
Serious wrist sprain

This is the partial or complete rupture of the ligaments joining together the small bones of the wrist. There are many different ligaments, and their rupture has varied consequences.

Precise diagnosis is difficult and requires extremely specialised examinations; treatment is equally difficult and is carried out by greatly specialised doctors and surgeons.

There are numerous lesions of the wrist ligament which are very different from each other in terms of their nature and gravity but they are often neglected under the umbrella term «sprain».

Development of the condition can be very serious in some cases and without the rapid application of appropriate treatment may lead to arthrosis collapsus of the wrist.

1.DIAGNOSIS :

Diagnosis is difficult and depends firstly on examination by the doctor. Persistent pain over several weeks following an accident or an « awkward movement » should be a warning sign and alert the patient to consult a doctor.

Further examinations are necessary with X-ray and arthro-scanner. This examination consists of a scan with a substance injected into the wrist, allowing the practitioner to see the ligaments and joint cartilage. It is best performed in a specialised centre.

The nature and extent of the lesions may then be evaluated, even if these examinations are no more than an aid to diagnosis.

2.TREATMENT :

1. Benign sprains :

These are cured in a few weeks, possibly with the help of a splint.

2. arthroscopy :

This is the optimum treatment for cases with lesion of the ligaments, or when further diagnostic elements are necessary prior to a decision for more serious surgery .

Arthroscopy serves to remove unstable fragments of ligament, sometimes to suture them and in general to relieve pain.

A temporary binding may be necessary. The immobilisation period usually lasts from two to six weeks depending on the extent of the lesions.

3. More complex surgical procedures :

The more advanced cases may require ablation of the worn bones and fusion of some of the bones, notably following rupture of the scapho lunaire ligament.

This type of procedure usually leads to a loss of mobility and the resulting pain may prove to be persistent.

Such surgery is proposed as a last resort to improve the functional state of the wrist and prevent its complete immobility.

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