Distal phalangeal fractures are the most common fractures of the hand but nonunions are unusual in the distal phalanx. Eleven patients were operated on for nonunions of the distal phalanx.

The diagnosis of nonunion was made by the presence of the clinical (pain, deformity, instability) and radiological signs of nonunion more than 4 months after the initial injury. Three patients had developed infection and four of them had bone resorption after their initial treatments, which probably caused nonunion. Olecranon bone grafting combined with Kirschner wire fixation was done in all patients. The mean follow-up was 7 months (range 5–18 months). There were no major complications at the donor or recipient sites. One patient had a haematoma formation at the donor site. There was complete radiological union of bone-grafted sites in all patients except one. There were no cases of pain, deformity, or instability after the treatment. The olecranon bone graft was found to be safe and easy to harvest. Its strong tubular structure replaced the distal phalanx successfully.