48TH ANNUAL CONGRESS & INSTRUCTIONAL COURSE




THE SOUTH AFRICAN SOCIETY
FOR SURGERY OF THE HAND



1 - 3 SEPTEMBER 2017

RADISSON BLU HOTEL, PORT ELIZABETH

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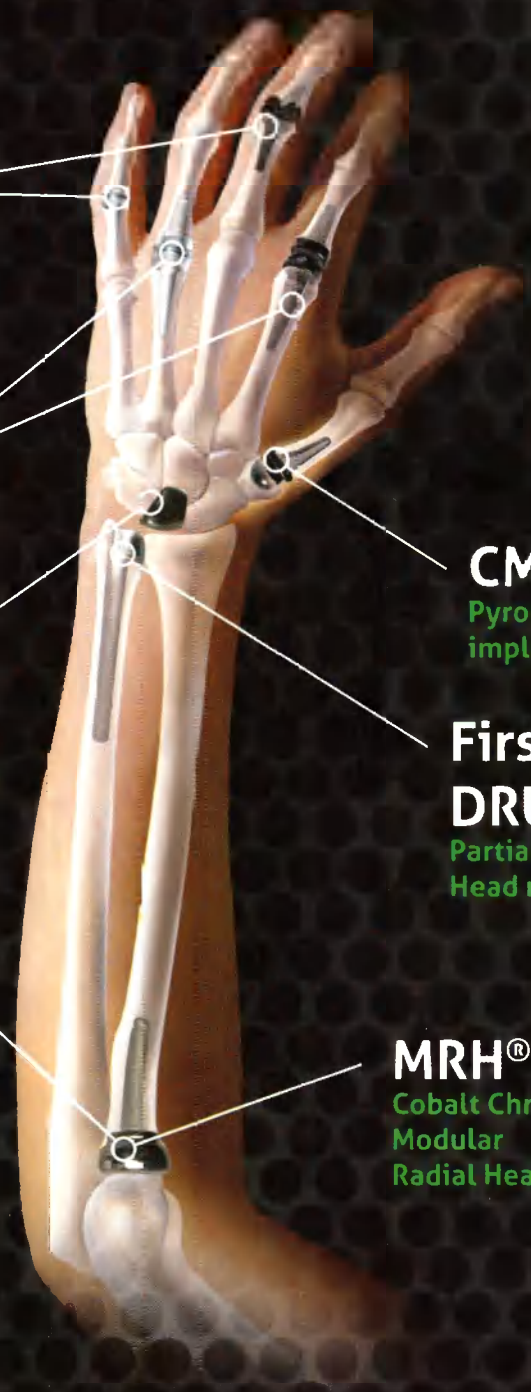
INNOVATIVE SURGICAL SOLUTIONS

30 YEARS 1986-2016

INTEGRA UPPER LIMB SOLUTIONS



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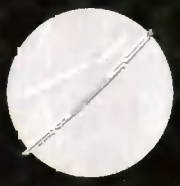

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INTEGRA LIMIT UNCERTAINTY

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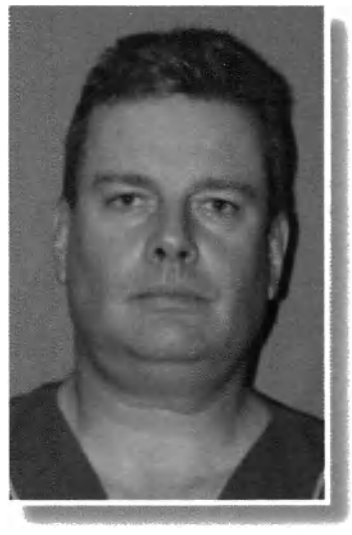
Welcome Message from the President



Dr Roger Nicholson

A warm welcome to all delegates.

In addition to our local faculty we are lucky enough to have two international guests for this year's congress, Dr Jin Bo Thang and Dr Gregoire Chick. We thank them for taking time out to visit us and share their knowledge.

Please remember it is up to you, the audience, to engage and challenge the speakers during the discussions. I hope you enjoy the meeting and we all learn a lot.

Welcome Message from the Congress Organiser

Dr Mike Solomons

Dear Delegates

Welcome to Port Elizabeth and the 48th Annual Congress of the South African Society for Surgery of the Hand.

Once again we have an opportunity to enjoy the talks and presentations of two invited guests and our colleagues.

From Jin Bo we look forward to have a timely update on new research and concepts in flexor tendon surgery and Gregoire will give us lectures on base of thumb OA and sports hand problems among others.

We have a good selection of interesting presentations from our peers around the country and I encourage you, as always, to challenge if you disagree and ask for clarity if unsure.

Port Elizabeth is known as the 'friendly city' and it is against this background that we look forward to a weekend of fraternity and collegiality.

Enjoy the weekend

International Visitor

Jin Bo Tang

Jin Bo Tang, Professor and chair, Department of Hand Surgery, Affiliated Hospital of Nantong University, Chair, The Hand Surgery Research Center, Nantong University, Jiangsu, China
Editor-in-chief, The Journal of Hand Surgery-European Volume.

Dr Tang has practiced hand surgery after his graduation from Nantong Medical College in 1985 and completion of training in early 1990. He has published 160 peer-reviewed papers in English and 30 commentaries, editorials and essays, 40 book chapters, and edited 6 books.

The major work of Dr Tang is on flexor tendon repairs, soft tissue injury of the hand and biomechanics of carpus. His work changed practice of flexor tendon repair. He developed classification of zone 2, several multi-strand tendon repair (including currently popularly used M-Tang repair), pulley-venting techniques and functional evaluation after tendon repair. He is currently one of the most active and respected hand surgeons internationally. He has also contributed enormously to the worldwide advancement of this profession through lectures in various countries, publishing and editing in journals and organized educational courses.

International Visitor

Dr Grégoire Chick

Dr Chick is Swiss native, a hand surgeon consultant in Geneva with a particular interest in sport injuries and peripheral nerve and reconstructive surgery.

He is involved in a PhD program with the University of Ghent (Belgium) on peripheral nerve tumours and has been appointed Associate Professor of Clinical Orthopaedic Surgery at the Cornell University, NY.

Dr. Chick has served as faculty, moderator, and chairman in multiple upper extremity courses both throughout Switzerland as well as internationally. He has published 3 books and more than 100 articles.

He is a member of numerous orthopaedic societies and organizations including the French, Swiss and American associations for surgery of the hand and is fully registered medical practitioner with specialist registration in the UK. He is a member of the European Federation of Hand Emergency Services (FESUM).

