2,3 CMC Joint Injuries: Case Series and Review

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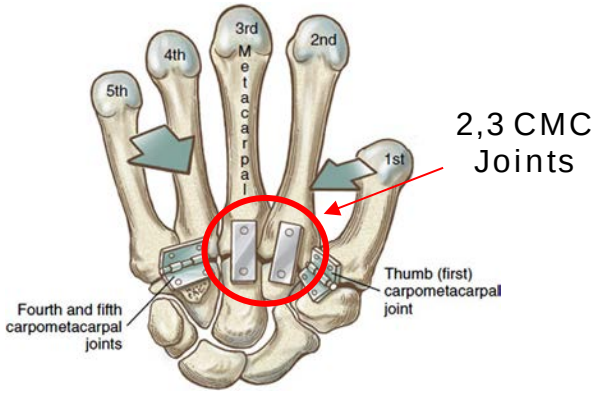
BACKGROUND

Acute 2, 3 CMC joint injuries

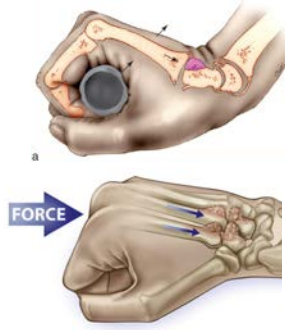
- Rarely described, frequently missed on initial evaluation
- Delays in diagnosis
- Inadequate workup/treatment
- High rates chronic pain/disability



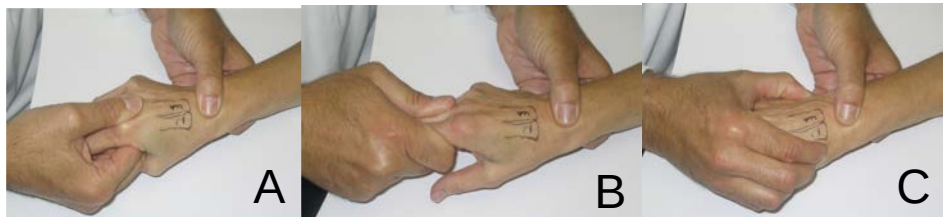
METHODS

Retrospective review: 40 patients with Dx: 2,3 CMC joint injuries

Mechanism	No. Cases
MVC	16 (40%)
Sports Injury	16 (40%)
Direct Trauma	4 (10%)
Other/Unknown	4 (10%)



Traditional provocative tests – metacarpal shuck (A) and torque (B) tests less sensitive (50%) vs. Kleinmann Compression (C) test (100%)



DIAGNOSIS

Mean time to diagnosis = 168 days

2 (5%) within 6 weeks of injury

Missed/Inaccurate Diagnoses

- Chronic wrist pain: 16 (40%)
- Wrist sprain: 12 (30%)
- Scaphoid fracture: 4 (10%)
- Ganglion: 4 (10%)
- Extensor Tendonitis: 4 (10%)

TREATMENT

All patients received an initial trial of conservative treatment

- 19 (47.5%) eventually required surgery: k-wire stabilization or CMC arthrodesis

CONCLUSIONS

- Missed 2,3 CMC joint injuries = significant rates chronic pain/functional limitations
- Early Dx/Tx generally leads to very good prognosis for pain relief and return to baseline function
- Awareness, high clinical suspicion critical to minimize pain and long-term morbidity