

SPORTS RELATED LIGAMENTOUS & TENDINOUS INJURIES OF THE FINGERS

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OVERVIEW

- ✘ Each Topic
 - + Relevant Anatomy
 - + Mechanism of Injury
 - + Cases

- ✘ LIGAMENTOUS INJURIES
 - + Collateral Ligament Injuries
 - + Extensor Mechanism
 - + Pulley Injuries

- ✘ TENDINOUS INJURIES
 - + Boutonniere deformity
 - + Mallet Finger
 - + Jersey Finger

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COLLATERAL LIGAMENT INJURIES

× Intro:

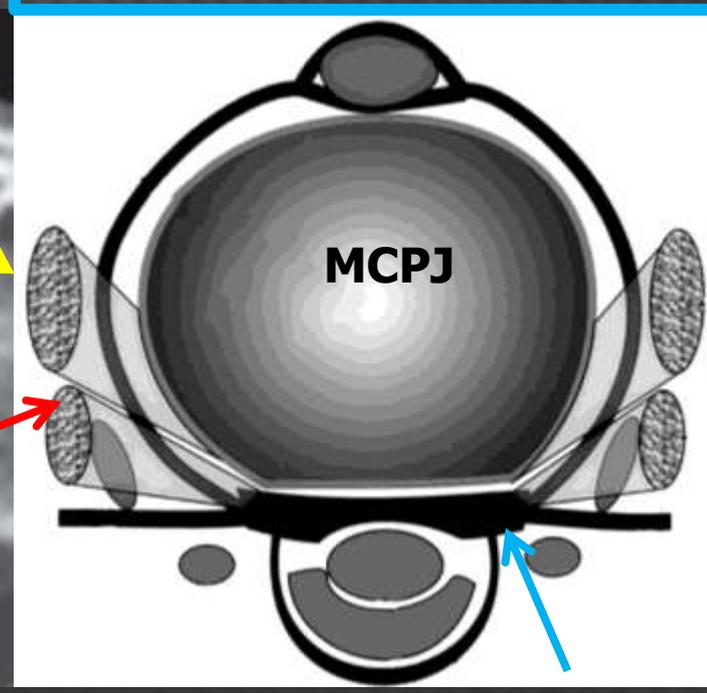
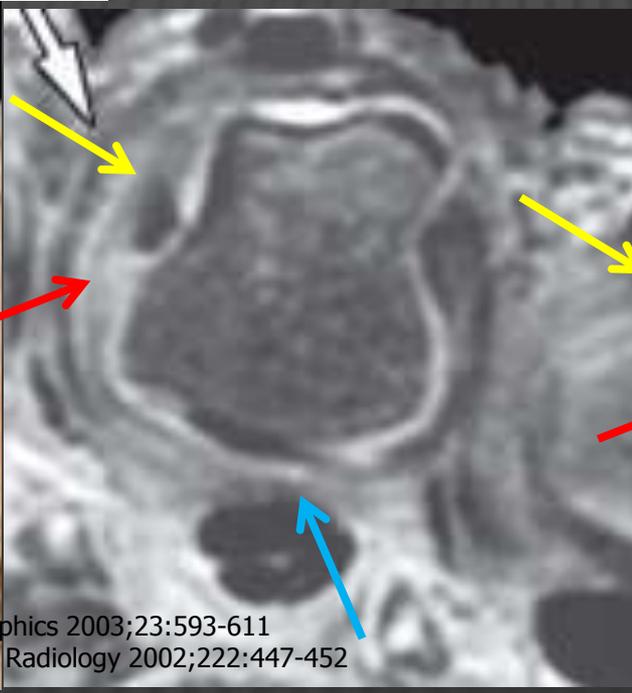
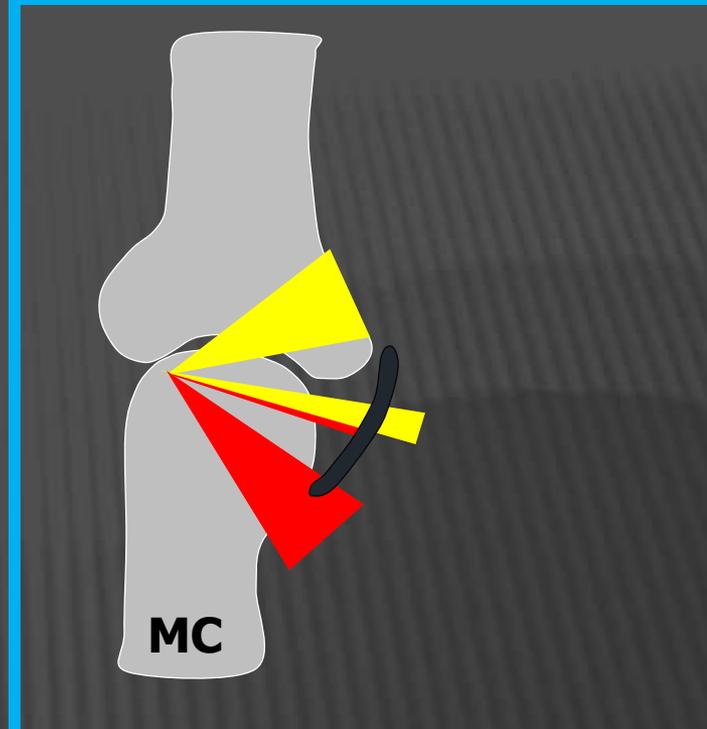
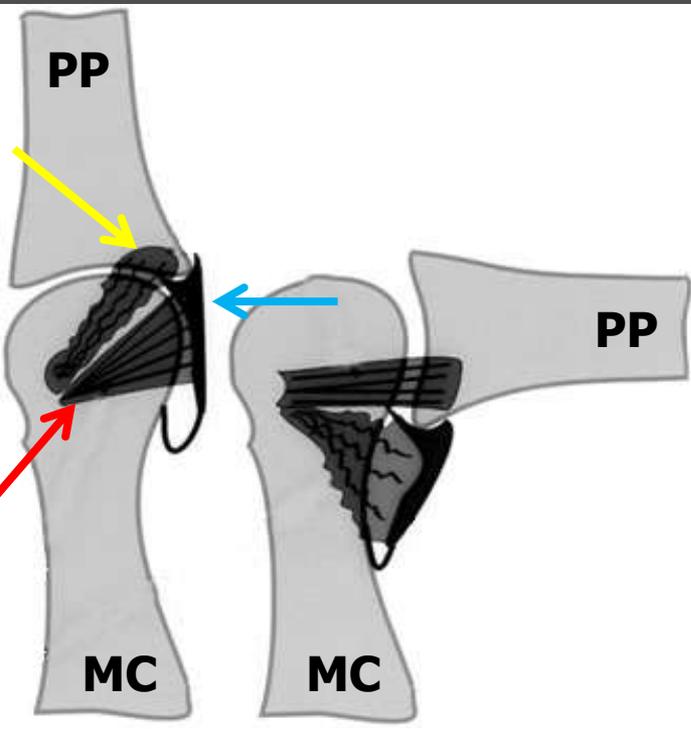
- + Collateral ligaments are major stabilizers of varus/valgus stressors at the MCPJs

× RELEVANT ANATOMY

- + Ulnar and radial collateral ligaments

- × Proper Collateral

- × Accessory collateral



Clavero JA, Golano P, Farinas O, et al. Radiographics 2003;23:593-611
 Pffirmann CWA, Theumann NH, Botte MJ, et al. Radiology 2002;222:447-452

