

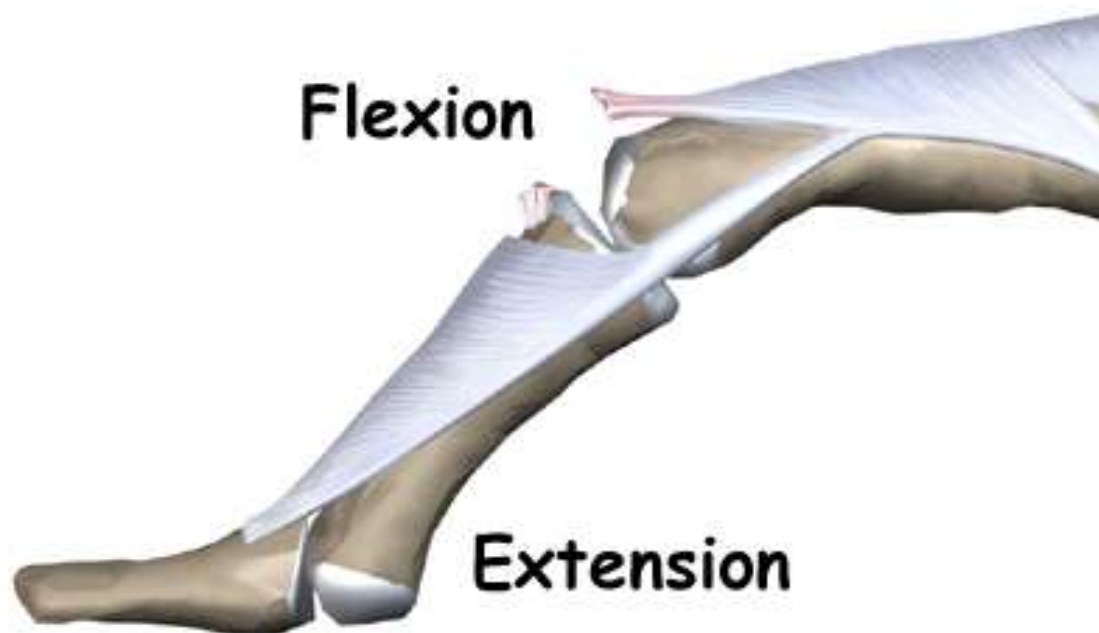
Boutonnieres and Swan-neck deformities

Jeff Auyeung

UHND

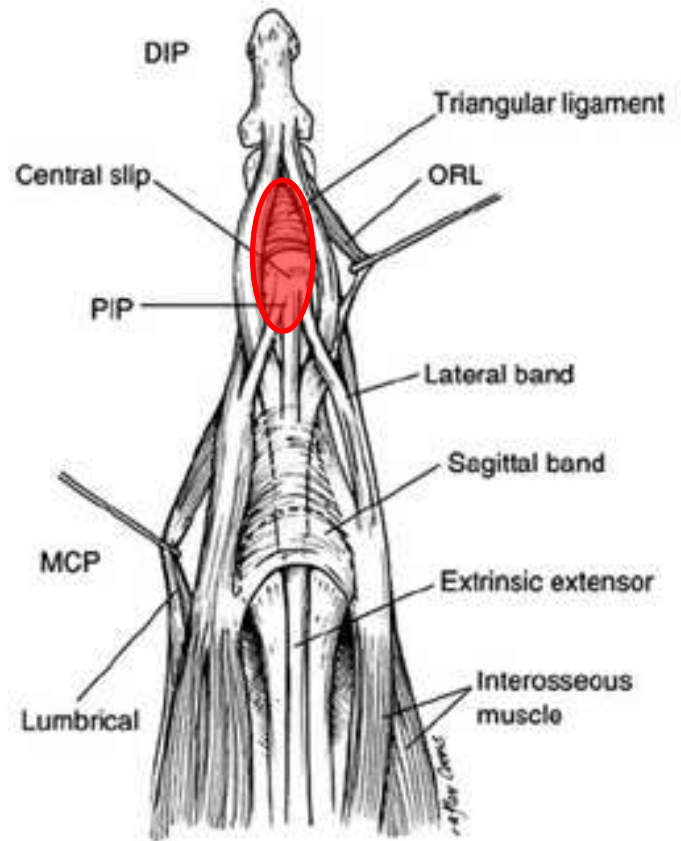
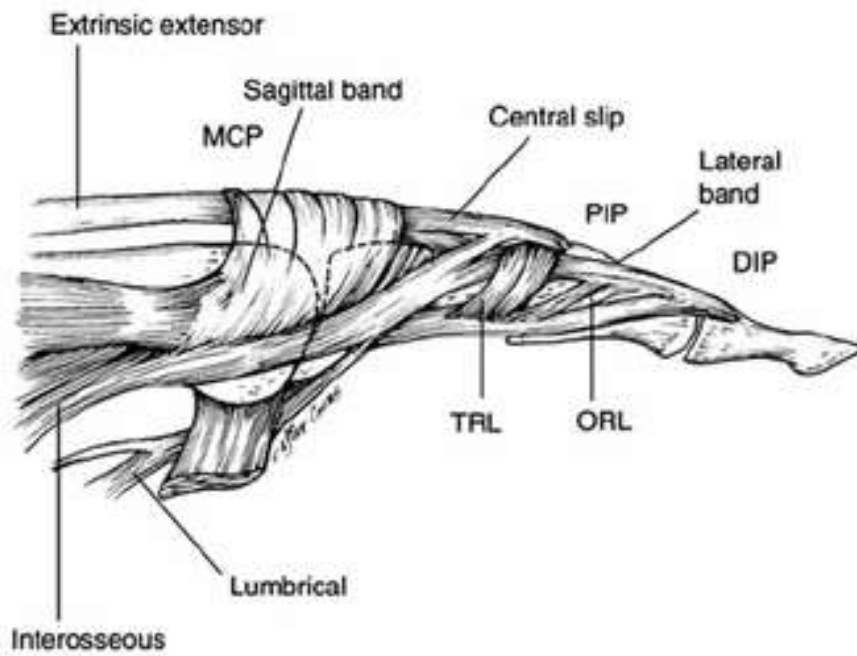


