

=Abstract=

Complications of Bony Mallet Fingers after Operative Treatment

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It has been stated that mallet finger is a trivial injury causing no symptoms or incapacity to the patient and is hence not worthy of active treatment. But there is no other abnormality, so common and so small, which can produce so much botheration for the patient and physician as the entity known as "mallet finger". The difficulty of treatment for mallet finger deformity is indicated by the number of these and many other procedures described in the past. However reports on the complications of treatment in mallet fingers are relatively few. A clinical study was performed in twenty four complication cases in mallet fingers who had been treated at Yonsei University Severance hospital from January 1994 to January 1997. We treated all fifty nine cases of mallet fingers. The most common complication was skin problem which occurred in fourteen cases. The residual nail deformity and pin tract infection were next common complications. There were two osteomyelitis of distal phalanx. In one case, premature closure of epiphyseal plate occurred. Although many methods of treatment have been described, most of them require exacting technique and considerable skill for the prevention of complication in mallet deformity.

Key Words : mallet finger, complications

1. ,

59 24 (41%) 가 16
가 8 5 54

24 .
5 가 12 가
K- 2 4 , 1 1 .
14 10 16 .

가 , 가 1/3
, 3mm

2.
10 , 가 6 , 가
가 4 , 가 2
가

1, 3, 8)

, K-

,
8 , 가
가 14 가 .
가 2 .
2 K-

2, 9)

6

가

3.

가 3%

5mm

T-

76%

59

24

, K-
14

(pull-out wire) . 8

1994 1

4 (2 -30) .

1997 1

3

59

24

4

6

K-

6 2

6 1 4 .

2 가

Table 1. Complications after the operative treatment of mallet finger

Complications	cases
skin necrosis & bullae	14
recurrent deformity	4
pin tract infection	4
recurrent deformity	4
nail deformity	4
pull-out wire breakage	1
epiphyseal arrest	1
osteomyelitis	2
deviation of finger(clinodactyly)	1
hypertrophy of DIP joint	1
Total	36

4.
24 35
 14
 (bullae)
가 (Fig. 1). 4 10
 ,
 4
K- 3 ,
 2
 (Fig. 2). 4
 1

5.
 24
 , 1
 ,
 K- 가 4
 ,
 가 ,

Fig. 1. Skin bullae formation, two weeks after distal interphalangeal joint extension splint.

K- 가 (Fig. 3).

Fig. 2. Superficial pulp infection, four weeks after pull-out wire fixation for bony mallet finger.

 6
 . 2-3

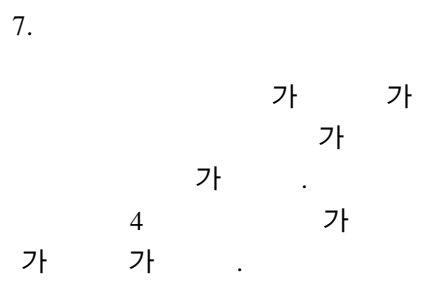
(Fig. 4).



Fig. 3. Skin necrosis and deep wound infection after the operation. It was healed by debridement and daily wound care.

Fig. 5. Distal interphalangeal joint fusion state after twice operations of osteomyelitis on distal phalanx.

Fig. 4. Nail undulation, 10 weeks after the operation. The gross appearance of newly formed nail is normal.



,
 . (extension lag) 1 2
 5 , 70 , 8 3
 .
 가
 (tension band wiring) 가
 20 ,
 15 .
 .
 가 .
 .
 K-
 K-
 , K- , K-
 , 가 , ,
 .
 가 0 K- 가 .
 100% 5. 7)
 50% (drill) 3 K-
 4, 10, 14)
 가 , K-
 ,
 가 ,
 .
 1 가
 6 K-
 Stack 가
 가 가
 가
 10 .
 ,
 가 .

K-

가

가

가

pull-out

가

T-

4

3 가

가

가 4

4

가

3-4

가

가

6, 12, 18)

가

가

13, 17, 18)

K-

가

50

11, 15)

가 4

6, 9, 16)

K-

4

14

3

2

Wehbe

Scheider

3

10

18)

가

가

(hypertrophy)

가
 , 가 1/3
 , 3mm
 K-
 59 24
 . 59 24 (41%)
 36
 24
 가 12 가 3
 14 10 (dominant)
 16 14
 . 4
 4 K-
 4 , 2
 1
 가

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