Kienböck’s disease is a rare condition where the carpal lunate develops avascular necrosis. The typical presentation consists of wrist pain, swelling, decreased range of motion and decreased grip strength. Early stages of Kienböck’s disease are treated with immobilization and anti-inflammatory medications. Surgical management, which includes a variety of options, is indicated for late stages or failed conservative treatment.

The patient in this case is a 53-year-old Caucasian right-hand-dominant male who presented to the Emergency Department complaining of right wrist pain. The patient had a history of avascular necrosis of the hip. His clinical presentation, radiographic results and MRI showed changes on MRI. The Lichtman’s Radiographic Classification of Kienböck disease in his dominant wrist was stage IIIB. The patient had pain at rest, pain with motion, swelling, and decreased grip strength and diminished palmar flexion with moderate amount of swelling dorsally. There was localized tenderness over the dorsal lunate, but had normal opening and closing of the hand and movement of the thumb and fingers with no atrophy, erythema, or triggering. Plain radiographs showed avascular necrosis and collapse of the lunate. The lunate was also excised in this procedure due to a possible fracture that may have left residual issues. The patient had expected improvement in his wrist by the end of the procedure.

This case demonstrates how extra measures may need to be taken for successful treatment of Kienböck’s disease, but can be accomplished by using a single incision.

References