

Images in medicine

An isolated rotatory volar dislocation of the proximal interphalangeal joint of the little finger: what management? a case report and review of the literature



Naoufal Elghoul^{1,&}, Ali Zine¹

¹Department of Orthopedic Surgery and Traumatology, Military Hospital Mohammed V (HMIMV), Faculty of Medicine and Pharmacy, Mohammed V University of Rabat, Rabat, Morocco

[&]Corresponding author: Naoufal Elghoul, Department of Orthopedic Surgery and Traumatology, Military Hospital Mohammed V (HMIMV), Faculty of Medicine and Pharmacy, Mohammed V University of Rabat, Morocco

Received: 31 Dec 2019 - Accepted: 18 Feb 2020 - Published: 23 Feb 2020

Domain: Orthopedic surgery

Key words: Interphalangeal joint, volar dislocation, phalanx

Images in medicine | Volume 2, Article 62, 23 Feb 2020 | 10.11604/pamj-cm.2020.2.62.21439

Available online at: <https://www.clinical-medicine.panafrican-med-journal.com/content/article/2/62/full>

© Naoufal Elghoul et al PAMJ - Clinical Medicine (ISSN: 2707-2797). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Images in medicine

A-35-years old man, with no history of trauma, presented pain and total impotence of the small finger following a match of basketball. The patient was transferred to our emergency department in about thirteen minutes. On admission, he was stable with no distress signs. The uninjured limb held the injured limb and we noted a deformation at the level of the interphalangeal joint of the small finger. Palpation and mobilization of the finger were painful. The neurovascular exam was normal. A radiograph of the hand (lateral and anterior-posterior views) was realized that showed a rotatory volar dislocation of the proximal phalangeal joint with no fracture. Under digital block anesthesia, a combined slight

flexion and axial traction of the phalanx were applied and the reduction was obtained and it remained stable. The control radiograph confirmed the reduction. Then, a splint immobilized both proximal and distal interphalangeal joints in a neutral position along with buddy taping of the injured digit to the uninjured digit adjacent for 6 weeks. At this period, there was no instability of the collateral ligaments on exposure to passive stress after which active exercises were started. Evaluation at 6 months found that the active range of movement of the proximal interphalangeal joint was from 0o extension to 90o flexion, with no pain no recurrence of dislocation and he had returned to his full activities.



Figure 1: (A) the clinical aspect of the rotatory volar dislocation of the proximal interphalangeal joint of the small finger; (B) anterior-posterior and; (C) lateral X ray showed the dislocation of the proximal interphalangeal joint; (D) control radiograph after reduction of the dislocation (arrow)