Dear colleagues,
Welcome to the first edition of our monthly newsletter! At Bangalore upper limb unit, our mission is to provide advanced, evidence-based care for complex hand and upper extremity conditions. Through this newsletter, we aim to share insights from challenging cases, highlight innovative surgical techniques, and foster collaboration within the orthopaedic and hand surgery community.

We hope you find this newsletter valuable, and we welcome your thoughts, discussions, and referrals for complex cases. Let us continue working together to enhance patient outcomes and push the boundaries of surgical excellence.

Best regards,
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2. Surgical technique - Harvesting pronator teres for wrist extension in radial nerve palsy.
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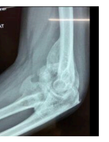
Spotter of the month

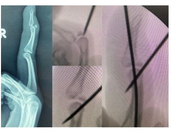


A 45 year old male patient
with stiff elbow following trauma
and Osteopath treatment.
1. What is the current diagnosis?
2. What could have been the initial diagnosis?
3. How to manage this?
4. How could this have been prevented ?
Answers are below

Bony Mallet finger

Distal finger injuries are very common. In our country it happens very commonly due to cricket ball injuries. Most of these injuries can be treated with a splint. What are the indications for surgery?
1. Volar Subluxation of more than 30%.
2. A very large boy chunk.
3. Open injuries
4. Development of compensatory Swan neck deformity.

This is a 26 Yr old female patient with a 5 week old bony mallet injury due to a throwball injury(shown in the xrays). Although the Subluxation is less than 30%, she is developing compensatory swan neck deformity. Hence we chouse to fix it with k wires by using the Ishiguro technique(illustration).
First a k wire is passed to prevent proximal migration of the fragment with the tendon(xrays). A second wire is passed to transfix the DIP joint. This construct is kept in place for 8 weeks before starting range of motion exercises.



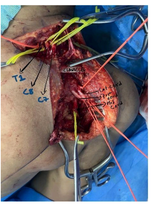
Pronator teres harvest

The most common tendon transfer done, is the one done for radial nerve palsy. The mainstay of all the described variations of the tendon transfers is Pronator teres tendon transfer to ECRL/B for wrist extension. But if the pronator teres is taken at its insertion to bone, we end up with not having enough tendon for suturing into the ECRL/B. To avoid this we need to harvest the pronator teres with a piece of periosteum. The video below shows the technique by which this is done.

https://youtu.be/h8qXazeh8gg

Picture of the month - Brachial plexus dissection

This picture is a 12 year old boy's brachial plexus. Dissected both in the supraclavicular and in the infraclavicular region. The boy had a total brachial plexus injury. Nerve grafting was done.



Most recent publication

We recently published our results on our technique of performing modified Oberlins transfer in brachial plexus patients. This was published in the journal of hand and microsurgery. This techniqiue is easier and atleast provides similar results as compared to the traditional transfers

Answer for the spotter
A 45 year old male patient
with stiff elbow following trauma
and Osteopath treatment.
1. What is the current diagnosis?
Ans - Hetortrophic ossification in the brachialis muscle
2. What could have been the initial diagnosis?
Ans - Probably elbow dislocation of some sort
3. How to manage this?
Ans - Now this will probably require - Open Elbow arthrolysis
4. How could this have been prevented ?
Ans - this could have been prevented by obtaining adequate stability and early active range of motion exercises. Literature has shown the use of radiation/indomethacin. However these dont seem to work in real life.

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