

CONCOMITANT AVASCULAR NECROSIS OF THE SCAPHOID AND LUNATE

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ABSTRACT

Simultaneous avascular necrosis of multiple carpal bones is rare. Concomitant avascular necrosis of scaphoid and lunate has been reported only once. We report one more case of this rare condition which can be a cause of wrist pain. Steroid intake is a known risk factor for avascular necrosis but in our case the patient had been taking herbal medicines for joint pain the composition of which was not known. Probably the presence of steroid in these medicines was the cause of avascular necrosis in this case.

Keywords: Avascular Necrosis; Scaphoid; Lunate; Kienbock's Disease; Preiser's Disease.

INTRODUCTION

Avascular necrosis of multiple carpal bones is a rare cause of wrist pain. Concomitant avascular necrosis of the scaphoid and lunate has been reported only once.¹ We present another such case. Our patient had none of the known risk factors for avascular necrosis but was taking some herbal medications of unknown content.

CASE REPORT

A 20-year-old right hand dominant male presented to us with complaints of pain and swelling at the right wrist for three months. It was insidious in onset and progressively increasing in severity. Pain was constant and greatly limited his activities. He gave history of left knee pain for which he had taken herbal

medicines for about five years. He has stopped the medicines one year before presentation to us and did not have the medicines or any record of these medicines which could help us to find its content. There was no history of smoking and any other known risk factors associated with avascular necrosis. On physical examination we noted a very tender and swollen wrist with synovitis. Movements at the wrist were painful with reduced range (extension 10° and flexion 40°). Blood investigations were within normal range. The radiographs of the wrist showed an ulnar negative variance with early collapse of the proximal scaphoid (Fig. 1). The MRI scan of the wrist showed hypo-intense scaphoid and lunate on T1- and T2-weighted images with fragmentation and collapse of the subchondral trabecular bone suggestive of avascular necrosis of the scaphoid and lunate (Fig. 2).