

Radioscaphoid Articulation Incongruity in Kienböck Disease

To the Editor:

We read with great interest the article by Kawanishi et al¹ and commend the authors on their well-executed 3-dimensional analysis of carpals. They found that carpal collapse in Kienböck disease is not associated with dorsal translation of the scaphoid, as seen in patients with scapholunate advanced collapse (SLAC). Hence, the carpal collapse in Kienböck disease is not associated with early radioscaphoid joint incongruity.

We were excited to read this article because it paralleled the outcome of an ongoing observational study at our institution involving patients undergoing proximal row carpectomy. In the past 2 years, we have performed proximal row carpectomy in 11 patients with advanced Kienböck disease and 6 patients with SLAC wrist. In all cases, we noted the condition of the articular surface of the lunate and scaphoid articular surfaces of the radius and proximal articular surface of the capitate. These were our observations:

In 11 patients with advanced Kienböck disease (beyond stage 3B),² the radioscaphoid articulation was spared from arthritis in all but 1. The lunate surface of the distal radius was eroded in 4 patients (Fig. 1) and capitate articular surface was eroded in 1.

In six patients with SLAC wrist (5 were stage II and 1 was stage III),³ the lunate articular surface was preserved in all cases, but all had severe degeneration of the articular surface of the scaphoid articular surface of the radius. One patient had erosion of the articular cartilage of the capitate.

Our observations support the analysis of Kawanishi et al¹ and the concept that in Kienböck disease radioscaphoid articulation avoids incongruity for a long duration because the scaphoid does not translate dorsally. However, in SLAC wrist, because of dorsal translation of the scaphoid, early arthritis changes occur at the radioscaphoid joint.

Letter Regarding “Biomechanical Analysis of Flexor Tendon Repair Using Knotted Kessler and Bunnell Techniques and the Knotless Bunnell Technique”

To the Editor:

We congratulate the authors on their work and publication in the field of barbed suture repair of

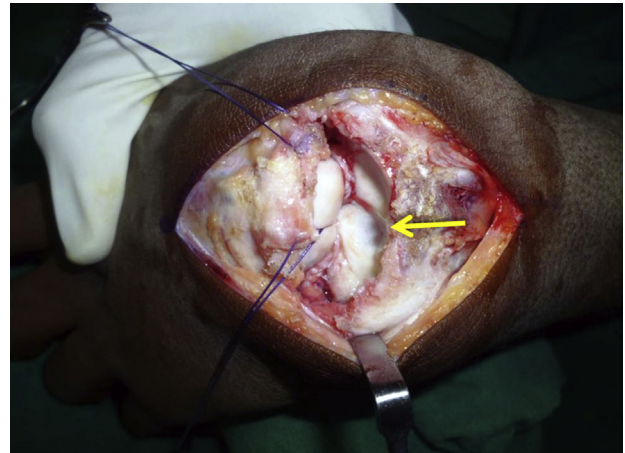


FIGURE 1: Intraoperative photograph during proximal row carpectomy in a 36-year-old woman with Kienböck disease. The articular cartilage at the lunate articular surface was eroded (arrow) but the articular surface at the scaphoid articular surface was pristine.

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digital flexor tendons.¹ Indeed, hand caregivers continue to debate the ideal flexor tendon surgical technique, suture material, rehabilitation, and other aspects