Boutonniere deformity



©MMG 2001



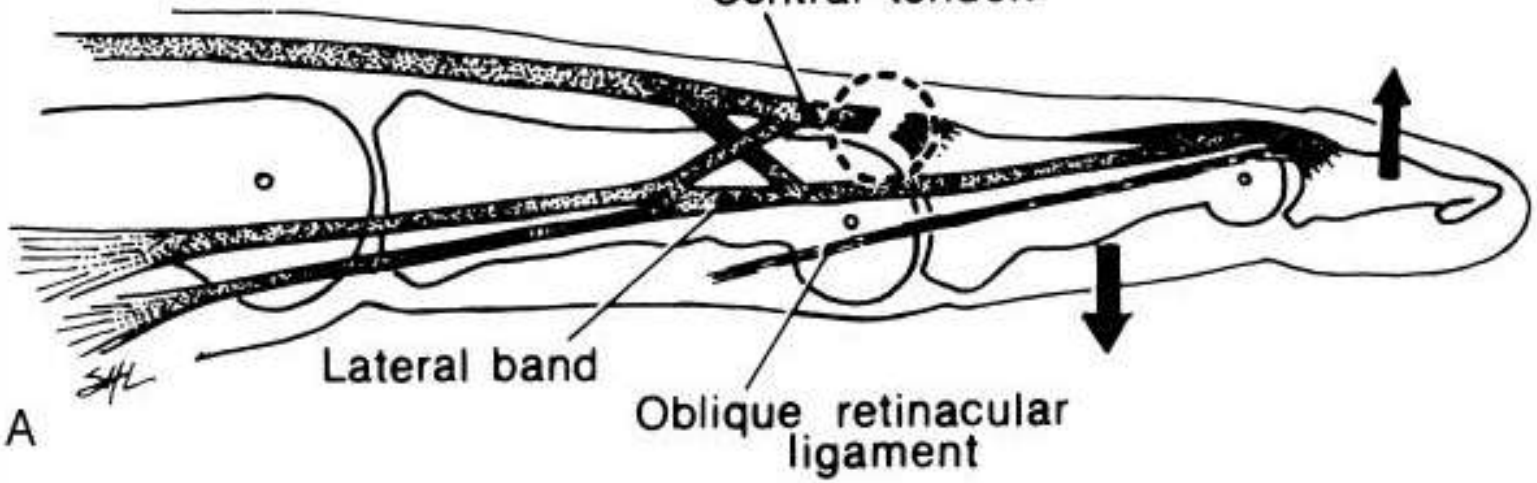


Causes

- Blunt trauma or neglected open injury
- Inflammatory diseases



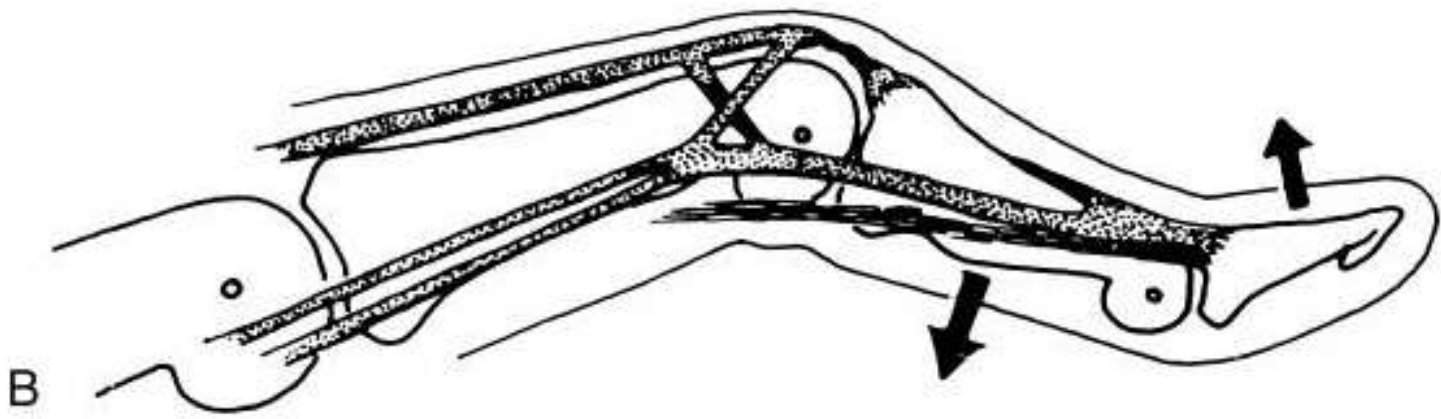
Central tendon



Lateral band

