

BACKGROUND

- Scapholunate widening: abnormal orientation of the scaphoid relative to the lunate; implies severe injury to the scapholunate interosseous ligament.¹
- Most commonly results from trauma. Leading cause of scapholunate advanced collapse
- Characterized by > 4 mm on PA view

CASE SERIES

Patient A: 79 y.o M with right wrist pain. Imaging: severe arthritic changes in IP and MCP joints consistent with calcium pyrophosphate dihydrate crystal deposition disease (CPPD) and scapholunate joint space widening measuring 6 mm. Treatment: wrist splint.

Patient B: 61 y.o F with rheumatoid arthritis (RA) with wrist swelling and digit extension difficulty. Bilateral wrist imaging: scapholunate interval widening. Treatment: methotrexate and Enbrel.

Patient C: 57 y.o M with wrist pain and swelling. Imaging: erosions in the carpal bones, and metatarsal bases and distal phalanges, consistent with gout. Scapholunate joint space widening measured 4.86 mm. Treatment: prednisone taper and allopurinol.



Figure 1: The arrow demonstrates the distance between the scaphoid and lunate: 6mm (Patient A)

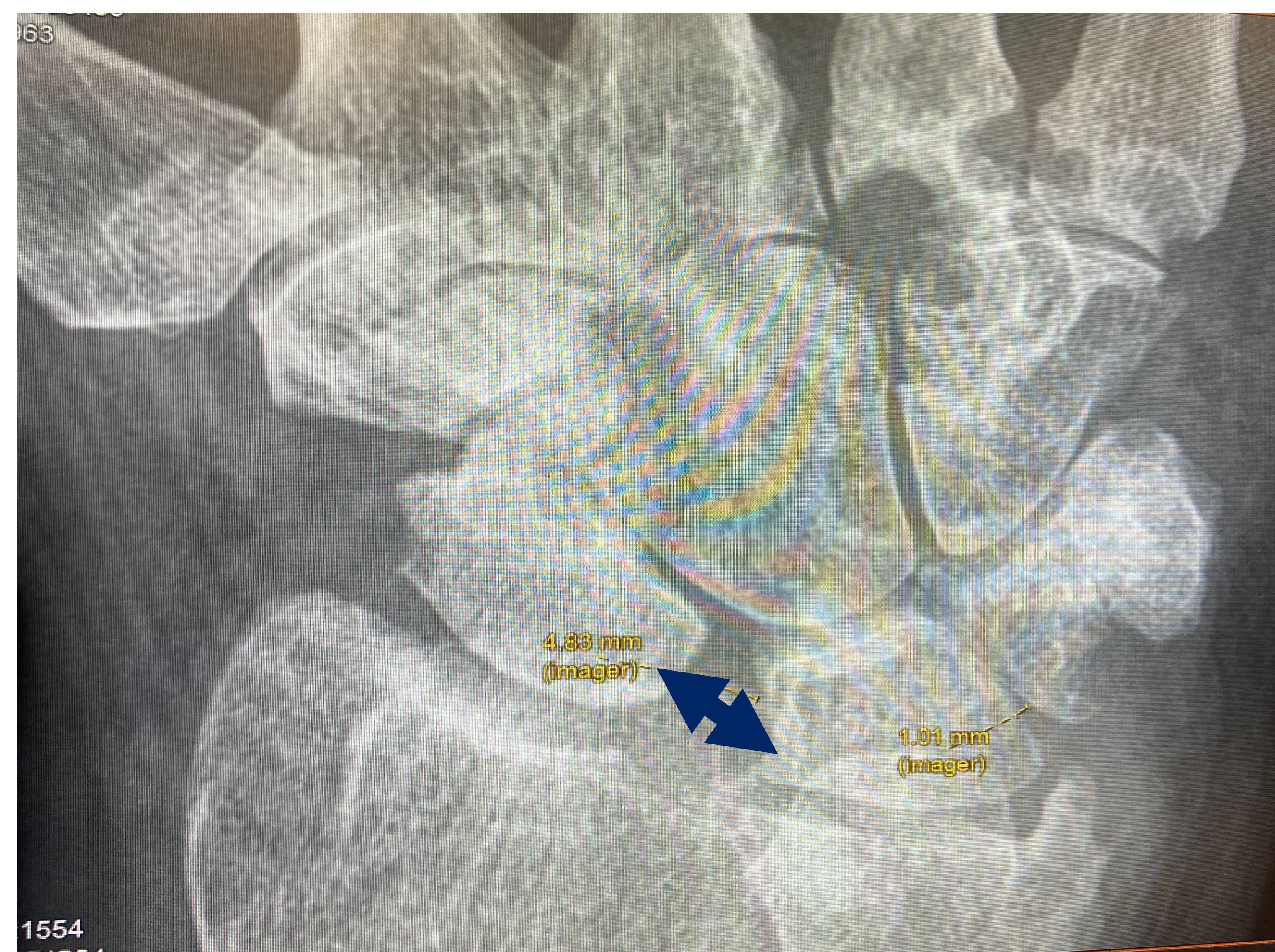


Figure 2: The arrow represents the distance between the scaphoid and lunate: 4.86mm. (Patient C)

DISCUSSION

- Scapholunate widening usually occurs with trauma or osteoarthritis of the wrist. Rarely, it has been associated with RA and gout.
- Each etiology of scapholunate dissociation had unique management considerations, albeit with similar outcomes of symptom improvement.
- Identifying the etiology of scapholunate dissociation is critical to effectively manage wrist pain.

CONCLUSION

Screening for scapholunate dissociation in the setting of various conditions (CCPD, RA, and gout) in patients with wrist pain is extremely important as etiology can determine a more specific treatment plan that better improves patient pain/function.

REFERENCES

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3. Nagle DJ. Evaluation of chronic wrist pain. J am Acad Orthop Surg 2000; 8:45.