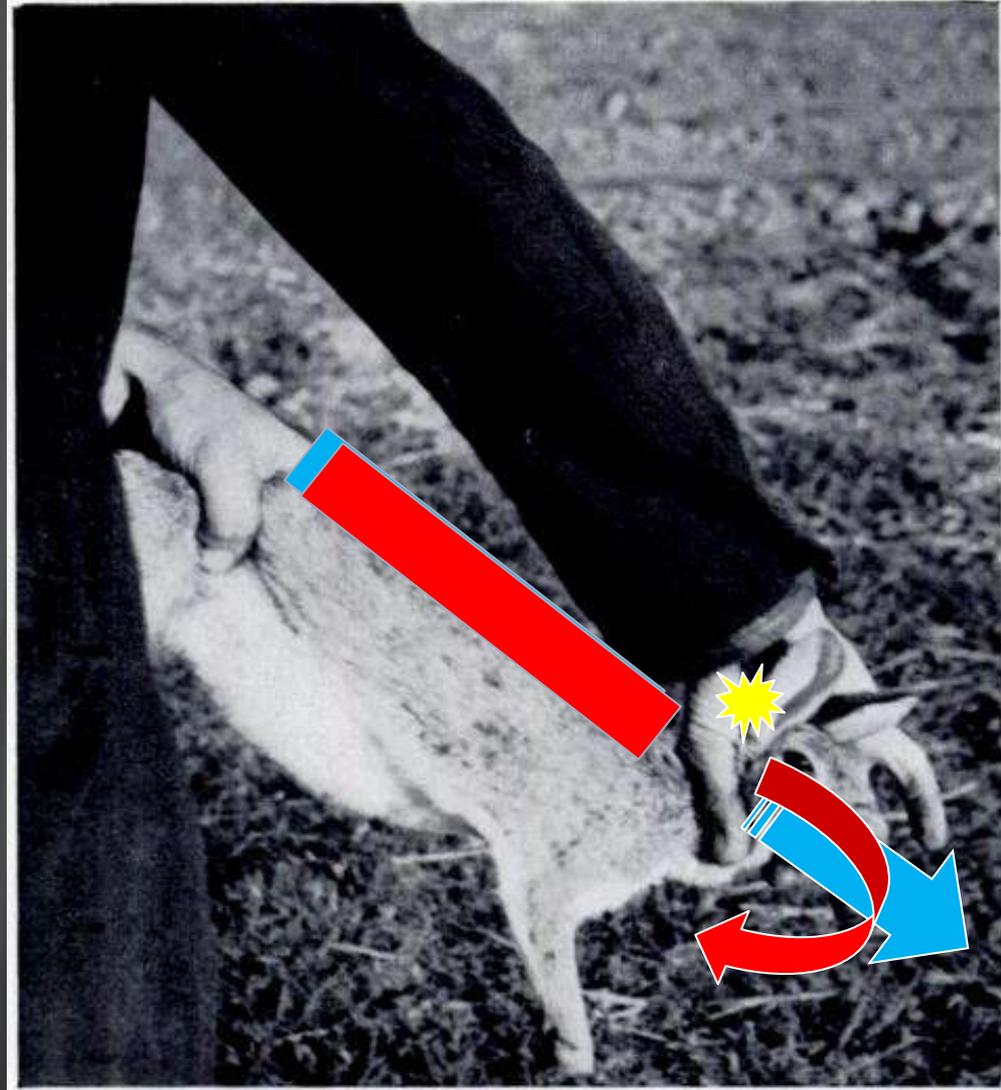
COLLATERAL LIGAMENT INJURIES

- ✗ Mechanism of injury
 - + dorsally directed force in a radial or ulnar trajectory
 - + index finger: lower incidence of RCL injuries (as few as 6 reported cases in literature)
 - ✗ shielded or buttressed from ulnar stresses
 - + little finger: highest incidence of RCL tear
 - ✗ not shielded or buttressed by other digits
 - + middle finger has an equal propensity for RCL and UCL tears



COLLATERAL LIGAMENT INJURIES

- × UCL injures at the first MCPJ
60% of all collateral ligament injuries of the digits
- + Gamekeepers thumb



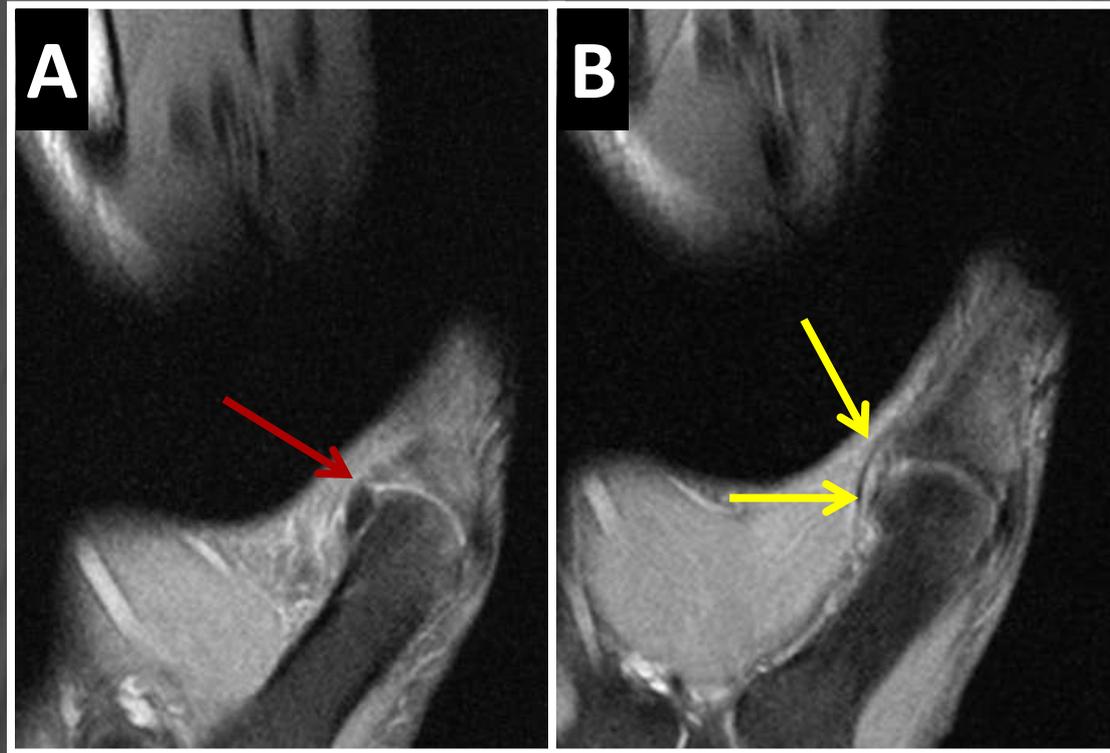
CASES



Case 1:

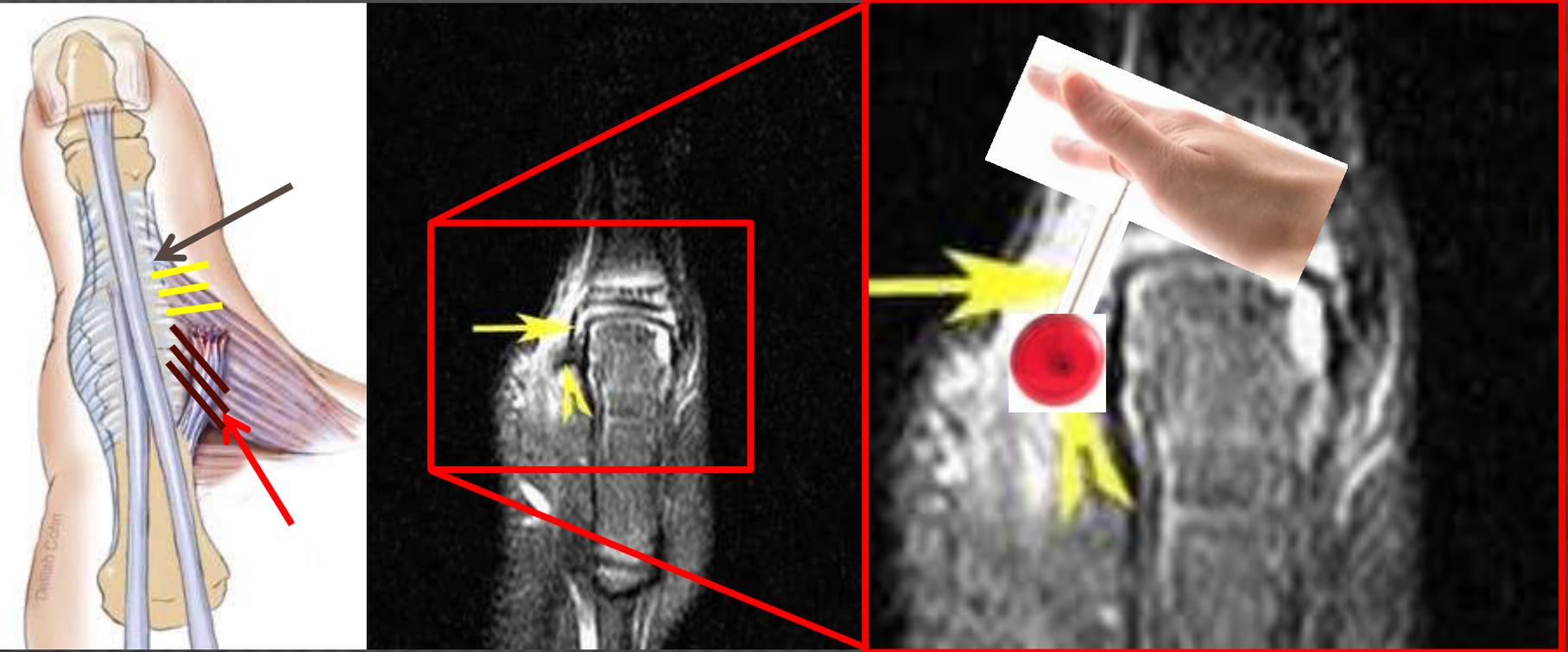
65M presented h/o UCL repair 6years earlier

COLLATERAL LIGAMENT INJURIES



Case 2:
47M w right thumb pain.