Oblique retinacular ligament

A



B



Staging

Stage 1 = Supple PIPJ

Stage 2 = Fixed Contracture, contracted lateral bands

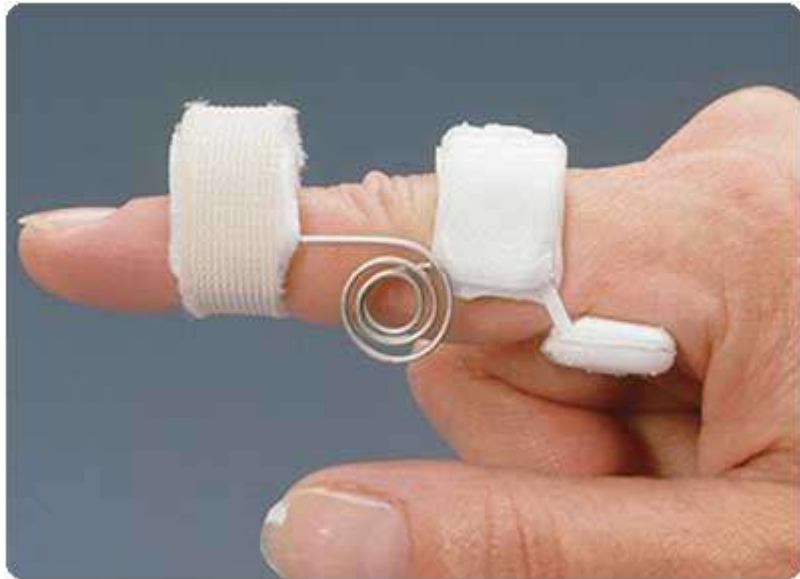
Stage 3 – Fixed Contractures and joint fibrosis



