

MUSCULOSKELETAL

HAND INJURIES

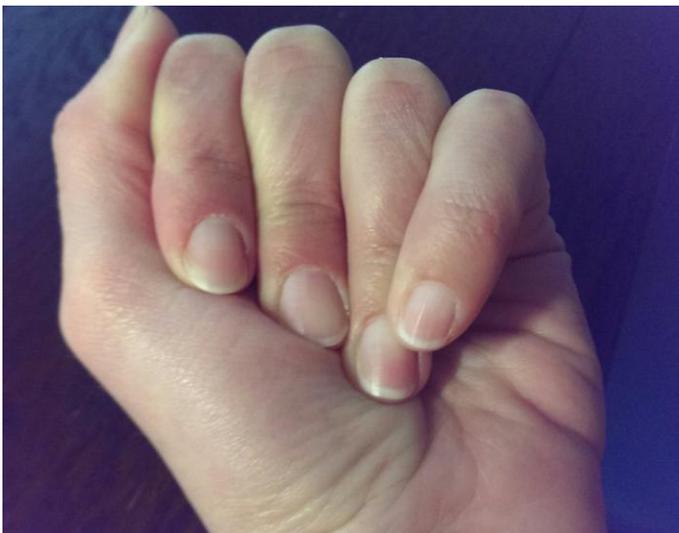


Bennett's Fracture

This is a fracture of the base of the first metacarpal.

Mechanism: fall onto the thumb or onto the hand with the fist closed around thumb.

This is an unstable fracture - refer to orthopaedics for fixation.



Metacarpal Fracture

Mechanism: blow to a closed fist, often from punching with the affected hand.

Angulation leads to a rotational deformity where the fingers overlap (as shown).

Deformity/displacement: refer to ortho.
Undisplaced: splint/slab & virtual # clinic.
Undisplaced 5th: buddy strap & leaflet.



Phalangeal Fracture

Undisplaced proximal/middle phalangeal #
-> buddy strap & virtual fracture clinic.

Displaced/rotated prox/mid phalangeal #
-> refer to orthopaedics.

Closed distal phalangeal #: analgesia.

Open distal phalangeal #: thoroughly clean and provide oral antibiotics.



Mallet Finger

This is an injury to the extensor tendon at the DIP joint.

Mechanism: forced flexion from a fall or blow.

There is loss of active extension at the DIP joint.

Keep in a mallet splint for 6-8 weeks & provide an information leaflet.



Subungual Haematoma

This is a collection of blood beneath the nail.

Mechanism: crush injury (exclude a fracture).

Trephine if painful with a needle or gun.



Paronychia

Infection of the nail fold adjacent to nail.

Mild: trial oral antibiotics (eg co-amoxiclav).

Abscess: incise and drain under a digital nerve block.



Fight Bite

Mechanism: laceration to MCP from tooth

Refer plastics for washout and antibiotics to prevent septic arthritis.

Consider HIV/HBV prophylaxis.