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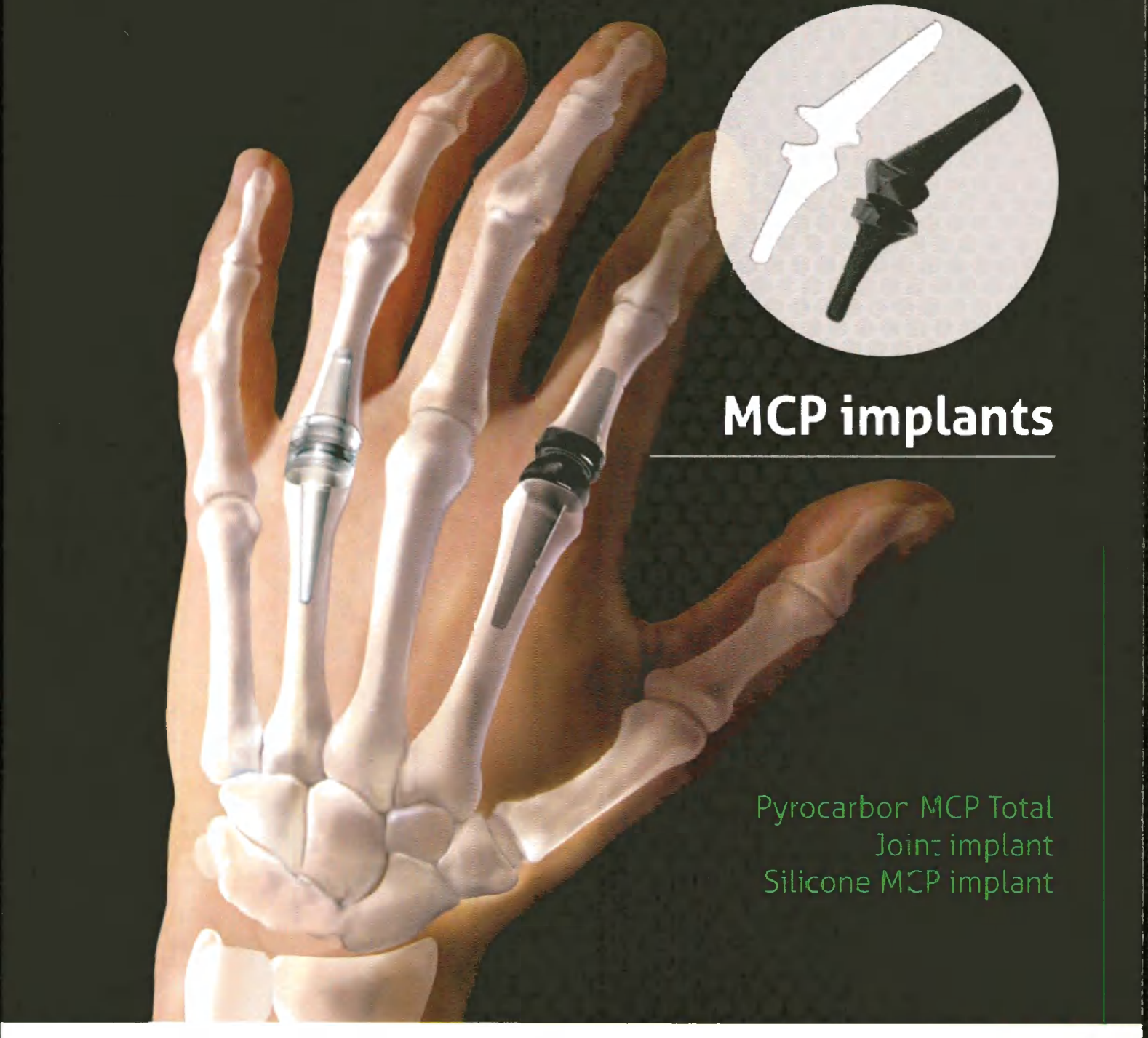

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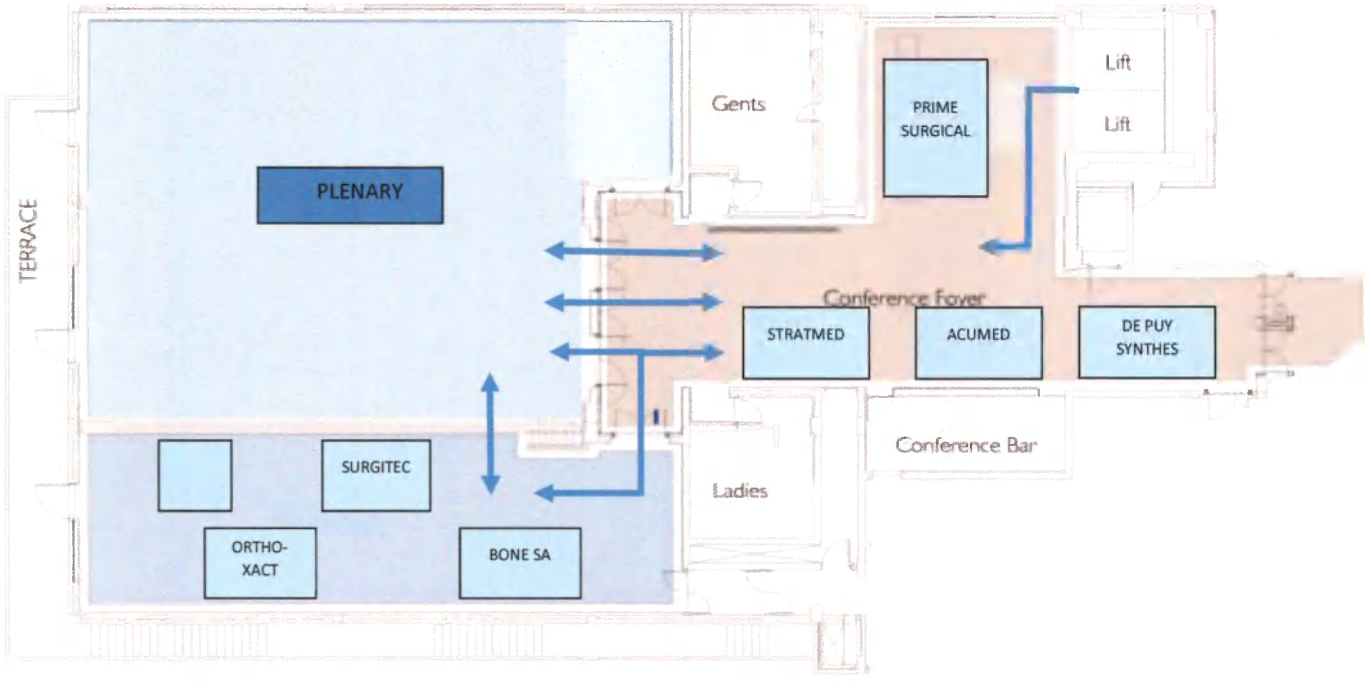
Trade Exhibitors

