

Wrist Pain in a Non-athletic Individual

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HISTORY: 42-year-old, right-handed Caucasian male who presented to the medical orthopedics clinic with left wrist pain. Pain was aggravated by lifting things, shuffling cards, and taking trash bag out of the trash can. He reported occasional clicking and catching. He denied history of trauma, injury, or fall. He also denied numbness or tingling sensation, swelling, or redness.

PHYSICAL EXAMINATION: Examination of the left wrist showed limited extension compared to the right. There was clicking with flexion and extension of the wrist on the dorsal aspect. Mild tenderness was noticed over the distal radioulnar joint. There was ulnar and radial deviation on provocation. Anatomic snuffbox was non-tender. Neurovascular exam was intact.

DIFFERENTIAL DIAGNOSIS:

Kienbock's disease (avascular necrosis of the lunate bone)

Scapholunate instability

Scaphoid fractured

Quervain's tenosynovitis

Carpometacarpal osteoarthritis.

TESTS AND RESULTS:

4-view x-rays of the left wrist

--Mild radiocarpal and scapho-trapezium-trapezoid (ST-T) osteoarthritis

--Subchondral cysts seen in the lunate and scaphoid with no obvious fractures

Magnetic resonance imaging (MRI) of left wrist

--Abnormal T1 hypodense signal involving the proximal pole of the scaphoid

--Articular collapse proximally of the scaphoid with marked irregularity of the overlying cartilage

FINAL/WORKING DIAGNOSIS:

Preiser's Disease (Idiopathic avascular necrosis of the scaphoid)

TREATMENT AND OUTCOMES:

Initially put in wrist brace with diclofenac topical gel for pain control.

Corticosteroid steroid injection under fluoroscopy.

Pedicle bone graft reconstruction of the proximal pole of the left scaphoid and intercompartmental supra-retinacular artery vascularization.

Post-surgery thumb spica cast with the interphalangeal joint free for 6 weeks.

6 weeks post-surgery, patient able to make composite fist with his left hand.

18 weeks post op, patient was moving wrist with no pain.