2022 NEHS Annual Meeting Abstract Submission

COMPLETE

NEHS Vice President, Daniel Mastella, M.D., is currently accepting abstract submissions for presentation at our Annual Meeting on December 2, 2022.

This meeting will be held at the Sturbridge Host Hotel in Sturbridge, MA.

Therapists, NPs, and PAs are also encouraged to submit.

THE DEADLINE FOR SUBMISSION IS OCTOBER 15, 2022

RESIDENTS AND FELLOWS ONLY. Please indicate if you want your paper to be considered for the prestigious H.Kirk Watson, M.D. Founder's Award. The abstracts for award consideration will be presented in the morning and the award will be presented in the afternoon.

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IP ADDRESS

*** ABSTRACT TITLE**

Extensor pollicis longus ruptures after distal radius fracture fixation.

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*** Name of who will present abstract at NEHS meeting on December 2, 2022 Please note that the same person cannot present more than one abstract at the meeting.**

Charlotte L.E. Laane

*** Please indicate if the presenter is:**

Not currently a resident or fellow

*** List full names of abstract authors**

Charlotte L.E Laane, Anjuli L. Dijkmans, Chelsea J. Messinger, Mathieu M.E. Wijffels, Neal C. Chen

* ABSTRACT - should include background information and a description of methods, programs, or practices.

Objectives
Extensor pollicis longus (EPL) rupture is a potential complication of distal radius fracture (DRF) fixation. It is commonly assumed that EPL rupture is a result of protruding dorsal screw tips dorsally. However, spontaneous EPL rupture after distal radius fracture without operation has been described. Therefore, we speculate that a subset of patients with EPL injuries after volar locked plating of distal radius fracture is not related to prominent hardware.

Methods
This is a retrospective, observational, descriptive cohort study of all adults with operative fixation using a volar plate of a closed DRF fracture and an EPL rupture at a single institution between 2002 and January 2022. Thirty patients with operative fixation using a volar plate of a closed DRF had an EPL injury. The cohort consisted for 73% of females with an average age of 58 (P25 – P75 58-62). Median follow-up time was 17 months (P25 – P75 6.5 – 40)

Results
22 patients had an EPL rupture and 8 patients had a partial EPL injury. The average time from distal radius fracture and DRF fixation to EPL rupture was 3.7 and 3.4 months respectively. In 3 of the 22 patients (14%) the rupture was directly related to hardware; however, rupture was not attributable to prominent hardware in 11 patients (36%), and it was indeterminate for 11 patients (50%). Other suggested reasons for EPL rupture included EPL rupture at the time of injury or initial surgery in 3 cases (14%) and related to Lister's tubercle geometry in 3 cases (14%). Other causes were unknown, but unlikely related to the implant (23%).

Conclusion
In patients with EPL rupture after distal radius fracture fixation, 14% of ruptures were directly attributed to prominent hardware. Other possible causes for EPL rupture require further investigation.

Please attach files with diagrams and/or photos to support your abstract (10 MB limit)

* Please attach the abstract presenter's CV

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