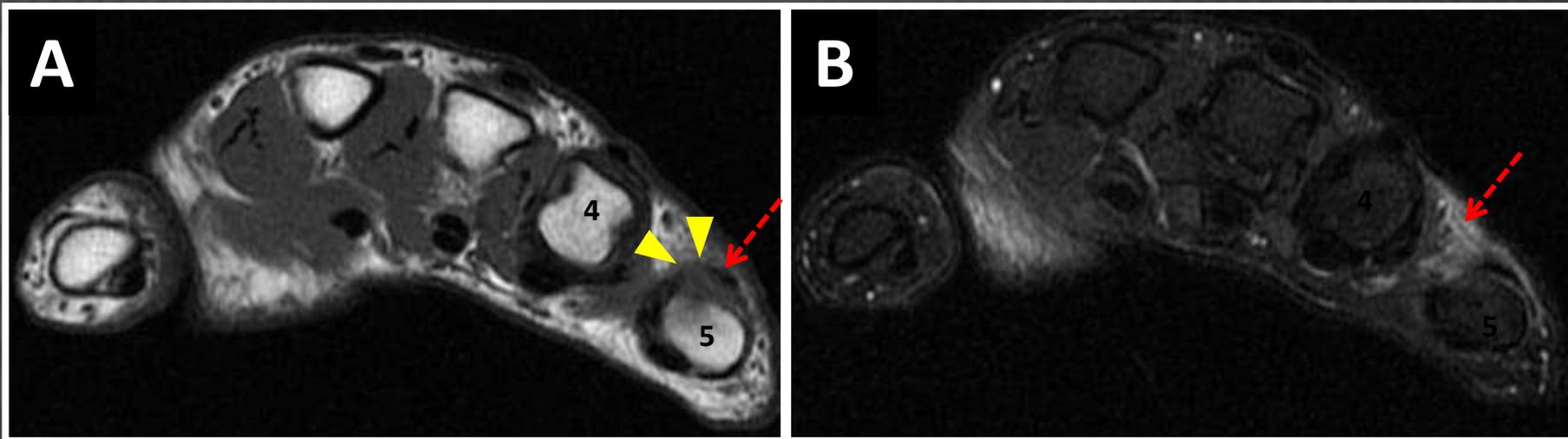
CASES



Case 3:

STENER LESION

CASES



Case 4:
28-year-old-man with a right hand
injury and pain

STENER-LIKE LESION

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EXTENSOR MECHANISM

× Relevant Anatomy

+ Focus our attention to the MCPJ

- × Sagittal bands

- × Intrinsic muscles of the hand (interossei, lumbricals)

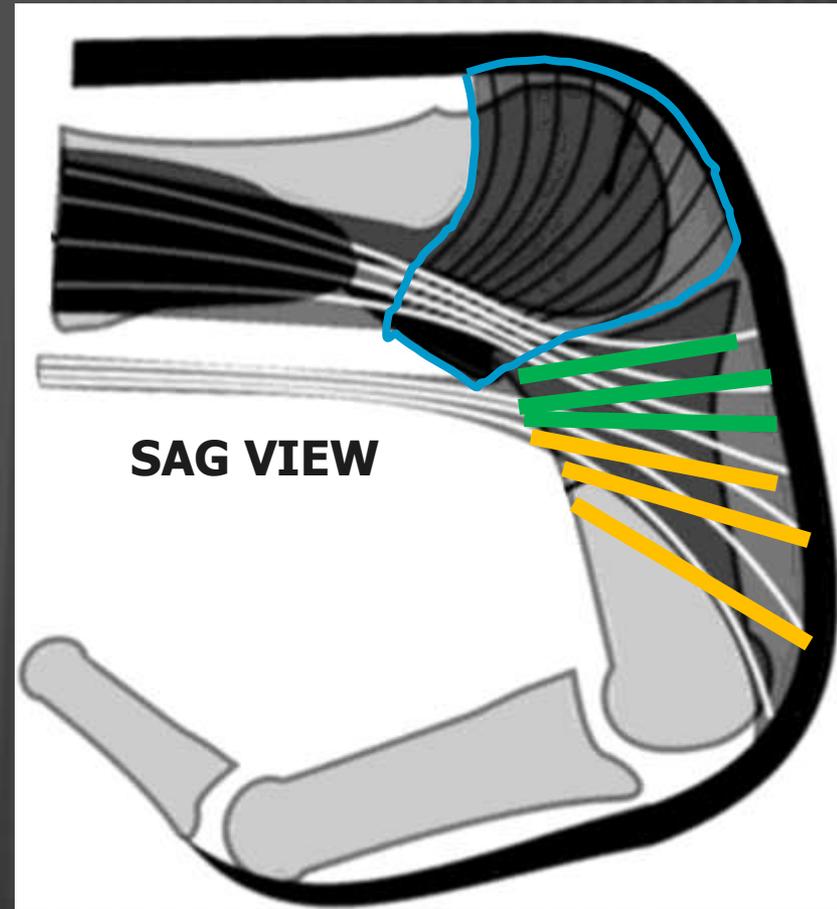
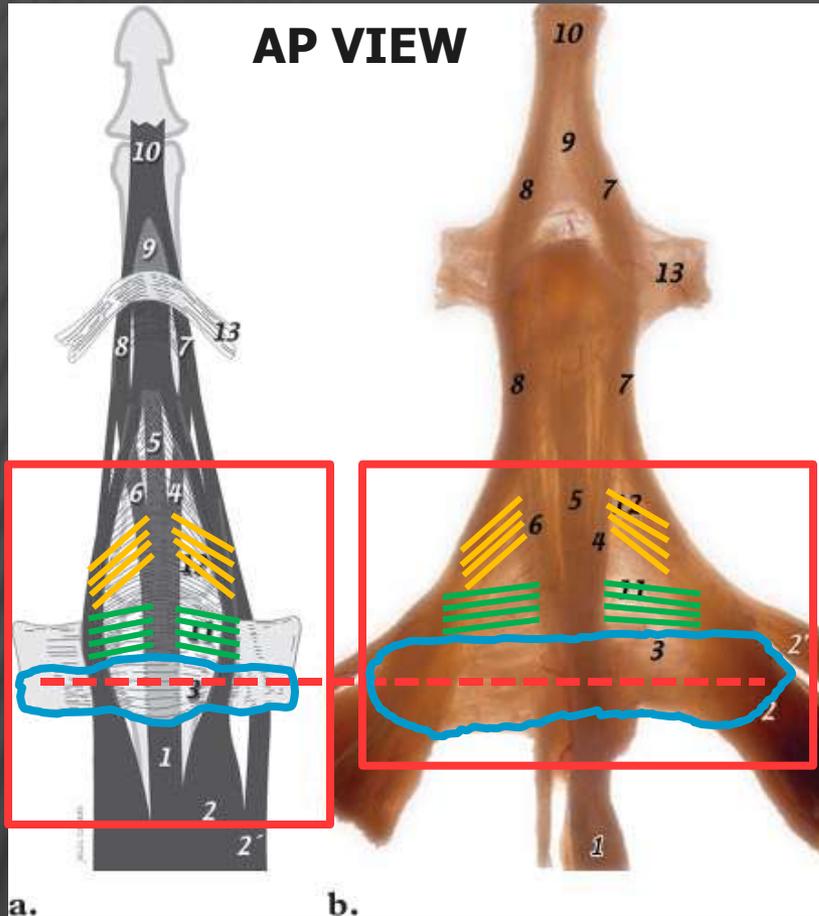
- × Extensor tendon

