

CLOSED PROXIMAL PHALANGEAL FRACTURE MANAGEMENT IN HAND

– AN OUTCOME ANALYSIS

Introduction:

The proximal phalanx (PP) of the fingers is fractured more frequently than the middle or even distal phalanges. The problems of malunion, stiffness and sometimes associated soft tissue injuries increases the disability. The optimum treatment depends on fracture location, fracture geometry and fracture stability. The objective of the study was to analyse the treatment outcome in a series of closed proximal phalangeal fractures of the hand.

Materials and methods :

Fifty patients of proximal phalangeal fractures were enrolled from 2013 to 2015. The treatment modalities were broadly categorised into three groups, first group consisted of conservative treatment, second group consisted of open reduction and internal fixation. Third group consisted of external fixation.

Out of fifty patients 29 patients were treated with ORIF. 12 patients were treated with closed reduction and immobilisation with POP and 9 patients were treated with external fixation. Total active range of motion, grip strength and pinch strength were used to assess the efficacy of conservative and surgical intervention of closed proximal phalangeal fractures of the hand.

Results:

Average period of follow-up was 12 months. An excellent and good results good results were seen in second and first group of patients respectively. Complications are seen more in patients treated with POP.

Conclusion:

Conservative treatment is an inexpensive method, particularly suitable for stable fractures, and in patients who are poor candidates for surgery, surgical modalities have distinct advantage of stable fixation, but with added risk of digital stiffness. Both conservative and surgical modalities have good efficacy when used judiciously.