The President and Executive Committee of SASSH would like to thank the trade for their attendance and participation of this event



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Printing of Congress Brochure

General Announcements/Congress Information

CPD REGISTER

- Discovery Health will handle the CPD formalities on a daily basis
- Scanning will be done twice daily
- Approximately 7-10 days post-congress, you will receive notification to download your certificate from the website www.mycpd.co.za. You need to have your log-in and password details available to download your certificate

TRADE EXHIBITORS

Kindly make every effort to visit all the stands
Teas anc lunches will be served in the trade exhibition area

DRESS CODE

Casual attire for congress sessions and smart casual for the social function

IMPORTANT

- Name badge: It is important to wear your name badge during the congress. Only delegates wearing name badges will be permitted to enter the lecture hall, exhibition area and the social function
- Please note that the use of mobile phones in the lecture hall is not permitted

INFORMATION FOR SPEAKERS

Keeping to your allocated time is a courtesy to all following speakers. The chairs of the sessions have been instructed to exert tight control and interrupt lengthy presentations. Please make sure you are aware of the time allotted to you for your presentation
Please hand your presentation to the audiovisual technicians at least 3 hours prior to the session in which the presentation is being given. The technicians will be available in the congress venue to receive your material

INFORMATION/REGISTRATION DESK

The Information/Registration Desk will be situated in the Foyer. Please feel free to visit the Desk should you require any assistance

LANGUAGE

The official language of the congress will be English. No simultaneous translation service will be provided

SMOKING

In accordance with Government Legislation regarding smoking in public areas, kindly note that this venue is a non-smoking area

2017 Congress Organizing Committee

Congress Chairman	Michael Solomons
Congress Coordinator	Andi Askew

Social

Get-together (Optional)	Friday 1 September 2017 from 18h00 onwards Radisson Blu Hotel Join us in the Tabu Bar on the first floor, where we invite you to meet and greet colleagues and friends. Drinks are on us!
Congress Dinner	Saturday 2 September 2017 19h30 for 20h00 Bay Suite - Radisson Blu Hotel Dress: Smart Casual

Future Events

ANNUAL REFRESHER COURSE

2018	23-25 February Topic: Trauma Venue Irene Country Lodge, Pretoria

ANNUAL CONGRESS

2018	31 August - 2 September 49th Congress and Instructional Course Venue: Pretoria

Office Bearers

President	Roger Nicholson
Honorary Secretary/Treasurer	Martin Wells
Members	Eric Mennen Ajmal Ikram Michael Solomons Nikki van der Walt
Executive Secretary/Congress Coordinator	Andi Askew
Office	✉ 2721, Bellville SA 7535 ☎ 084 055 1152 www.sassh.co.za sassh@iafrica.com

Past Presidents

1969-1971	I Kaplan	1993-1995	JH Fleming
1971-1973	AC Boonzaier	1995-1997	U Mennen
1973-1975	M Singer	1997-1999	EJ Bowen-Jones
1975-1977	JH Youngleson	1999-2001	LT de Jager
1977-1979	TL Sarkin	2001-2003	JJ van Wingerden
1979-1981	CE Bloch	2003-2005	M Carides
1981-1983	SL Biddulph	2005-2007	TLB le Roux
1983-1985	WMM Morris	2007-2009	MC Wells
1985-1987	LK Pretorius	2009-2011	M Solomons
1987-1989	KS Naidoo	2011 - 2013	J van der Westhuizen
1989-1991	SL Biddulph	2013-2015	E Mennen
1991-April 1992	BJ van R Zeeman		
April 1992 - 1993	SL Biddulph		

AC Boonzaier Memorial Lectures

1997	PROF ULRICH MENNEN "In Appreciation of the Hand"
1998	DR JOHN YOUNGLESON "Reminiscing the Past"
1999	DR EDWARD BOWEN-JONES "Bamba Isandla Qualities of a Leader in Hand Surgery"
2000	PROF KS NAIDOO "Overview of Hand Surgery"
2001	DR LT (WIKUS) DE JAGER "The Future of Hand Surgery in South Africa"
2002	PROF SYD BIDDULPH "The Hand – A Mirror of Disease"
2003	DR JAN VAN WINGERDEN "The Joy of Medical Discovery"
2004	DR INGRAM ANDERSON "The Hand – Cogitations of a Rheumatologist"
2005	DR MICHAEL CARIDES "But, on the other hand....."
2006	PROF MICHAEL TONKIN "On Surgeons, Heads, Hearts and Hands – A Philosophy"
2007	PROF THEO LE ROUX "Hand-outs from the Mind"
2008	PROF ALAN MORRIS "So when DID we stop climbing in trees? Current debates on the evolution of the hand"
2009	DR MARTIN WELLS "Standing on the Shoulders of Giants"
2010	DR MICHAEL HAUSMAN "The Analog Digit"
2011	DR MICHAEL SOLOMONS "Where do we come from?"
2012	DR ZSOLT SZABO "The Human Hand – The Most Beautiful Tool"
2013	DR JOHAN VAN DER WESTHUIZEN "SASSH – Why do we belong"
2014	DR RAJAH SABAPATHY "Looking back the last 25 years – the lessons learnt"
2015	DR ERICH MENNEN "Stone Circles"
2016	MR ANGUS TAYLOR "The Hand in Sculpture'