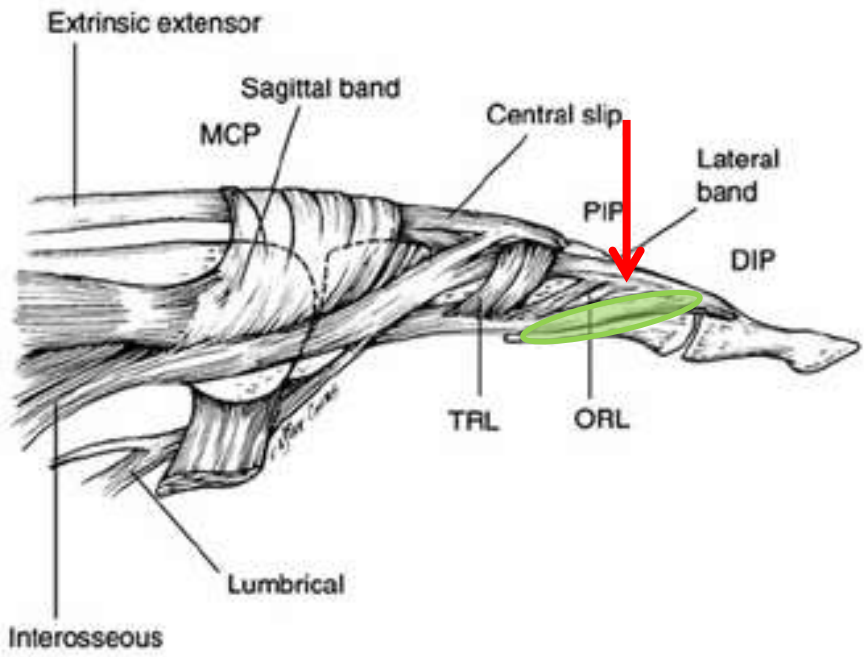
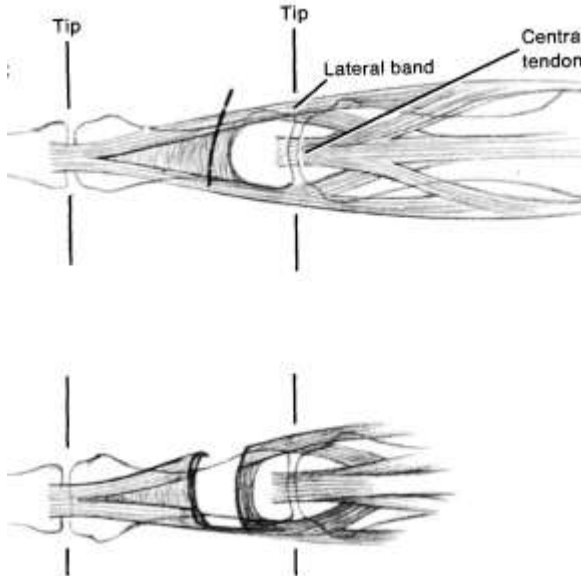
Treatment

