

Clinica-Medical Image

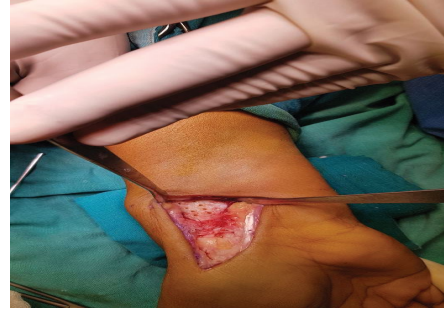
## Scaphoid Non-Union - “Synthesis with Stimulation and Screw Stabilization”

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**Figure 1:** Radiograph showing non-union of scaphoid fracture.



**Figure 2:** Bone graft harvested from volar aspect of distal radius.



**Figure 3:** Harvested prismatic graft placed at non-union site for stimulation of healing.



**Figure 4:** Screw stabilization radiograph postoperatively with PoP cast.



**Figure 5:** Screw stabilization radiograph postoperatively with PoP cast (defect in the distal radius after harvesting the graft is also seen).

### Clinical Image

Scaphoid fractures are prone to non-union because of tenuous blood supply, limited soft tissue attachments, lack of periosteum, tension & bending stresses at the scaphoid waist, intra-articular nature compromising union with associated delayed & missed diagnosis during initial evaluation. A male 32 years old patient with FOOSH injury around 11 months back which was managed like a wrist sprain with rest for 2 weeks at the time of injury. He came with complaints of wrist pain on movements & straining of wrist. There was tenderness in anatomical snuff box. Radiography revealed non-union of scaphoid (Figure 1) which was confirmed on CT wrist with no evidence of avascular necrosis (AVN). He was planned with osteosynthesis, interpositional

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prismoid cancellous bone graft harvested from the volar aspect of distal radius (Figures 2 and 3) for stimulating bone healing and stabilized with using a screw across the fracture successfully (Figures 4 and 5). An immobilization in below elbow Plaster of Paris (PoP) scaphoid cast was given awaiting union and to initiate wrist physiotherapy subsequently to regain wrist function. Thus, rule out scaphoid fracture in before wrongly labelling an injury as wrist strain to avoid complications in future.

**Keywords:** Scaphoid; Fracture; Injury