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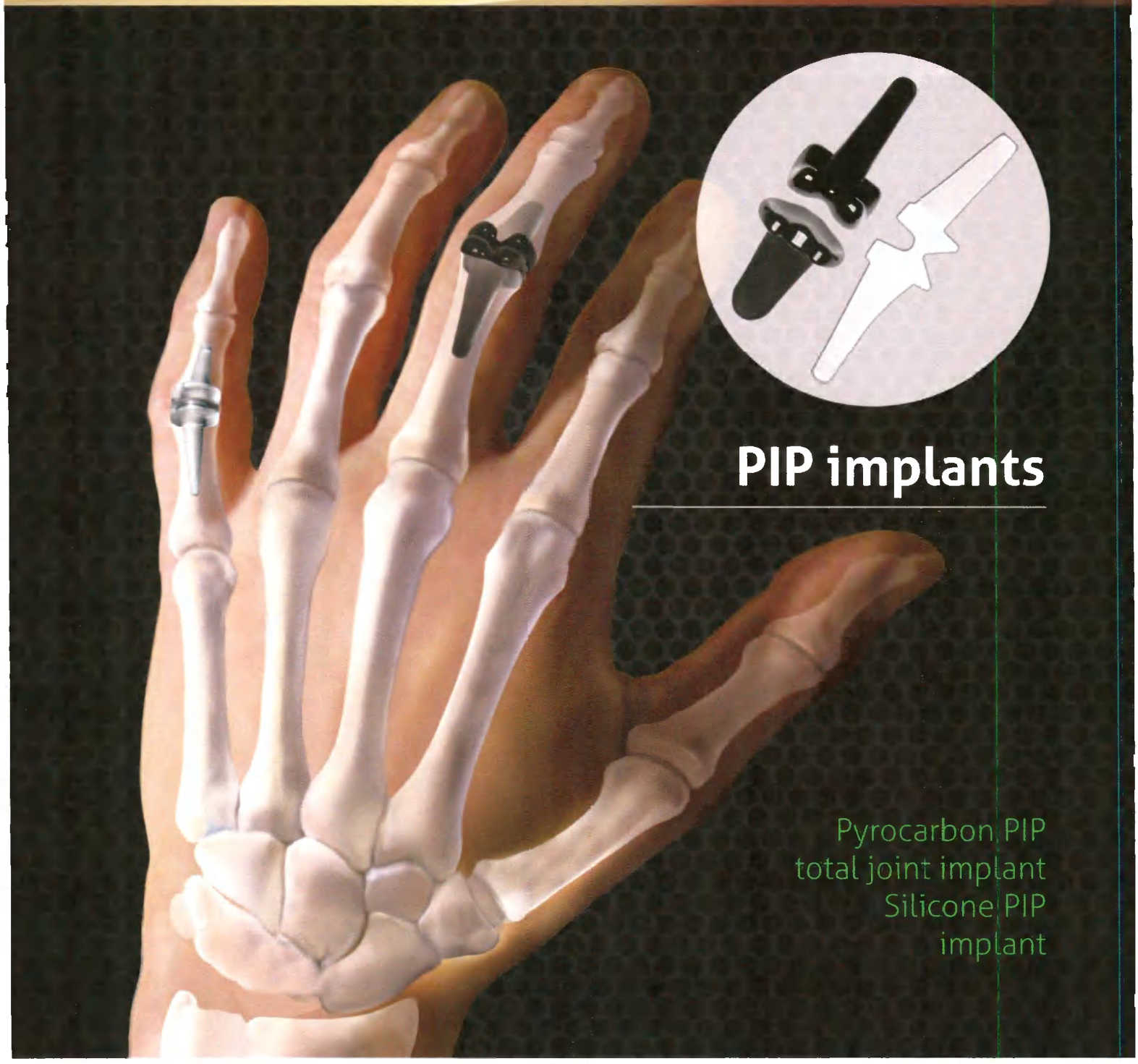

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INTEGRA LIMIT UNCERTAINTY

Date: 08/07/13/16

Scientific Programme

SATURDAY 2 SEPTEMBER 2017

0730-0820	Delegate Registration	
0820-0830	Welcome and Announcements	***M Solomons***
SESSION 1	**CHAIR : DR AJMAL IKRAM**	
0830-0840	Pyrocarbon Lunate Replacement for advance Kienbock's disease - early results	***A Ikram***
0840-0845	Discussion	
0845-0855	Chronic Boutonniere reconstruction	***G Biddulph***
0855-0900	Discussion	
0900-0910	Incidence of separate EPB sub-sheath in patients with Dequervain's tenosynovitis presenting to Groote Schuur Hospital Hand clinic	***R Magampa***
0910-0915	Discussion	
0915-0925	A report on 3 unusual cases of peri-lunate injuries.	***I Egbunike***
0925-0930	Discussion	
0930-0950	Wide-awake surgery for carpal tunnel release, digital nerve repair and hand fractures	***Jin Bo Tang***
0950-1000	Discussion	
1000-1010	Management of Boxers fractures- a comparative study	***T Coats***
1010-1015	Discussion	
1015-1025	Sensate volar thumb reconstruction with a cross-finger flap	***C Sofianos***
1025-1030	Discussion	
1030 -1115	**TEA**	

SESSION 2	**CHAIR : DR MARTIN WELLS**	
1115-1125	Two pints of Bier	***S Swanepoel***
1125-1130	Discussion	
1130-1140	Wide-Awake Surgery for Carpal Tunnel Release	***A Stewart***
1140-1145	Discussion	
1145-1200	Evolution and current procedures for cubital tunnel syndrome	***Jin Bo Tang***
1200-1205	Discussion	
1205 -1215	The EDC Tendon anchor and inter-position arthroplasty for the MCP joint	***U Mennen***
1215 -1220	Discussion	
1220 -1230	Botryomycosis Infection of the Hand: A Case Report	***L Gqamana***
1230-1235	Discussion	
1235 -1255	Hand and wrist injuries: managing elite athletes	***G Chick***
1255 -1300	Discussion	
1300-1400	**LUNCH**	
SESSION 3	**CHAIR : DR MICHAEL SOLOMONS**	
1400 -1410	Biological Scapho-lunate ligament reconstruction with SLAM technique - our experience and 1-3 years results.	***A Ikram***
1410 -1415	Discussion	
1415-1425	Two unusual cases of a rotating finger at the metacarpophalangeal joint with flexion following trauma	***D McGuire***
1425-1430	Discussion	
1430 -1450	How wide-awake surgery surgery changed my departmental settings	***Jin Bo Tang***

1450 -1455	Discussion	
1455-1505	Capitolunate fusior with scaphoid excision is an alternative for advanced degenerative osteoarthritis of the wrist.	***I Rhoma***
1505 -1510	Discussion	
1510 -1520	Efficacy of Bier's block in Diabetes Mellitus	***D Links***
1520 -1525	Discussion	
1525-1535	Opposition tenodesis transfer for tetraplegic thumb reconstruction. Presentation of our surgical technique and early results	***I Koller***
1535 -1540	Discussion	

1545-1615 TEA

SESSION 4 CHAIR : DR ERICH MENNEN

1615 - 1625	Intraosseous terminal phalanx epidermoid inclusion cyst: Ar exceedingly uncommon entity and a first case of recurrence	***N Kruger***
1625 - 1630	Discussion	
1630 - 1700	Feedback on Affordable Medical Award	***Odette Koch***
1715	Arnual General Meeting (members only)	
1930	Congress Dinner	

SUNDAY 3 SEPTEMBER 2017

0800-0830	Delegate Registration	
SESSION 5	**CHAIR : DR MICHAEL CARIDES**	
0830-0915	Details of surgery and rehabilitation of primary repair of zone 2 flexor tendons	***Jin Bo Tang***
0915-0925	Discussion	
0925-0945	Benign peripheral nerve tumours	***G Chick***
0945-0950	Discussion	
0950-1005	A year of travelling: ASSH Fellowship, Mayo and Ganga Hospital	***C Patel***
1005-1025	Uncemented Ivory prosthesis for the treatment of trapezio-metacarpal osteoarthritis of the thumb. A retrospective study of 90 prosthesis with a minimum 5 year follow up.	***G Chick***
1025-1030	Discussion	
1030-1100	**TEA**	
SESSION 6	**CHAIR : DR ROGER NICHOLSON**	
1100-1125	Repair of tendon-to-bone junction, pulley reconstruction and secondary reconstruction	***Jin Bo Tang***
1125-1130	Discussion	
1130-1230	AC Boonzaier lecture	***Dr R Nicholson***
1230	Closure of Congress	***M Solomons***
1230-1330	**LUNCH**	

Abstracts

TITLE PYROCARBON LUNATE REPLACEMENT FOR ADVANCE KIENBOCK'S DISEASE - EARLY RESULTS

Author(s) Ajmal Ikram, Dirk Vander Spuy, Michelle Maree

Aims of study: Assess the functional results of the Lunate replacement done as a salvage procedure for advanced Kienbock disease.

