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Communications orales

CO1

Évaluation fonctionnelle de la prise en charge chirurgicale de l'arthrose scapho-trapézo-trapézoïdienne isolée : série rétrospective monocentrique de 24 patients

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Isolated scaphotrapezotrapezoidal osteoarthritis results in a functional impact of the wrist. The main objective of our study was to evaluate the functional results of patients managed surgically at our University Hospital, regardless of the surgical technique used, during the last twelve years, for isolated scaphotrapezotrapezoidal osteoarthritis.

We performed a monocentric retrospective observational study, using the CCAM database.

The inclusion criteria were: surgically treated patient for isolated scaphotrapezotrapezoidal osteoarthritis resistant to medical treatment, with clinical and radiological follow-up of more than 6 months. Twenty-four patients were cared for between 2006 and 2018. Partial arthroplasty of the distal pole of the scaphoid with or without interposition techniques and total trapeziectomy techniques were found. The mean follow-up was 79 ± 46.8 months. The joint mobilities of the wrist and the Kapandji score were not significantly reduced postoperatively. The mean postoperative Quick DASH score was 29.15 ± 8.46 . The mean VAS was 6.6 ± 1.17 preoperatively versus 1.25 ± 1.51 postoperative ($P=0.003$). A statistical subgroup analysis did not reveal any predictive factors for a better postoperative Quick DASH score, nor the superiority of a surgical technique on the evolution of intra-carpal misalignment and postoperative mobilities.

Our results are similar to those found in the literature. There was a statistically significant improvement in pain after surgical management, with an improvement of 5.35 points of average on the EVA scale ($P=0.003$). This represents



a significant improvement in the patient's quality of life. Moreover, concerning the global mobilities of the wrist, we did not demonstrate a significant decrease postoperatively. Indeed, we observed a non-significant mean decrease in flexion (-1.09°) and extension (-4.38°) postoperatively. In addition, the Kapandji score for the mobility of the thumb column is unchanged (loss of 0.17 point not significant). Finally, the surgical management does not result in statistically significant radiological carpal bones offsets with an average postoperative capito-lunar angle of $14.34^\circ \pm 6.1$ ($P=0.131$) which remains below 15° . However, a mean postoperative Quick DASH score of 29.15 out of 100 still means that patients remain functionally impaired in daily life despite surgical management. The surgical treatment of isolated scaphotrapezotrapezoidal osteoarthritis resistant to medical treatment provides a significant functional improvement, particularly in terms of pain without altering the overall mobility of the wrist.

Disclosure of interest The authors declare that they have no competing interest.

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CO2

Réséction oblique basse de tête ulnaire selon Watson dans les arthropathies radio-ulnaires distales : analyse à moyen et à long terme de l'instabilité et de la convergence radio-ulnaires distales

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Dans la chirurgie palliative de l'articulation radio-ulnaire distale (RUD) pour arthropathie ± associée à un conflit ulno-carpien et à une instabilité, les principaux reproches faits aux résections de tête ulnaire sont le risque d'instabilité,

