

ACUTE DRUJ INJURY WITH FRACTURE DISTAL RADIUS

AFTER REDUCTION OF THE FRACTURE AND SUITABLE STABILISATION

Look for instability, widened radio-ulnar joint space, avulsed foveal flare, subluxation or dislocation on lateral view

If instability present -
Open Repair tfc at the same time with pinning from ulna to radius proximal to the DRUJ (six weeks)

If NO Instability -
Ulnar sided support by Ulna-radial Pinning or Ulnar sided fixator

If associated fracture through the base of the ulnar styloid (fractures of the tip of the ulnar styloid may be ignored)

look for angulation and shortening of the radius

Correct and stabilize Radius

If the ulnar styloid remains displaced- open reduction with pinning and tfc repair

DRUJ INJURY (CHRONIC) WITH FRACTURE DISTAL RADIUS

If the patient presents late with malunited radius or persistent pain and a displaced ulnar styloid

corrective osteotomy of the radius with restoration of length (variance) and alignment to facilitate fixation of ulnar styloid or repair of the tic