Method: Limited operative options are available for advanced Kienbock's disease when motion needs to be preserved. Denervation of the wrist with or without proximal row carpectomy and partial carpal fusion are the two main options which are done for these cases and reported results shows stiffness of the wrist. Pyrocarbon has similar elasticity modulus to the bone and much friendly to the cartilage, we have done three patients with Advance Kienbock's disease where fragmented lunate was replaced with Pyrocarbon lunate and interosseous ligament was repaired with anchors.

The patients were follow up at 6 weeks, 3 months, 6 months and 1 year. The radiological parameters, i.e. scapholunate angle and scaphoid gap were compared as well as the functional outcomes by means of DASH score.

Results: We currently have done three patients with advanced Kienbock's disease with Lunate replacement, early results show good pain relief and improvement in range of movements in two patients. One patient has dislocation due to decreased immobilisation and probably volar capsule tear during surgery.

Conclusion: Pyrocarbon lunate replacement is used for limited options in Kienbock's disease where range of movements needs to be preserved, most importantly this procedure does not preclude subsequent salvage options.

TITLE CHRONIC BOUTONNIÈRE RECONSTRUCTION

Author(s) Grant Biddulph

Boutonnière deformity possess a great challenge to the hand surgeon. There are many techniques described with variable results in different surgeons' hands. The complex interaction of the extensor mechanism over the proximal interphalangeal joint is difficult to reproduce making all procedures suboptimal.

We present 2 cases treated with a central slip reconstruction using an fds tendon graft/transfer that provides a strong reconstruction that can be actively mobilized from the first week.

TITLE INCIDENCE OF SEPARATE EPB SUB-SHEATH IN PATIENTS WITH DEQUERVAIN'S TENOSYNOVITIS PRESENTING TO GROOTE SCHUUR HOSPITAL HAND CLINIC

Author(s) Ramanare Magampa

Background: Dequervain's tenosynovitis was first described in 1895 by the swiss surgeon Fritz de Quervain with the publication of 5 case reports of patients with a tender thickened first extensor compartment of the wrist.

Dequervain's is currently understood as a stenosing tenosynovitis and tendinosis of the 1st extensor compartment with histological analysis showing thickening and myxoid degeneration consistent with chronic degenerative process as opposed to inflammation. It is diagnosed clinically using history and positive examination findings of tenderness over the 1st extensor compartment and Finkelsteins test.

The 1st compartment is formed by the extensor retinaculum and the shallow osseus groove over the lateral aspect of the radial styloid. The contents of this compartment are the extensor pollicis brevis (EPB) tendon and the abductor pollicis longus (APL) tendon. Anatomic studies have shown multiple variations of these tendons ranging from number of tendon slips to separate tendon sub sheaths. Cadaveric studies suggest an incidence of a separate EPB sub sheath ranging from 34.6% to 47%. A recent systematic review of surgical anatomy of the 1st extensor compartment found the incidence of a separate EPB sub sheath in patients with Dequervains to be 59.4%.

Treatment can be conservative or surgical and involves injection therapy with steroid and local anaesthetic or surgical release of the first extensor compartment. It postulated that treatment failure occurs in patients with a separate EPB sub sheath because of failure to infiltrate (with injection therapy) or failure to surgically release this separate EPB sub sheath.

Aim: The aim of this study is to describe the incidence of a separate EPB sub sheath in patients with Dequervains tenosynovitis presenting to the Groote Schuur Hospital (GSH) Hand Unit.

Methods: All patients presenting to GSH hand clinic with Dequervain's tenosynovitis were assessed for the presence of a separate EPB sub sheath using ultrasonography. The assessment was performed by an orthopaedic registrar who received basic ultrasound training from a certified musculoskeletal radiologist. Radiological studies have found ultrasonography to have; 100 percent sensitivity, 96% sensitivity, 95% positive predictive value, 100% negative predictive value and 98% accuracy.

Results: Study still in progress

Conclusion: Study still in progress

TITLE A REPORT ON 3 UNUSUAL CASES OF PERI-LUNATE INJURIES

Author(s) I.A. Egbunike*, M.C. Sathekga, G. Biddulph, T.I. Sefeane, M. Ramokgopa

Aim: To highlight the presentation, pathoanatomy and management of 3 unusual peri-lunate injuries.

Case 1: 31-year-old male driver involved in an MVA. He sustained a trans scaphoid lunate dislocation, with the lunate extruded into the distal forearm. He was treated with open reduction, of the lunate, k-wire fixation, and cross wrist external fixator.

Case 2: 27-year-old male driver, involved in an MVA. Sustained a right trans scaphoid lunate dislocation, with extrusion of the lunate and proximal pole of the scaphoid into the distal forearm. He

was treated with an open reduction k-wire fixation and scaphoid screw.

Case 3: 21-year-old male, sustained an isolated right wrist injury after a fall from height. X-Rays showed a trans-lunate peri-lunate dislocation.

These 3 cases highlight unusual cases of peri-lunate injuries with concomitant greater and lesser arc injuries. In contrast to Mayfield's description of progressive ligamentous injury which was produced by graduel wrist loading, we describe a combination of multiple ligament injuries and fractures that occur simultaneously.

We postulate that a sudden application of a high-energy force to a hyperextended wrist, as in the 3 presented cases will not lead to progressive ligamentous disruption, but a seemingly random combination of injuries.

A bigger clinical case series or cadaveric study on high energy impacts on the carpus will shed more light on this interesting entity.

TITLE MANAGEMENT OF BOXERS FRACTURES- A COMPARATIVE STUDY

Author(s) Coats, T. (BSc OT (Wits)); Sefeane, T, I. (MBBCH (Wits) MMed (Ortho, Wits) FC (Ortho, SA))

The management of neck of metacarpal fracture of the little finger or Boxers fracture is a contentious issue and up for debate. These can either be managed surgically or conservatively.