 - ★ Central slip

 - ★ Medial and lateral slips

 - ★ Lateral bands/conjoined tendon

EXTENSOR MECHANISM

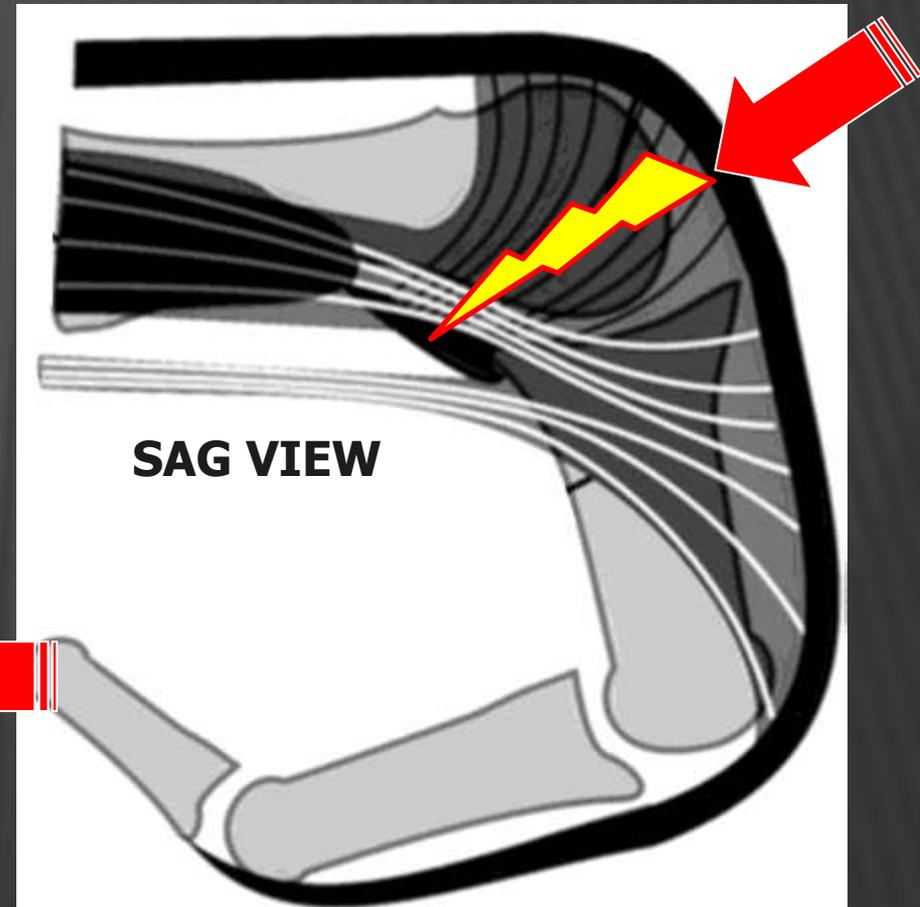
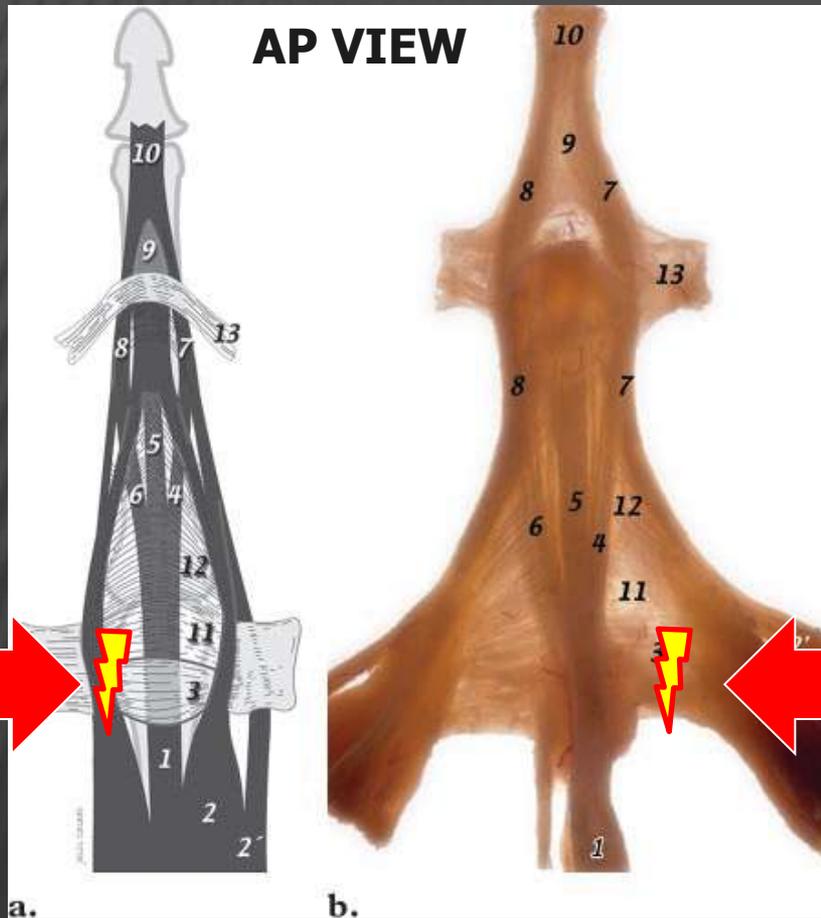


EXTENSOR MECHANISM

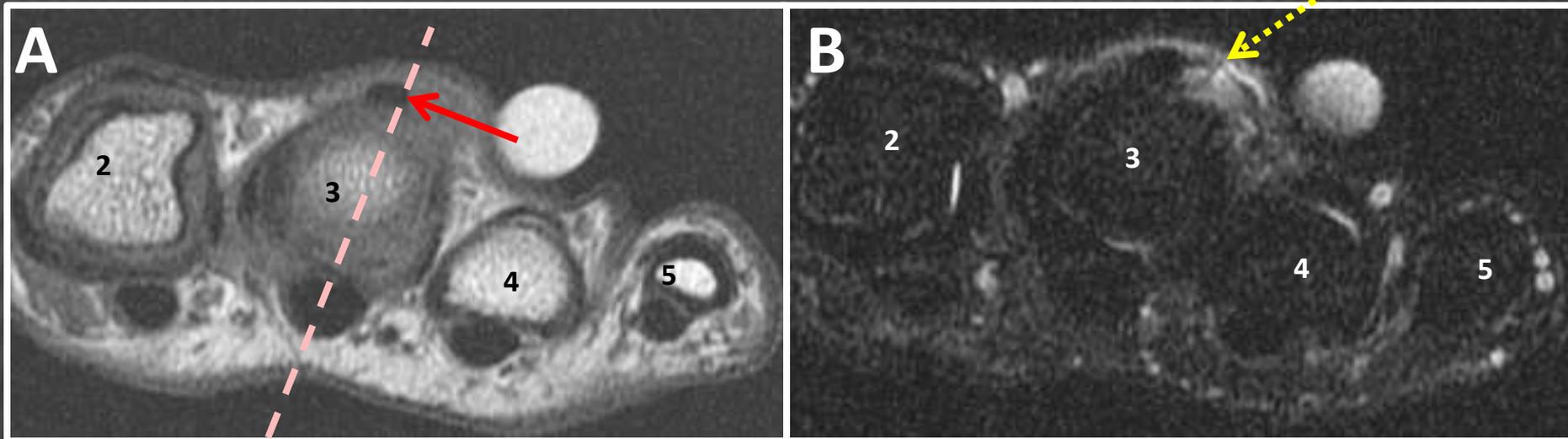
- × Sagittal band:
 - + Dorsal attachment: extensor tendon
 - + Palmar attachment: palmar plate, deep transverse metacarpal ligament
- × Function: stabilizes extensor tendon

EXTENSOR MECHANISM

✘ Mechanism of Injury:



CASES



- ✘ 20-year-old man with middle knuckle pain after punching a wall 3 weeks ago

BOXER'S KNUCKLE

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PULLEY INJURIES

× Intro:

- + maintain the flexor tendon in close apposition to subjacent bone allowing for tendon tracking during flexion.

+ ANNULAR PULLIES

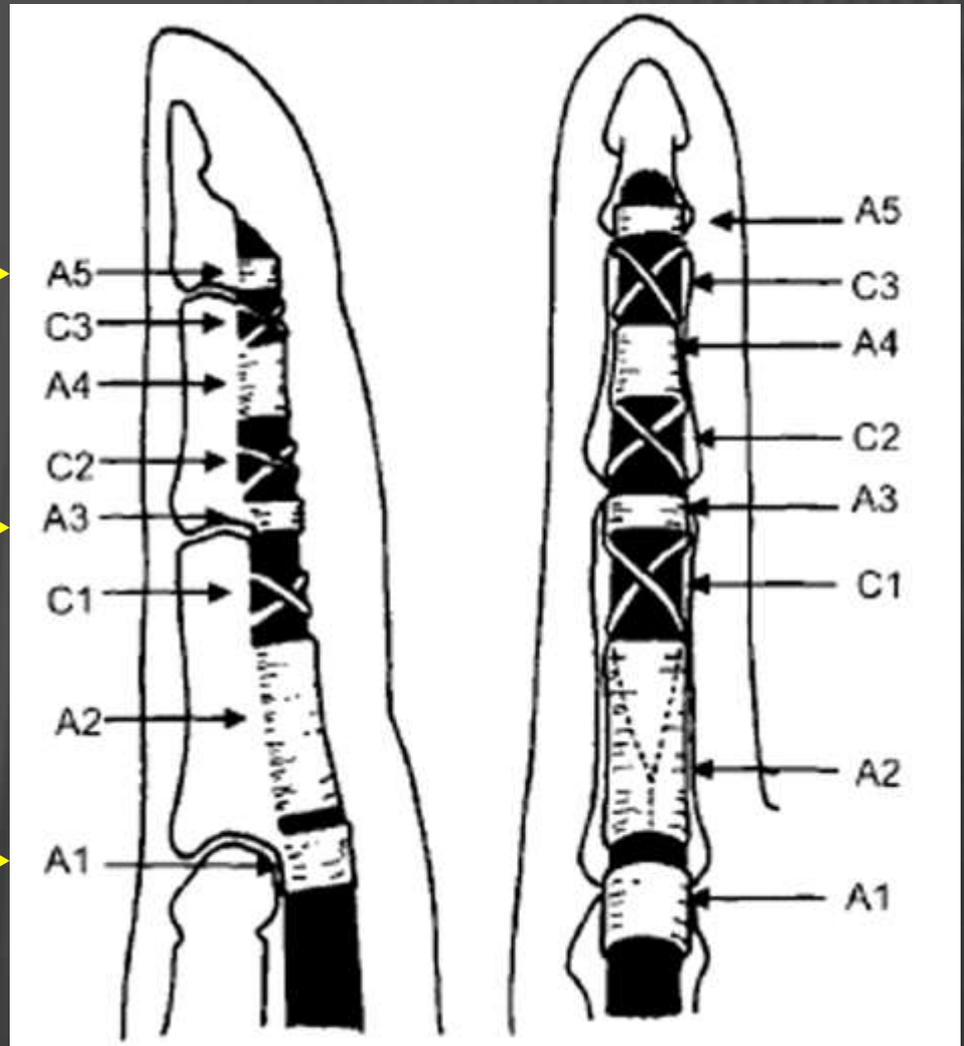
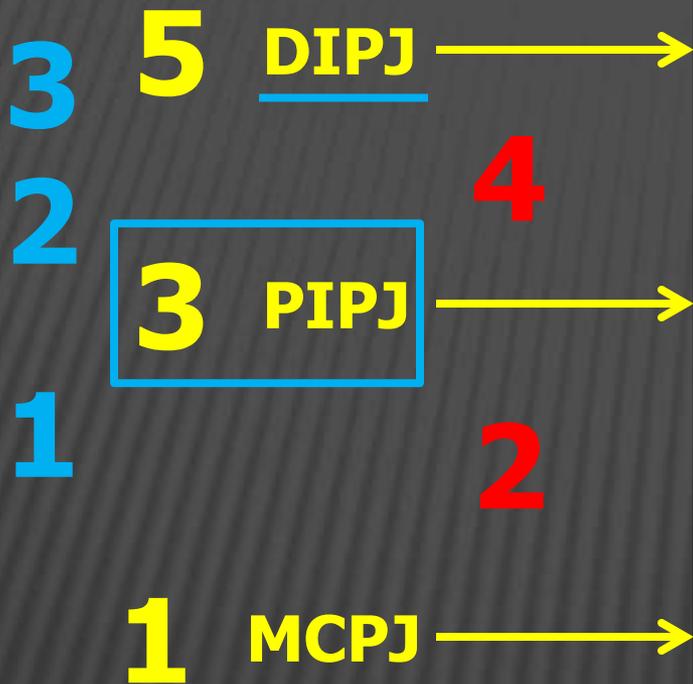
- × Allow tendon excursion without deformation

