Peri-Lunate Dislocation of the Wrist

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Anatomy

- Bone
- Ligaments
- X ray anatomy
- Patho-anatomy
Palmer Wrist Ligaments
Palmer Wrist Ligaments
Dorsal Wrist Ligaments
Intrinsic Wrist Ligaments

**Intrinsic Scapholunate Complex**

Scapholunate intersosseous ligament
  a. Dorsal component
  b. Proximal component
  c. Palmar component

Radioscapholunate ligament

Dorsal radiocarpal joint capsule

Lunate

MidCJ

RCJ

Radius
Carpal Alignment
Lateral View
Lateral View
PA View
PA View
Mechanism of Injury
Palmer Wrist Ligaments
Mayfield Classification
Peri-lunate Dislocations

- Mayfield 1 and 2 are DISI injury without dislocation
- Mayfield Classification Grade 3 - Tear of scapho-lunate, luno-capitate and luno-triquetral ligaments
- Mayfield Classification Grade 4 - above plus tear of radio-lunate ligaments
Special Considerations

- Will not heal with closed treatment
- Closed reduction good to temporize but is not definitive treatment
- Be sure to assess and document perfusion and median nerve function
- Mayfield 4 very hard to reduce closed
Mayfield 3
Mayfield 3
Mayfield 4
Mayfield 4
Surgical Treatment

• Reduce and pin Carpal Bones
• Be sure Capitate is seated on Lunate
• Be sure to correct rotation of Scaphoid and Lunate
• Repair Extrinsic Capsule
• Release Carpal Canal if needed
Treatment is Surgical
Trans-Scaphoid Peri-lunate Fracture Dislocation
Post Operative Care

- Immobilize for 8 weeks
- Remove pins and begin Range of Motion and Strengthening
- Generally at full use by three months
- Generally functional ROM (40 -60 degrees of flexion and extension)
- Monitor for Avascular Lunate
Thank You