

Introduction

- Typical treatment option for those failing conservative treatment include Darrach resection, Bowers, Sauvé-Kapandji, and ulnar head implant arthroplasty.
- We have been performing arthroscopic resection arthroplasty (ARA) of DRUJ for OA for the past 5 years with reasonably good results.
- The purpose of this study is to report our technique of ARA of the DRUJ for osteoarthritis and present our clinical findings in 4 cases.

Methods

- Prospectively collected data on 4 cases in 3 patients
- Minimum of a one-year follow up.
- Radiocarpal and DRUJ arthroscopy was performed using standard portals
- A radiofrequency ablator was used for denervation
- Approximately 2 mm of bone was resected from both sides of the joint using a 4 mm barrel burr

Results

- Mean Follow up: 34 months (range 12-75)
- Mean age at surgery: 66 years (range 61- 69)
- There were no failures
- Mean postoperative pain:
 - 2 months: 4 (range 0-4)
 - 6 months: 1.5 (range 0-2)
 - 9 months: 0

Conclusions

- Early-term outcomes demonstrate that ARA of DRUJ may be a viable surgical option for OA.
- Longer follow-up and prospective studies comparing ARA of DRUJ to traditional surgical options would be useful to further evaluate this procedure.

Table 1: Pre and Postoperative outcomes

	Preoperative (range)	Postoperative (range)
Pain	7.5 (5-10)	0
Grip Strength (lb)	27 (10-40)	64 (45-87)
Total Arc of Motion (degrees)	119 (81-155)	170 (155-190)
Protonation (degrees)	64.3 (13-90)	84 (72-90)
Supination (degrees)	39 (12-70)	70.6 (70-72)
DASH	55	1 (0-3)

Table 1: Preoperative and postoperative patient outcomes. Numeric Rating Scale (NRS) for pain 0-10 (0=no pain, 10=worst possible pain) and satisfaction with outcomes 0-5 (0=extremely dissatisfied, 5=extremely satisfied) were obtained. Functional outcomes of grip (2ND position on 5-stage dynamometer), and disabilities of the arm, shoulder, and hand (DASH) score 0-100 (0=no disability, 100=most severe disability) were evaluated. Total arc of motion was calculated by adding flexion, extension, radial deviation, and ulnar deviation. Pronation and supination was recorded preoperatively and postoperatively.

Figures

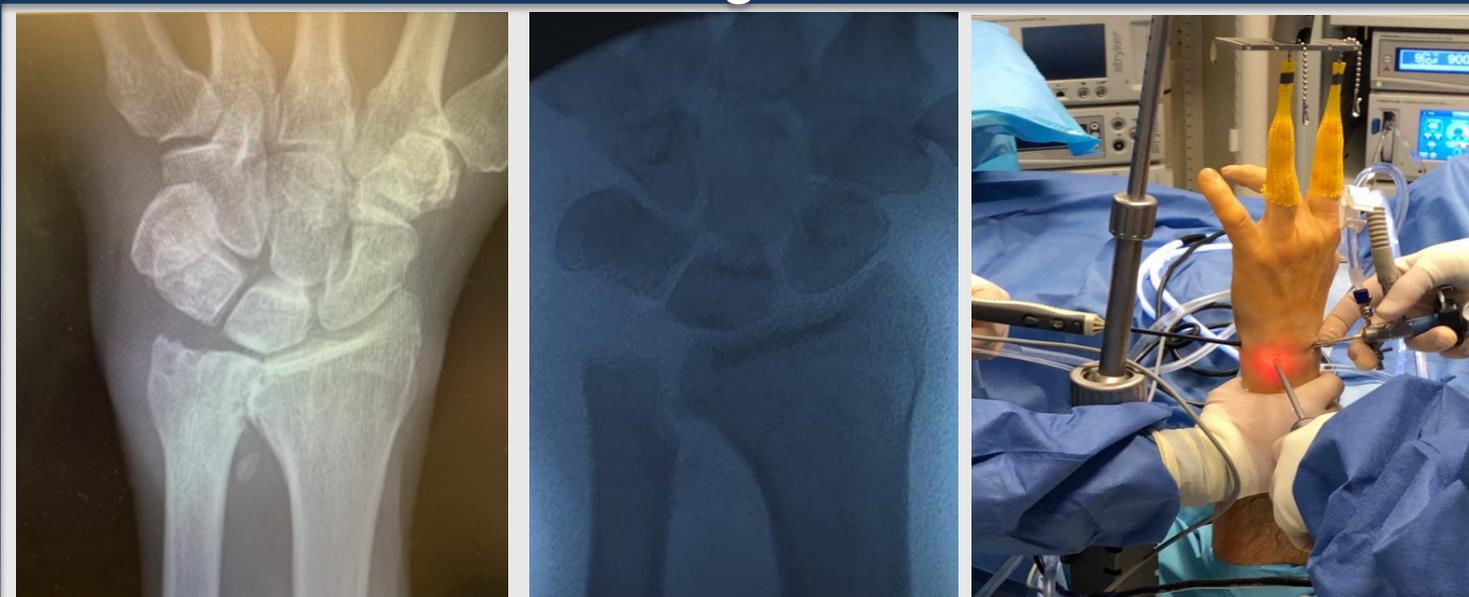


Figure 1: Preoperative Xray DRUJ DJD and Ulnar Impaction. Figure 2: Postoperative Xray. Figure 3: Resection of DRUJ