

Simultaneous Triple Dislocation of the Small Finger

To the Editor:

Simultaneous dislocation of all phalangeal joints of a triphalangeal digit is extraordinary. The literature¹ documents just one such a case in an index finger in 1989. We present a patient with a triple dislocation of the small finger.

A 34-year-old, right-handed man experienced a direct impact to the tip of his right little finger and forced hyperextension while practicing karate. He presented to our emergency department with a grossly deformed and painful finger. There were no neurovascular or skin lesions. Radiology showed simultaneous dorsal dislocation of both interphalangeal joints and a dorsal dislocation of the metacarpophalangeal joint without any avulsion fractures (Fig. 1). Under regional anesthesia, closed reduction of the triple dislocation was achieved by longitudinal traction. The reduction was performed progressing



FIGURE 1: A lateral radiograph of the hand, demonstrating a dorsal triple dislocation in the small finger.

from distal to proximal. Radiology showed complete restoration of articular congruity in all involved joints. Stress tests performed for each joint indicated stability. The finger was splinted in the intrinsic plus position for 10 days, and gentle hand therapy was then allowed. At 12-month follow-up, the patient had recovered a painless and full range of motion without residual instability.

As in isolated interphalangeal and metacarpophalangeal dislocations without associated lesions, closed reduction is the treatment of choice for simultaneous dislocations.³ For reduction maneuver, we considered the mechanism of injury: a combination of an axial load with a forced hyperextension of the tip of the digit, dislocating first the distal interphalangeal joint and then affecting the proximal interphalangeal joint.²⁻⁴ We recommend initial distal interphalangeal reduction, to achieve relaxation of the flexor digitorum profundus and thus facilitate the subsequent reductions. In cases in which no concurrent damage is present, early active rehabilitation is suggested.⁵

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