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A rare case of open dislocation of the proximal interphalangeal joint subsequent to an epileptic seizure: an injury to do not overlook



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A 43-year-old patient, obese, with a history of epilepsy under antiepileptic drugs for one year that are stopped from the patient for two months, who presented a seizure causing a fall on the palm, then he was transferred to the emergency department. On admission, he was with no distress. An anteroposterior x-ray of the hand was performed, which was interpreted as normal and the patient was sutured. However, the patient presented severe pain during the suturing of the wound, the reason for which the orthopedic surgeon was requested. On examination, we noted a wound on the palm of the proximal interphalangeal joint of the third digit. The neurovascular exam was normal. The review of the anteroposterior radiograph had raised our suspicion of joint

dislocation. So, we performed a lateral radiograph of the hand that revealed a posterior dislocation of the proximal interphalangeal joint of the third and fourth fingers. Following axial traction of both fingers, the reduction of both dislocations was obtained that remained stable. The flexion of the third finger was not possible, prompting the patient to undergo surgical exploration. Thus, the exploration did not found any lesion of the flexor tendon, then the wound was closed, after which both fingers were put in buddy strapping for four weeks. At this follow up, the mobilization of the digits was allowed. At a follow up of six months, the patient did well, with no recurrent dislocation, no pain and no recurrent seizure under epileptic drugs.



Figure 1: A) clinical aspect of the wound localized on the palm of the proximal interphalangeal joint of the third finger; B) anteroposterior x-ray of the hand showed a narrowing of the proximal interphalangeal joint of the third and fourth finger (white arrows); C) lateral radiograph of the hand revealed a posterior dislocation of the proximal interphalangeal joint of the third and the fourth finger (yellow arrows); D) intraoperative aspect showed no lesion of the flexor tendon