+ CRUCIATE PULLIES

- × Allow tendon excursion with deformation

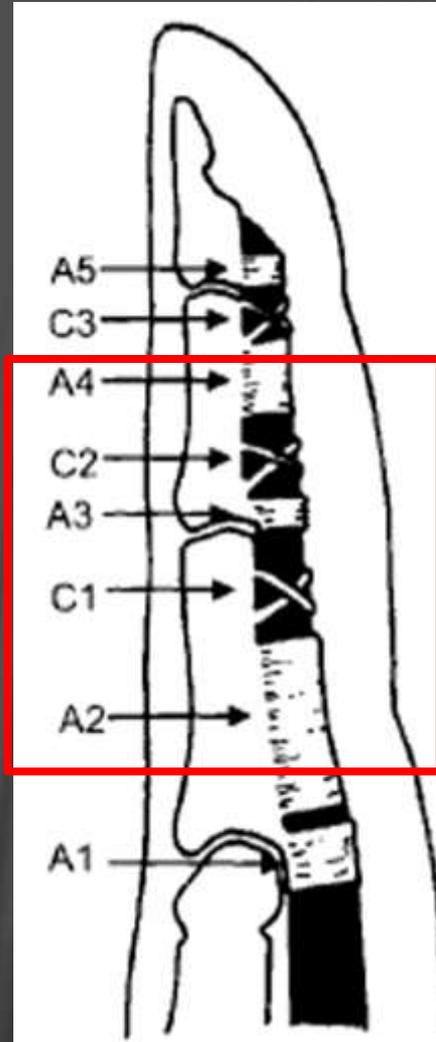
PULLEY INJURIES

× Relevant Anatomy



PULLEY INJURIES

- ✗ Mechanism of Injury:
 - + Seen in rock climbers
 - + Crimp grip position
 - ✗ DIPJ and MCPJ extension
 - ✗ PIPJ flexion



CASES



Measurements in the sagittal plane at the level of the distal 2/3 of the proximal phalanx may demonstrate a normal tendon-to-bone gap of 6-8mm, and a gap exceeding 2.0 cm in the setting of pulley disruptions

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BOUTONNIERE DEFORMITY

× Intro:

+ French for 'buttonhole'

× gap created as the extensor central slip becomes incompetent and retracts proximally allowing the lateral bands to displace volar.

* allows the proximal phalangeal head and PIPJ to pop through the 'buttonhole.'

+ flexion of the PIPJ + extension at the DIPJ.

