

Abstract:

The treatment choice in scapholunate (SL) injury depends on the extent of the SL ligament tear, chronicity of injury, quality of the ligament remnants, reducibility of carpal malalignment, and cartilage status of the radiocarpal and midcarpal joints. In the absence of degenerative changes with chronic reducible dissociation, the optimal treatment would be the reconstruction of the SL interosseous ligament. Various SL reconstruction techniques via open or arthroscopic approaches have been described over the years; they include tendon reconstructions, volar/dorsal capsulodesis, SL allografts, bone-tissuebone composite grafts, reduction and association of the scaphoid and lunate procedure, SL axis method, and SL internal brace technique. However, all of these techniques have their own shortcomings and disadvantages. The present study demonstrates a new technique using a suture-button device for the reduction and fixation of SL diastasis. The suture-button system is positioned between the scaphoid and the triquetrum, the direction of the system prevents scaphoid flexion and maintains continuity of the reduction. Arthroscopic dorsal ligamentocapsulodesis technique can be added to achieve biological healing during the stabilization process. The major advantages of this technique over others are a straightforward application with shorter operative time and lack of a need for harvesting a tendon graft. The technique is performed through mini-incisions, which enable a shorter postoperative recovery time and rehabilitation period and a quicker restoration of function which decreases the risk of joint stiffness. Furthermore, large bone tunnels which increase the risk of fracture are avoided.

Key Words: suture-button, scapholunate dissociation, carpal instability, arthroscopic dorsal capsulodesis.

[Yayına ulaşmak için tıklayın - Suture-button Fixation and Arthroscopic Dorsal Ligamento-capsulodesis in Chronic Scapholunate Dissociation](#)