetrum with established non-union. A review of the original radiographs showed a transverse fracture without displacement. An oblique view had not been taken after the original injury, but the fracture line was quite obvious in one taken subsequently (Fig. 2).

After the wrist had been immobilised in plaster for three months, still no alteration could be seen in the state of union; the plaster was therefore discarded and movement allowed. When last seen, the patient had returned to full work; wrist movements were only slightly restricted but there was pain on forcing dorsiflexion and addiction.

REFERENCES