- Hand Therapy
- Hand Therapy
- Hand Therapy



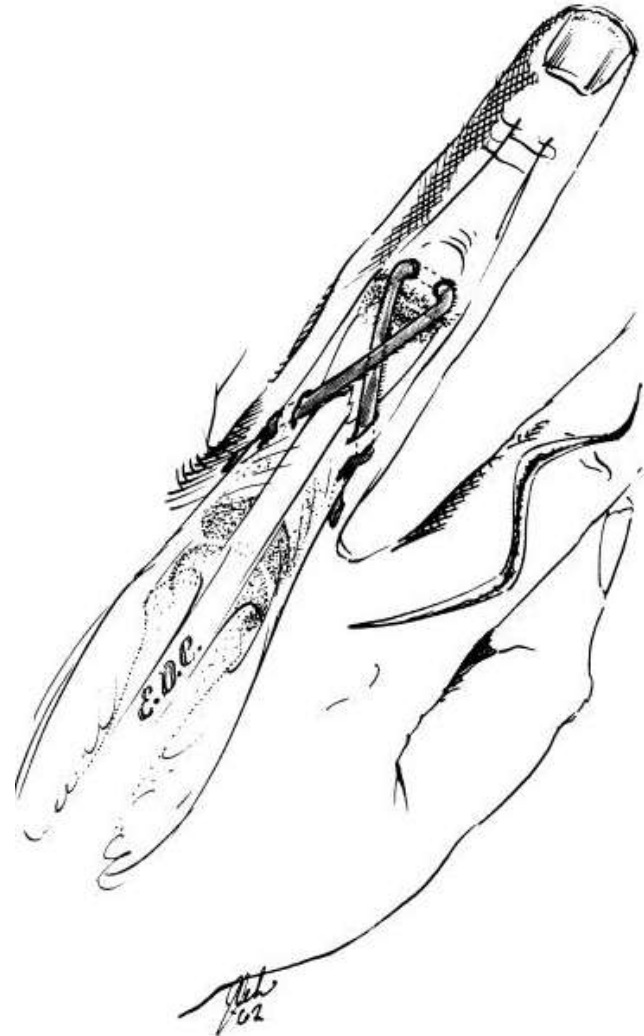


Tenotomy



Tendon Graft

- Palmaris longus
- One slip of EDQ
- Needs temporary wire at PIPJ



Swan Neck Causes

- ?Developmental
- DIPJ – mallet, Inflammation
- PIPJ – Volar plate injury, Inflammation
- MCPJ – Inflammation, Ulnar deviation



Bunnell Test for Intrinsic

- Stage 1 PIPJ flexible in MCPJ Extension
- Stage 2 PIPJ flexible in MCPJ Flexion
- Stage 3 PIPJ inflexible even in MCPJ Flexion
- Stage 4 PIPJ Degenerate

– Nalebuff staging







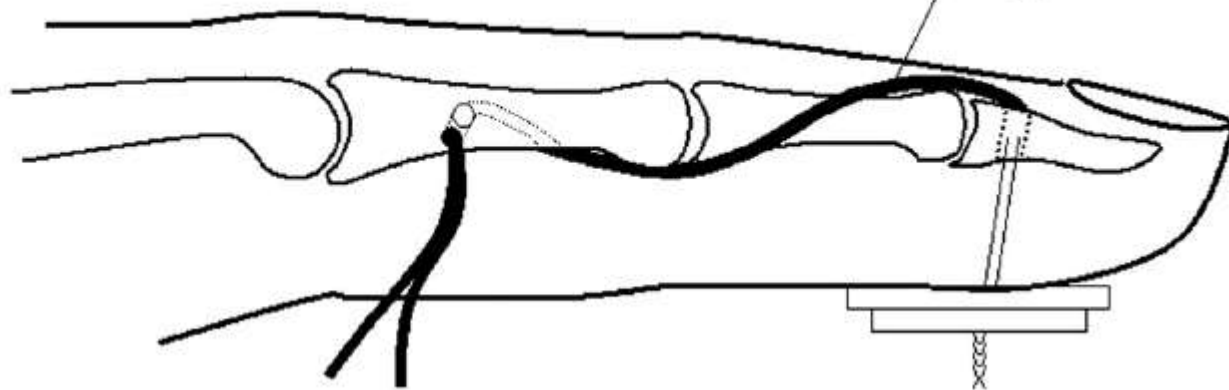
Oval 3 Finger Splitter



Silver Ring Splitter



Tendon graft





A



B



More severe stages

- Seen only in rheumatological conditions
- Option include
 - Intrinsic release
 - FDS tenodesis
 - MUA
 - PIPJ Fusion