Therefore the aim of this study was to compare randomly and prospectively the functional outcomes of three different methods of acute management. The first method was closed fixation with kwires, the second method was a hand based Burkhulter splint with the MCPs at 90 degrees and the third method, a volar slab applied by a casualty officer.

30 patients were randomly allocated to either surgical, splint or volar slab group. All patients were monitored in an outpatient clinic at 3 weeks, 8 weeks and 6 months post fracture. Outcomes were measured using range of motion of the metacarpophalangeal joint and the proximal interphalangeal joint of the little finger with a finger goniometer, strength in kilograms, using the Jamar dynamometer and the Quick DASH. The patients then received therapy which included range of motion exercises and strengthening.

This is an ongoing study and the results are still to be analyzed as a bigger sample size is needed.

TITLE SENSATE VOLAR THUMB RECONSTRUCTION WITH A CROSS-FINGER FLAP

Author(s) Soflanos, C *Department of Plastic and Reconstructive Surgery, University of the Witwatersrand*

Introduction: Thumb function accounts for 40% of total hand function and an adequate reconstruction must be pain-free and stable and mandates restoration of length, sensation and mobility. Thumb tip defects may be managed with a wide variety of flaps.

Methods: A case series of five patients with thumb pulp injuries is examined. A cross-finger flap from the dorsal skin of the proximal phalanx of the index finger was used to achieve closure of the

defect. Dorsal branches of the index radial digital nerve were preserved within the cross-finger flap and a neurorrhaphy to the ulnar digital nerve of the thumb was performed. Assessment of two-point discrimination, hypersensitivity, patient satisfaction and a DASH score at final follow-up were made.

Results: Of the five patients, two were female. Patients were aged between 23 and 49 years. There was no flap loss, and all wounds healed. Flap division was performed on average 22 days after the initial flap procedure. Average two-point discrimination for the injured thumb was 6.2mm (range 4-9mm) and for the uninjured thumb 3.6mm (range 3-5mm). The average DASH score was 9.7 (range 5.8-13 3). Four (75%) of the patients were satisfied with the outcome and one (25%) reported hypersensitivity of the injured thumb.

Conclusion: The dorsal cross-finger flap is reliable as sensate cover for volar thumb defects.

TITLE TWO PINTS OF BIER 

THE SPLIT BIER'S BLOCK - A MODIFICATION OF THE INTRAVENOUS REGIONAL ANAESTHESIA TECHNIQUE IN PATIENTS WITH ACUTE HAND INFECTION

Author(s) S Swanepoel, M Solomons, D McQuire

Background: Hand infections can result in significant morbidity if not appropriately diagnosed and treated. The majority of hand infections in our unit present with an abscess formation and urgent incision and drainage, copious irrigation, and appropriate antibiotics can prevent undesired outcomes. The Bier's block is the preferred technique for forearm and hand surgery in our unit. Anecdotal evidence suggests frequent patchy or inadequate anaesthesia in patients who presents with acute hand infection with regular additional anaesthetic measures required to proceed with surgery.

Aim: We analysed the anaesthetic efficacy of our novel split Bier's block technique in 40 patients who presented to our unit with acute hand infection who required urgent incision and drainage.

Methods: Our novel technique requires the administration of the regional anaesthetic through two iv cannulcs inserted on the dorsum of the hand and the volar forearm as far distal as possible. This modification is based on the separate venous drainage cf the dorsal and volar side of the hand. We postulated that the perforating branches between these two compartments are compromised in the presence of acute hand infection. In all cases, 3mg/kg of ½% lignocaine made up to 40ml of solution was administered over 2min. 20ml of the solution was administered to the volar and dorsal cannulas respectively. Pain scores measured using the Visual Analogue Scale during the procedure were used as the primary outcome assessment.

Results: Al patients received adequate anaesthesia from the block. There were no intraoperative complications. The average tourniquet time was 22 minutes. The average total operating time was less than 18 minutes. Pre-operative and intra-operative VAS scores differed significantly with 98% of patients reporting a VAS score of less than 1 during the procedure.

Conclusion: The split Bier's block is an effective alternative to the conventional block and has dramatically improved the level of surgical analgesia for patients presenting with acute hand infection to our unit. This novel technique could potentially be used in patients who previously had an incomplete or patchy anaesthesia related to the conventional Bier's block technique. Our technique has practical and financial implications and significantly increases the efficiency of the surgeon anc surgery facility.

TITLE WIDE-AWAKE SURGERY FOR CARPAL TUNNEL RELEASE

Author(s)

Introduction: Wide-awake hand surgery is a novel anesthetic technique, which uses the infiltration of local anaesthesia and low-dose adrenalin, to create a well anaesthetised, bloodless field without the need for procedural sedation; a general anesthetic; peripheral nerve blocks; and the use of a tourniquet.

Methods: Carpal Tunnel release surgeries were performed following local infiltration of Lignocaine 1% and 1:100 000 Adrenalin. The efficacy of the bloodless field, the patients' perception of pain during the procedure as well as their overall satisfaction with the anesthesia was assessed.

Results: Wide-awake Carpal Tunnel surgery was tolerated well by all the patients. The local infiltration provided an excellent anaesthetic and created a sufficient bloodless field without the use of a tourniquet. All the patients were satisfied with this method of anaesthesia.

Conclusion: Wide-awake hand surgery is an easy and effective anaesthetic technique for Carpal Tunnel release surgery. It provides sufficient vasoconstriction to forego the use of an arm tourniquet as well as sufficient anaesthesia to prevent any sensation of pain during the surgery.

TITLE THE EDC TENDON ANCHOR AND INTER-POSITION ARTHROPLASTY FOR THE MCP JOINT

Author(s) Ulrich Mennen, *Jacaranda Hospital, Pretoria, South Africa*

For a number of years, I have used the EDC tendon as an inter-position arthroplasty to correct eg. ulnar deviated digits in rheumatoid arthritis, osteoarthritis of the MCP-joints, MCP-joint flexion deformities in e.g. spastic cases, etc.

Surgical technique:

1. the metacarpal head is resected using a saw ;
2. the subluxed proximal phalanx is freed and reduced to its normal position ;
3. the EDC is pulled down and sutured to the volar plate ;
4. a further stitch is used to tie the dorsal infolded tendon together ;
5. the collateral ligaments can be included with a circular type stitch .

The advantages of this very simple and practical technique are:

(1) It anchors the EDC over the metacarpal, and prevents it from slipping sideways.

(2) It centralizes the EDC in rheumatoid hands.

(3) It creates and acts as an inter-position arthroplasty.

(4) It keeps the proximal phalanx reduced, preventing it from subluxing again.

(5) It corrects MPJ-flexion deformities.

