



A floating fifth metacarpal



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Received: 21 Apr 2020 - Accepted: 23 Apr 2020 - Published: 24 Apr 2020

Domain: Orthopedic surgery

Key words: Fifth metacarpal; Dislocation; Surgery

Images in clinical medicine | Volume 2, Article 157, 24 Apr 2020 | 10.11604/pamj-cm.2020.2.157.22993

Available online at: <https://www.clinical-medicine.panafrican-med-journal.com/content/article/2/157/full>

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Images in clinical medicine

A 33-year-old man injured his left little finger following a fall on his left hand with fist closed in a soccer match. He was transferred to the emergency room. The clinical examination revealed deformation, pain and functional impotence of the fifth finger of the left hand. Mobilization and palpation of the digit were painful along and there was no sign of a digital neurovascular lesion. X-rays showed a simultaneous dislocation of the fifth metacarpophalangeal and carpometacarpal joints (A). The treatment consisted of a closed orthopaedic reduction under loco-regional anaesthesia by external manoeuvres directed in the opposite direction of the injury followed by percutaneous Kirschner

wires fixation under fluoroscopic guidance (B). The hand was immobilised for six weeks, then the wires were removed and began functional rehabilitation. The three-month check showed a painless stable carpometacarpal and metacarpiphangeal joints with symmetrical extension and flexion of the little left finger. At the 16-month follow-up, the patient doesn't complain of stiffness of the left little finger and there was no pain or chronic instability. A floating fifth metacarpal is very rare. In complex dislocation of the little finger metacarpophalangeal joint, the volar plate can be trapped in the joint space, making closed reduction impossible and indicating volar plate entrapment. In general the prognosis is favourable.

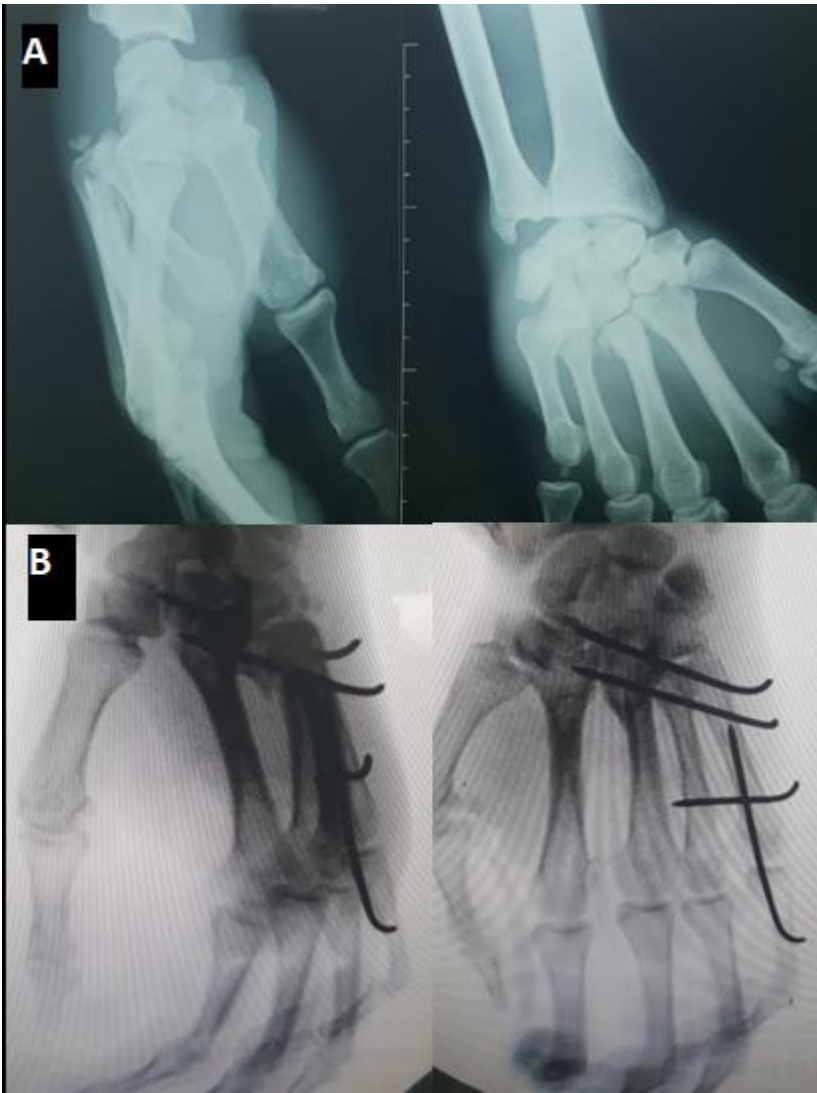


Figure 1: (A) hand X-rays showing a floating fifth metacarpal; (B) fluoroscopic control showing percutaneous Kirschner wires fixation