BOUTONNIERE DEFORMITY

✗ Relevant Anatomy

✗ Extensor tendon

- + Central slip
- + Lateral slips

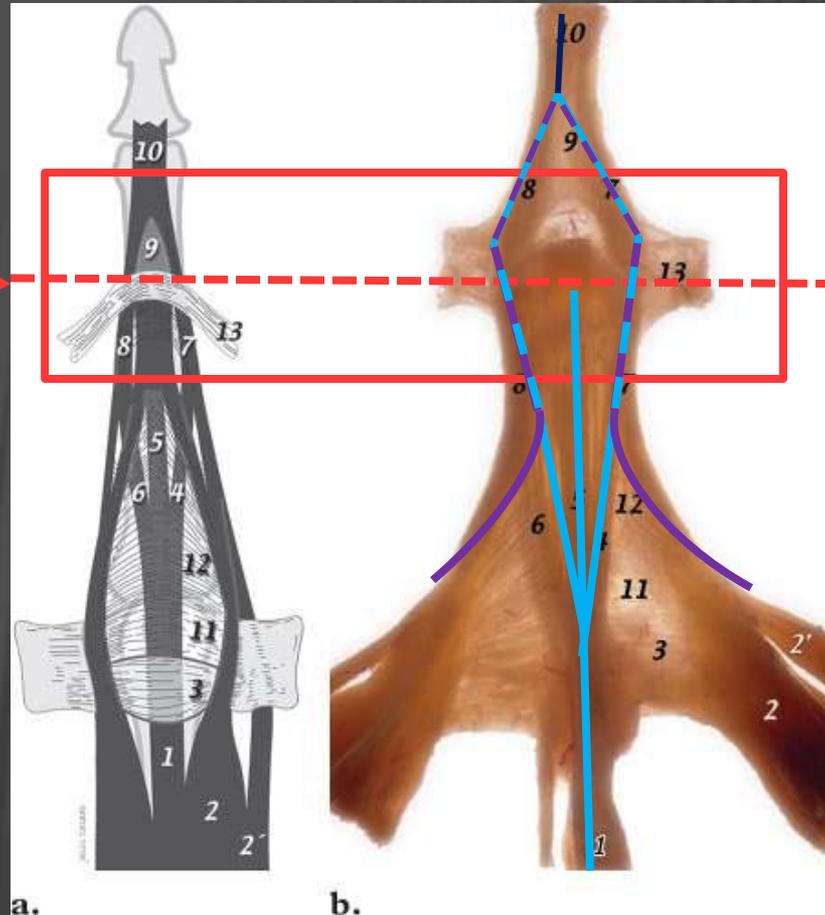
✗ Intrinsic muscle contribution

- + Interossei
- + Lumbricals

✗ Conjoined tendon / lateral bands

✗ Terminal tendon

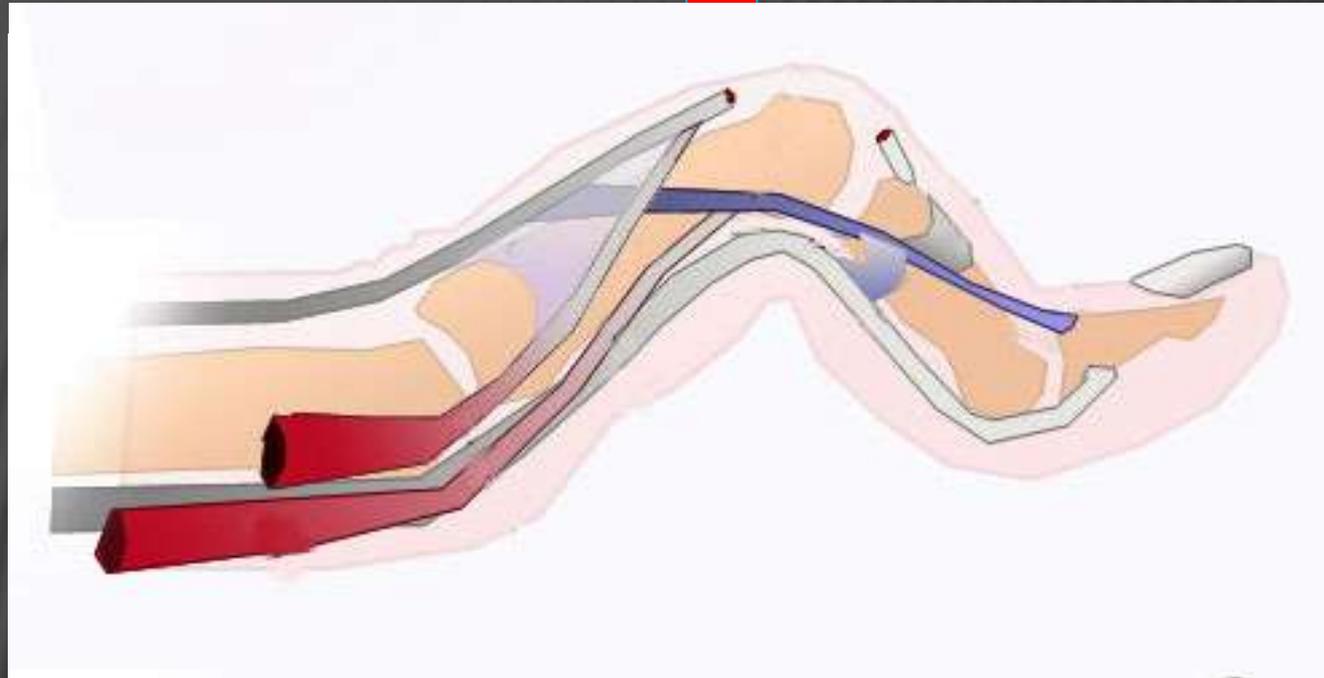
PIPJ



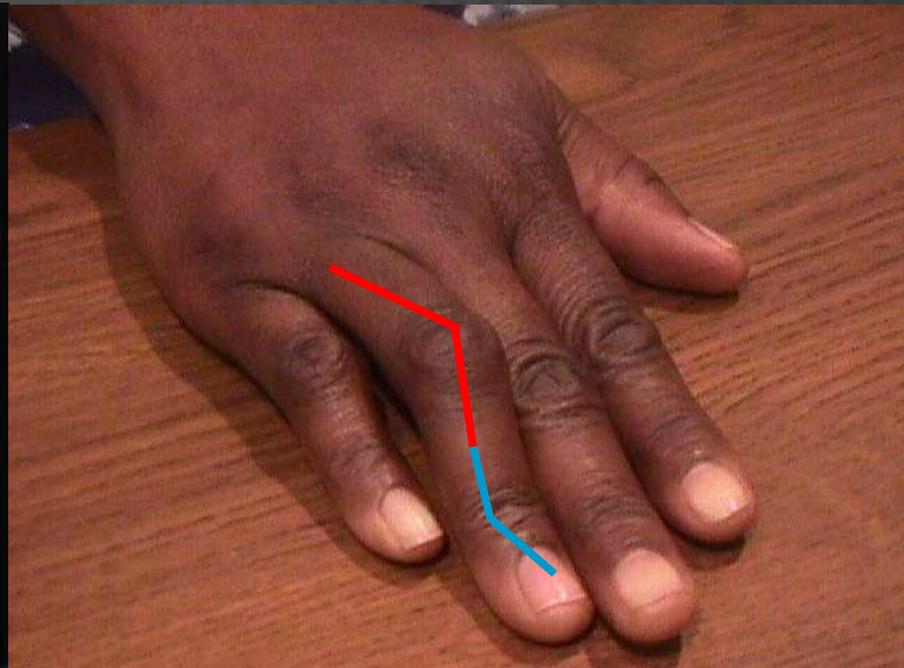
BOUTONNIERE DEFORMITY

× Mechanism of Injury

- Direct trauma to central slip
- Lateral bands migrate palmar
 - PIPJ flexes
 - DIPJ extends



CASES



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MALLET FINGER

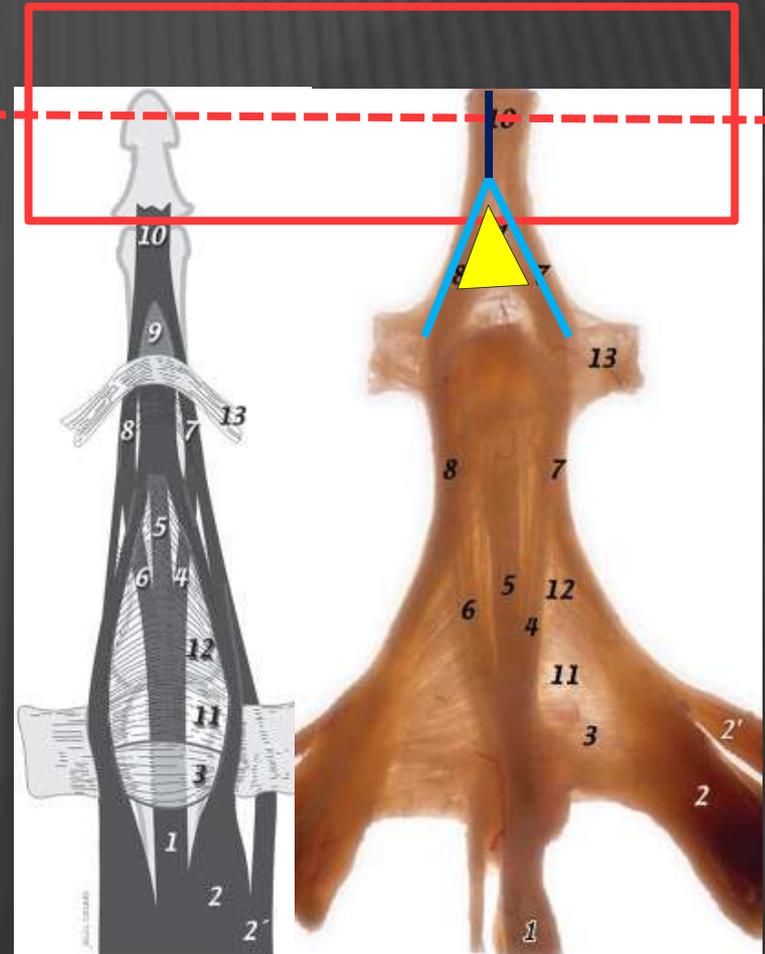
× Intro:

- + Mallet finger, also referred to as baseball finger
- + May be associated with sports such as baseball, basketball, and volleyball.
- + Direct trauma to the tip of the finger
 - × injury to the terminal tendon
 - × may or may not be associated with bony avulsion of the distal phalangeal base

MALLET FINGER

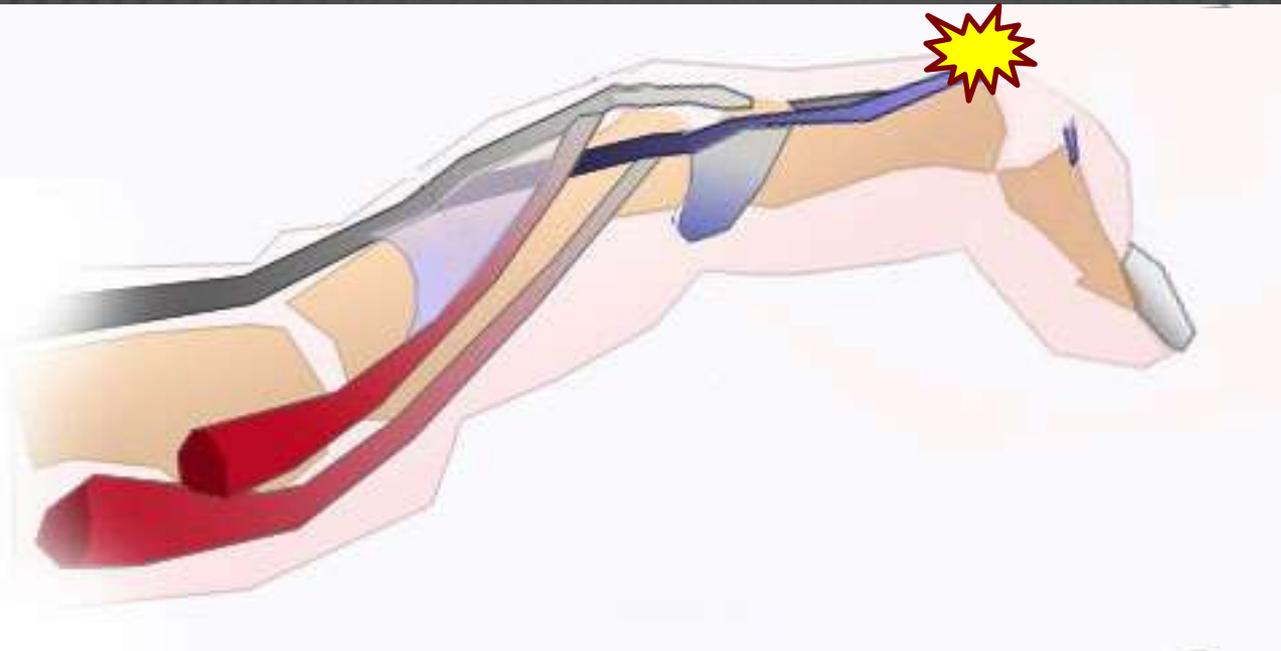
- × Relevant Anatomy
- × Lateral bands / conjoined tendons
- × Terminal tendon
- × Triangular ligament

DIPJ



MALLET FINGER – BASEBALL FINGER

× Mechanism of Injury



Direct blow to
fingertip of an
extended DIPJ

Causes forced DIPJ
flexion

- × 42-year-old woman with a left fourth digit injury

CASES

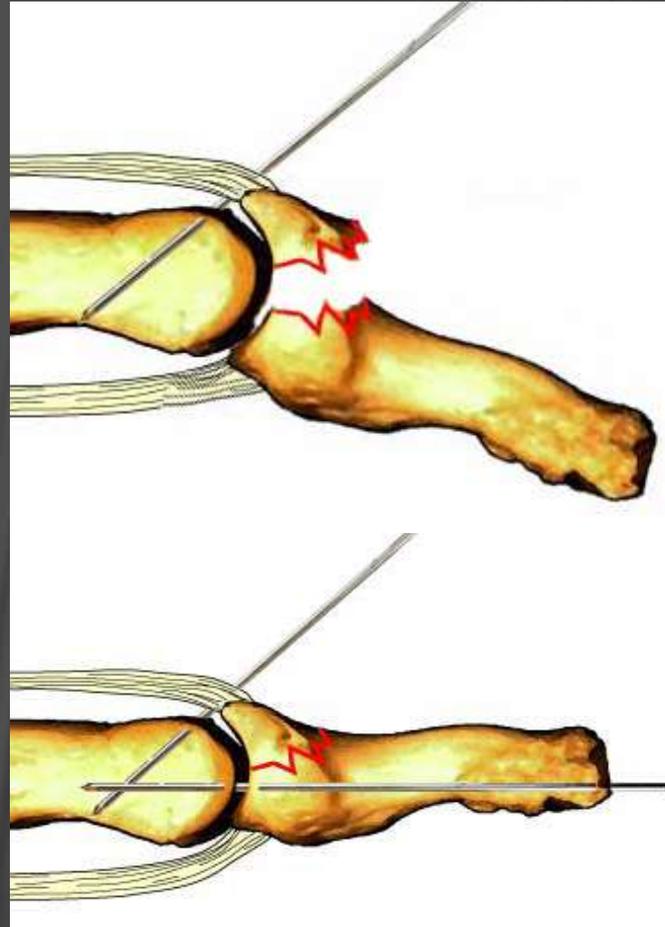
- × Surgery if:
 - × Distraction $> 3\text{mm}$
or
 - × $>30\%$ articular
surface involvement
or
 - × Palmar subluxation
of the distal phalanx