(6) It obviates the use of expensive prosthesis, which is a real concern in financially constrained circumstances.

(7) It can be used in both osteoarthritis as well as rheumatoid arthritis MCP- joints.

TITLE BOTRYOMYCOSIS INFECTION OF THE HAND: A CASE REPORT

Author(s) Gqamana L, Sathekga MC, Omar HM, Sefeane TI

Botryomycosis is an extremely rare bacterial infection that affects cutaneous and visceral organs. Fewer than ten cases affecting the hand have been reported in the English literature. It is commonly misdiagnosed as a fungal infection due to the similarity of morphological characteristics and clinica presentation.

We report a case in c 36 years old female with retroviral disease. She presented with a 6 months history of a painless 21cm x13cm mass on the left hand palmar extending to the thumb and dorsum of the hand. It was multi-nodular with some ulcerated areas.

An incisional biopsy confirmed the diagnosis, and the patient was treated with intravenous Piperacil in and Tazobactam for three weeks. She responded very well measured by the decrease in size of the mass, and the healing ulcerations. She was discharged on oral Augmentin of 1g twice daily for another three weeks. After six weeks of treatment the size of the mass was significantly reduced and hand function improved.

Botryomycosis is a rare bacterial infection commonly affecting immunosuppressed patients. Despite the delayed presentation of our patient, it was successfully treated with antibiotics.

TITLE BIOLOGICAL SCAPHO-LUNATE LIGAMENT RECONSTRUCTION WITH SLAM TECHNIQUE-OUR EXPERIENCE AND 1-3 YEARS RESULTS

Author(s) Ajmal Ikram, Dirk Vander Spuy, Karl Strauss, Martin Wells

Aims of study: Assess the functional, radiological results of scapho-lunate reconstruction with SLAM (Scapho-Lunate Axis Method)

Method: All patients who presented to our institution with chronic scapho-lunate ligament injury anc where primary repair was not possible underwent the scapho-lunate biologic reconstruction with two tailed palmaris longus tendon autograft was used to create tether between the scaphoid and lunate, by placing the graft along the axis of motion of scaphoid and lunate with tendon graft anchor. This was coupled with reconstruction of dorsal portion of SLIL and DIC with securing of the two limbs of the graft dorsally with anchors to the lunate and capitate respectively.

The patients were follow up at 6 weeks, 3 months, 6 months, 1 year, 2 year and 3 years The raciological parameters, i.e. scapholunate angle and scapholnate gap were compared as well as the functionc outcomes by means of DASH score.

Results: We currently have done 10 patients with SLAM procedure and early radiological results shows the scapholunate gap which was reduced post reconstruction has gradually increased scapholuante angle reduction maintained in most cases.

Conclusion: SLAM procedure is biologic reconstruction of scapholunate ligament reconstruction and early results shows favourable radiological outcome.

TITLE TWO UNUSUAL CASES OF A ROTATING FINGER AT THE METACARPOPHALANGEAL JOINT WITH FLEXION FOLLOWING TRAUMA

Author(s) **D. McGuire** **M. Solomons** *Martin Singer Hand Unit, Groote Schuur Hospital, University of Cape Town*

Collateral ligament injuries of the metacarpophalangeal joints of the fingers are relatively rare. Most heal uneventfully either with conservative management or surgery. We present two case reports with a previous injury to the metacarpophalangeal joint presenting with a rotational deformity at the metacarpophalangeal joint during flexion due to a previous collateral ligament injury and dislocation. This can present a diagnostic and therapeutic dilemma. Here we outline the findings, treatment and outcome thereof.

TITLE CAPITOLUNATE FUSION WITH SCAPHOID EXCISION IS AN ALTERNATIVE FOR ADVANCED DEGENERATIVE OSTEOARTHRITIS OF THE WRIST

Author(s)

Background: Scapholunate instability or scaphoid pseudoarthrosis may lead to degenerative arthritis of the wrist. Surgical treatment involves scaphoid excision combined with 4-corner intercarpal arthrodesis versus capitolunate arthrodesis with the latter showing benefits including less dissection of soft tissue, lessened need for bone graft harvesting and shorter surgical time. With this procedure non-union was frequently described in literature. Our technique of capitolunate arthrodesis with compression screws fixation through a dorsal approach was reviewed to present the complication rates and clinical outcome of this procedure.

Methods: We retrospectively reviewed 12 patients with symptomatic scaphoid nonunion advanced collapse or scapho-lunate advanced collapse wrists who had received capitolunate fusion with scaphoid excision. 7 patients were able to return and complete follow-up evaluations. Clinical evaluations were conducted and determined by radiographs, quick dash score and grip strength measurement. Complications including non-union, implant migration and re-operation rate were recorded.

Results: A full description of the results will follow.

Conclusion: These results shows that capitolunate fusion with scaphoid excision is a satisfactory alternative for advanced degenerative osteoarthritis of wrists.

TITLE IS BIER'S BLOCK EFFECTIVE AS REGIONAL ANAESTHESIA IN PATIENTS WITH DIABETES MELLITUS

Author(s) **Destiny A Links , Professor M Solomons**

Background: Bier's block, as regional anaesthesia is common practice in the Martin Singer Hands Unit in Groote Schuur Hospital.

More than 100 blocks are performed per month as anaesthesia for emergency and elective produres done in this unit. This method of regional anaesthesia is well documented for use in upper limb procecures but poor evidence exists for the use of Bier's blocks in patients with diabetes mellitus.

Aim : to establish how effective Bier's block is as regional anaesthesia in patients with diabetes mellitus undergoing upper limb surgery.

Method : Retrospective data collection was undertaken. Information obtained : demographics, type of procedure, subtype of diabetes mellitus, efficacy of block, any adjunctive treatment used

Results : Discussion to follow

TITLE OPPOSITION TENODESIS TRANSFER FOR TETRAPLEGIC THUMB RECONSTRUCTION. PRESENTATION OF OUR SURGICAL TECHNIQUE AND EARLY RESULTS

Author(s) Dr Ian Koller

The ability of the thumb to be positioned for pinch and grasp is a fundamental component of hand functioning. The aim of surgical reconstruction in patients with a high spinal cord injury is to restore useful grasp, release and pinch. Lateral key pinch is the simplest of the three modes of pinch to restore as it requires only thumb flexion against a stable base, the radial side of the index finger.

The adducted thumb position of lateral key pinch creates difficulties in manipulating small objects such as buttons. The addition of thumb opposition greatly improves hand function but an active opponensplasty is only an option for patients in the International Classification (IC) group 6 and above who have functional flexors or extensors available for transfer.

