

Scaphoid fracture with an associated dorsal lip of lunate fracture – a sign of instability?

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dominant upper limb and in some cases the prosthesis on the contralateral limb had been discarded in favour of the sensibility available without it. Postoperative rehabilitation was also found to be simple and rapid.

The Krukenberg procedure is not recommended as primary reconstruction during amputation (due to excessive bulk), and must be preceded by appropriate counselling. Because of the appearance, the Krukenberg limb is considered to be obsolete by many surgeons. However, non-medical people do not consider the unattractive appearance of the Krukenberg procedure to outweigh the functional outcome, quite the opposite of the opinion among doctors (Chancholle et al., 2010).

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Conflict of interests

None declared.

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Dear Sir,

A 35-year-old right-handed man was referred to us with a 3 week old complete fracture through the waist of his right scaphoid after falling off his mountain bicycle.

Scaphoid view radiographs showed an associated ipsilateral fracture of the dorsal lip of the lunate (Figure 1). The senior author performed an open reduction and internal fixation of the scaphoid with a Herbert screw 23 days after injury. At surgery the distal fragment was found to be unstable, resulting in a difficult operation. The senior author has seen similar cases where a lunate fracture has been associated with an unstable fracture of the



Figure 1. Scaphoid view radiographs showing a scaphoid waist fracture and a dorsal lip of lunate fracture.

scaphoid. We advise the treating professional to proceed with caution prior to intervention if this combination of injuries is recognized.

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Conflict of interests

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