TREATMENT

× Treatment

- + Conservative:
splinting 6-8
wks
- + Microanchors
- + Extension
block pinning



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JERSEY FINGER

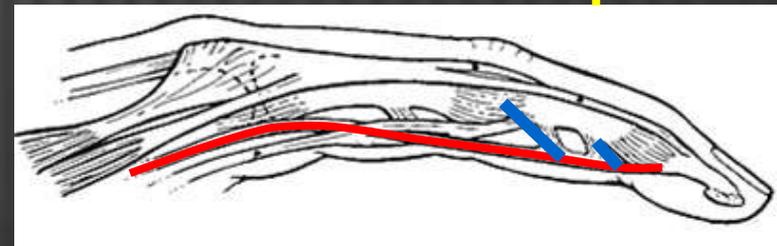
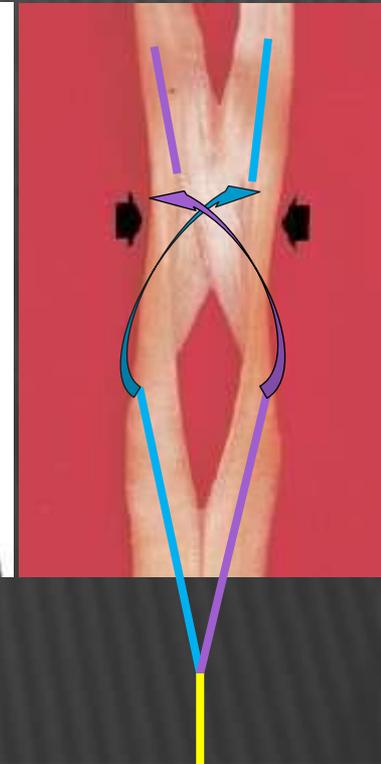
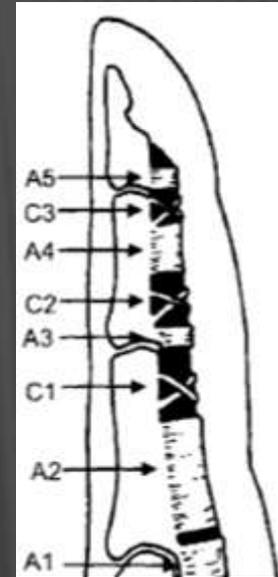
- × Intro:
- × seen in athletes >>
typically football
 - + Player grabs jersey of opponent
 - + DIPJ in flexion at time of grab
 - + Opponent pulls away
 - + Forced extension of the DIPJ



JERSEY FINGER

✗ Relevant Anatomy

- Flexor digitorum superficialis
 - tendon bifurcates @ proximal phalanx
 - tendon slips spiral
 - insert on the mid portion of the middle phalanx.
 - Function > PIPJ flexion.
- Flexor digitorum profundus
 - runs deep to the FDS
 - inserts > base of the distal phalanx
 - Function > DIPJ flexion.
- Vincula brevis, longus
 - Attaches to dorsal surface of FDS and FDP
 - Mesotendon which also serves as dorsal vascular supply to the FDS and FDP

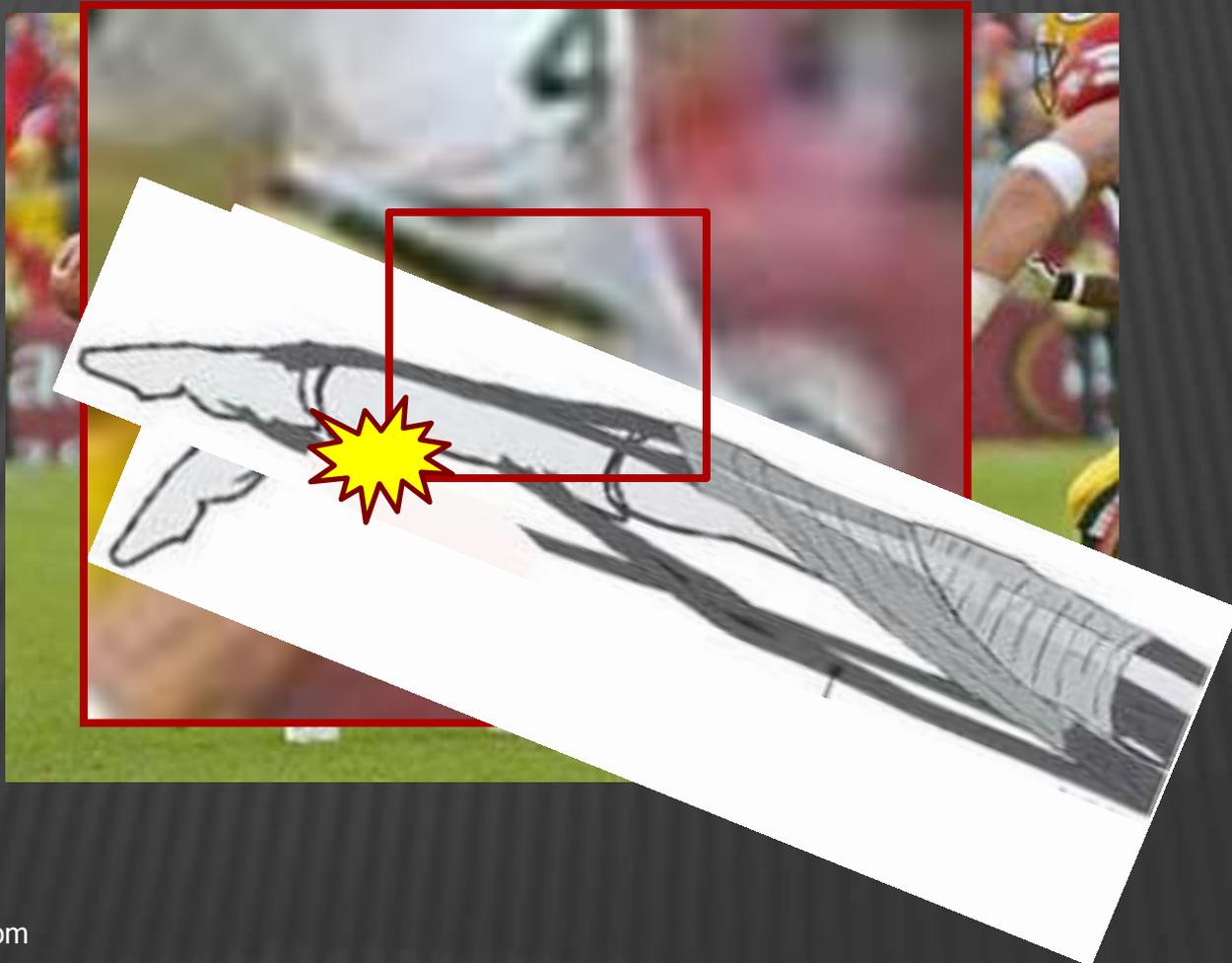


Hauger O, Chung CB, Lektrakul N, et al. Pulley system in the fingers: normal anatomy and simulated lesions in cadavers at MR imaging, CT, and US with and without contrast material distention of the tendon sheath. *Radiology* 2000;217:201-212