We describe an Extensor Indicis Proprius (EIP) to Abductor Pollicis Brevis (APB) tenodesis transfer for those patients, the majority, who do not have an available donor for active opposition transfer. Early results suggest that this passive tendon transfer is able to offer improvements in thumb positioning. Whether this translates into clinically improved hand function is currently being assessed with a longer term study.

TITLE INTRAOSSEOUS TERMINAL PHALANX EPIDERMOID INCLUSION CYST: AN EXCEEDLINGLY UNCOMMON ENTITY AND A FIRST CASE OF RECURRENCE

Author(s) N Kruger, L de Villiers, D McGuire, M Solomons

Epidermoid inclusion cysts (EIC) of the bone are an extremely uncommon but recognised cause for lytic lesions involving the terminal phalanx, particularly in the context of previous digital trauma. They present as slow growing, painful swellings of the distal phalanx. Most are treated by intralesional curettage with or without autogenous bone graft, and heal with no sequelae. We report the first known case of recurrence of an EIC in a 56 year old female, occurring 29 years after index surgery.

Prizes and Awards

SASSH REGISTRAR PRIZE: R3 500.00

This award is available for the best paper read at the SASSH Congress by a registrar or junior consultant (i.e. within one year after qualification and/or registration).

SASSH THERAPIST PRIZE: R2 500.00

This prize is sponsored by SASSH and is presented for the best paper read at the SASSH Congress by a hand therapist (physio- or occupational therapist)

ISIDORE KAPLAN LITERARY AWARD: R10 000.00

This prize is sponsored by SASSH for the best publication by a registrar or consultant between 1 January and 31 December of the previous year.

STRATMED PRIZE FOR THE BEST RESEARCH PAPER

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This prize is sponsored by STRATMED and awarded annually for the best research paper presented at the SASSH Congress.

The prize is open to all categories of currently paid-up members of SASSH. The value of this award includes the cost of all flights, accommodation and registration fees to the following year's FESSH (Federation of European Societies for Surgery of the Hand) Congress.

ORTHO-XACT BARRY O'KELLY MEMORIAL PRIZE

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This prize is sponsored by MACROMED and awarded annually for the best original content paper presented at the SASSH Congress.

The prize is open to all categories of currently paid-up members of SASSH. The value of this award includes the cost of all flights, accommodation and registration fees to the following year's FESSH (Federation of European Societies for Surgery of the Hand) meeting.

AFFORDABLE MEDICAL ANNUAL AWARD: R35 000.00

This grant is sponsored by AFFORDABLE MEDICAL and awarded annually to a member of SASSH for accessing hand surgery expertise.

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A Travelling Fellowship has been created to enable a Senior Registrar/Junior Consultant to travel overseas to visit one or more centres of excellence in Hand Surgery.

ASSH BUNNELL TRAVELING FELLOWSHIP

The ASSH Bunnell Travelling Fellowship is awarded annually to any member of SASSH at registrar level. This will allow for complimentary registration to the annual ASSH meeting as well as visits to local hand centres.

Notes

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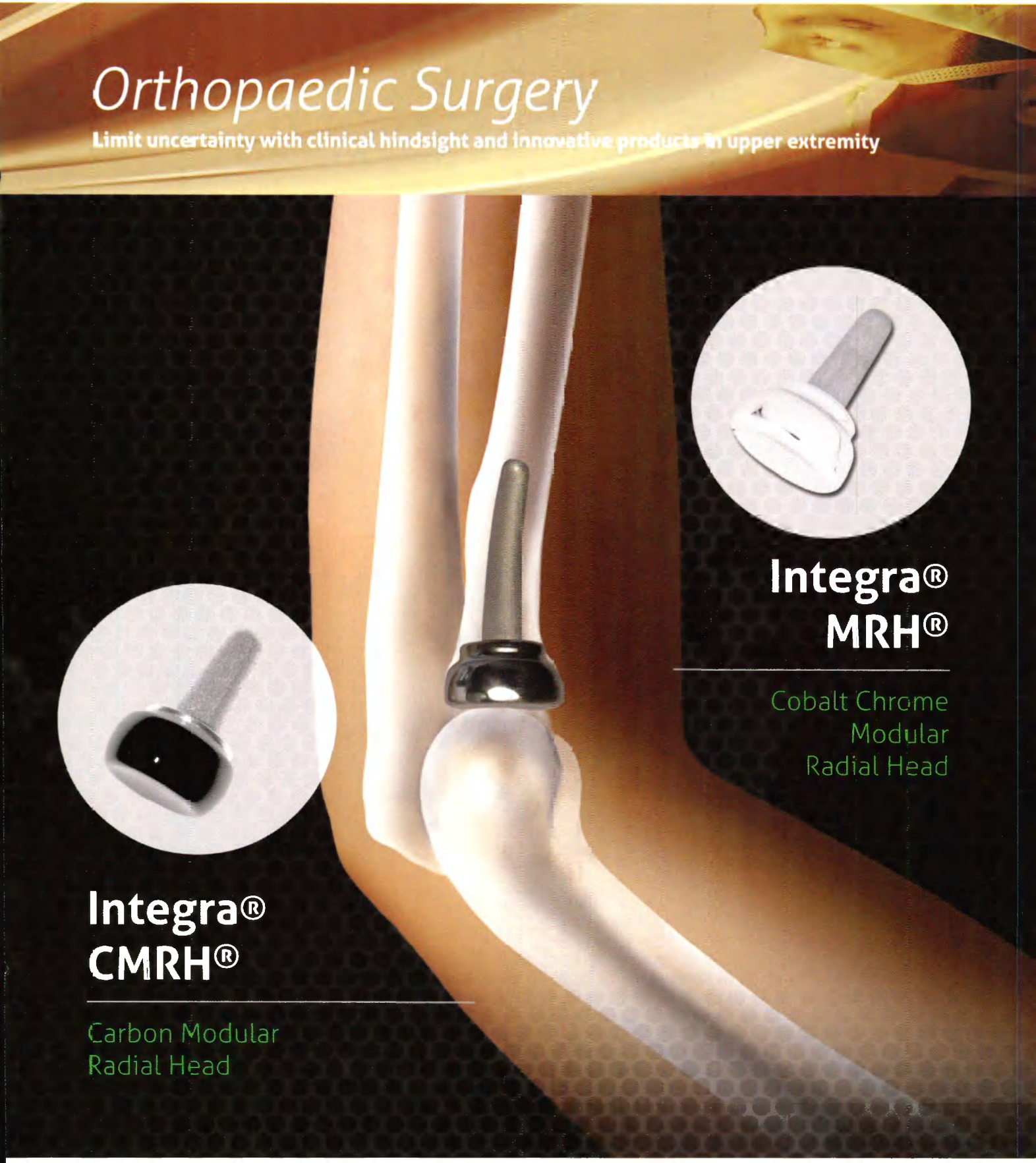

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