Arthroscopic Assessment of the Wrist in Kienböck's Disease

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**Introduction**
Some findings reinforce the concept that there is a discrepancy between radiological staging and the clinical evolution of the patient in Kienböck's disease. We believe that there are other changes, not visible upon radiographic examination, which may contribute to patient’s clinical condition.

**Material and Method**
- 15 patients, Kienböck stage 3 (Lichtmann's Classification)
- 5 Stage 3 A and 10 stage 3 B, according radiological findings.
- Arthroscopic staging using portal 3 and 4 and Outerbridge Classification

**Result**
- Same pattern of damaging for 3A and 3B.
- Lunate fossa damaged in all cases.
- Preservation of scaphoid fossa and capitale in all cases.
- Capitate preserved in all cases.

**Discussion**
In our study of 15 patients with stage 3A or 3B Kienböck's disease, we sought to objectively evaluate the articular state of the wrist. What we found was wide variations in the degree of articular compromise, in patients with stage 3, as classified by Lichtman. These facts favor the use of arthroscopy for correct articular staging of the wrist in patients with Kienbock’s disease, thereby providing additional data by which to select the best surgical procedure.

**Conclusion**
Wrist arthroscopy showed to be a good tool to evaluate the articular status of patient with Kienbock’s disease.