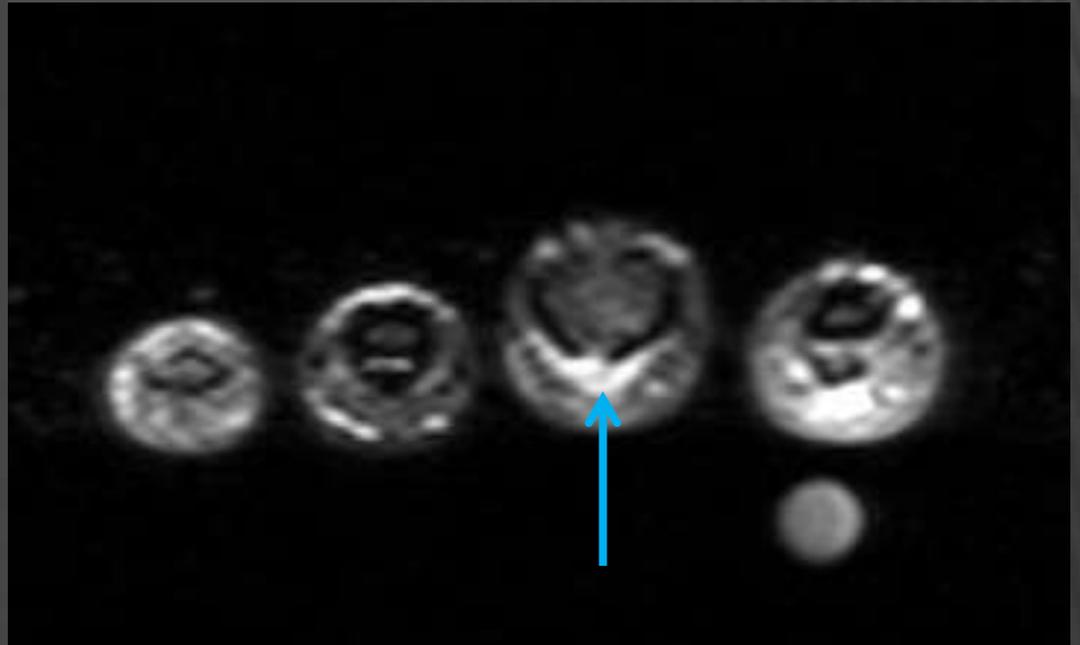
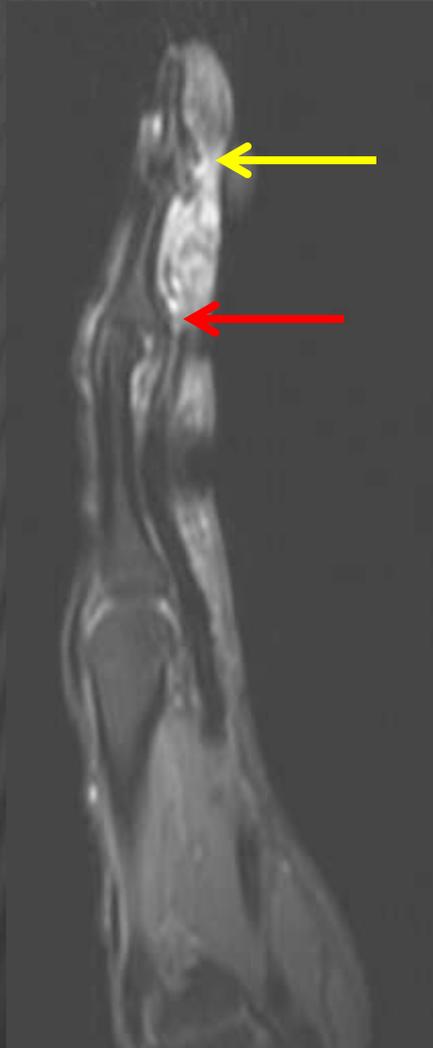
<http://www.aafp.org/afp/2006/0301/p810.html>

JERSEY FINGER

× Mechanism of Injury



CASES

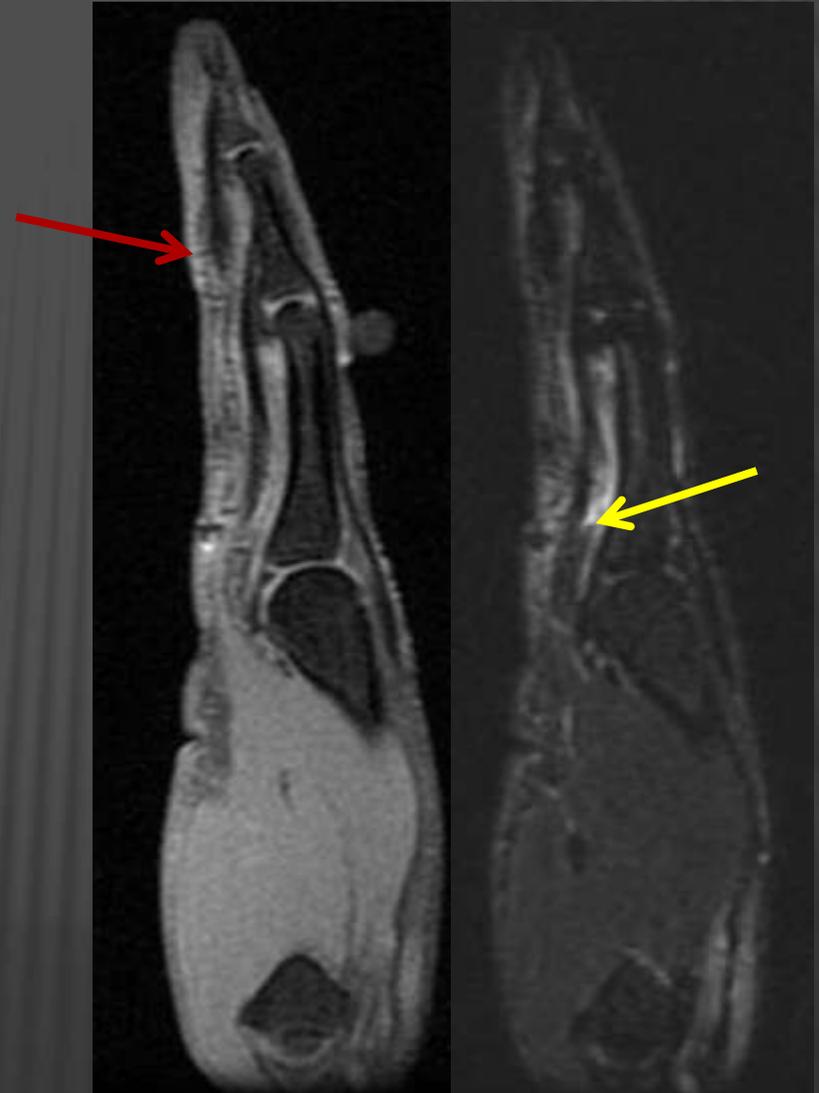


22-year-old man with laceration to the left third digit.

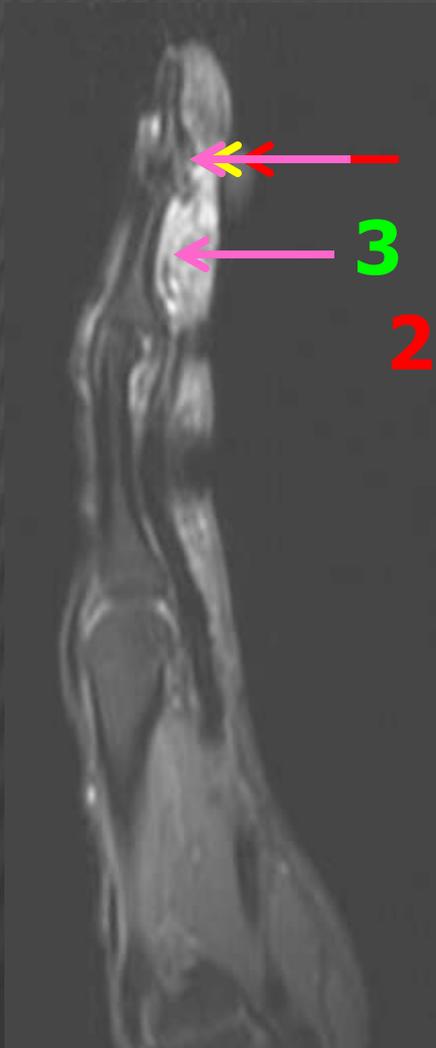
TYPE 2 JERSEY FINGER

CASES

45-year-old man with a history of flexor digitorum profundus rupture and reconstruction. While doing physical therapy the patient felt a pulling in his right index finger and a slight pop with subsequent inability to flex the DIPJ.



TYPES OF JERSEY FINGERS



Type 1:

- FDP retracts to palm

Type 2:

- FDP retracts to PIP

Type 3:

- FDP attached to avulsed fragment of distal phalanx
- retracted to A4 pulley

Type 4:

- Type 3 + superimposed avulsion of FDP off avulsed fragment w retraction of FDP into palm
- (Combination of Type 3 + Type 1)

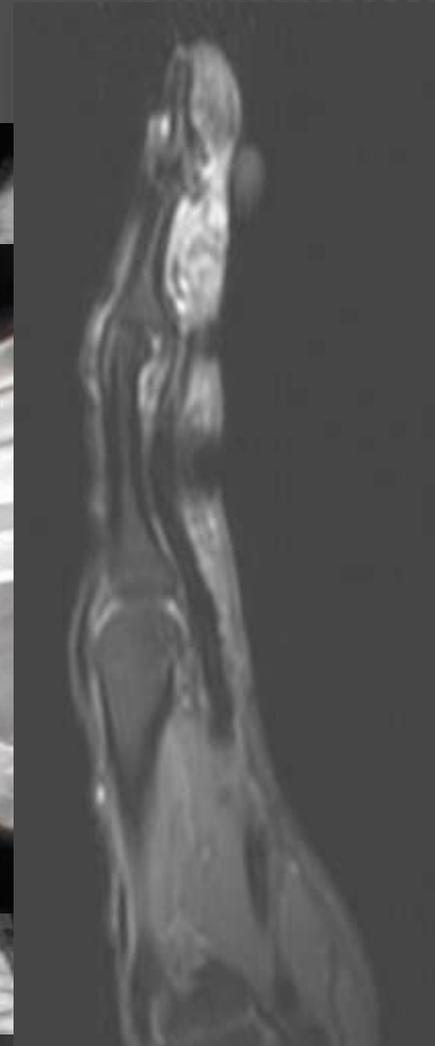
1, 4

Type 5:

- Complex w/ comminuted fracture of distal phalanx

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