

2023 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 1, 2023.

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, 2023

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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* ABSTRACT TITLE

Surgical Management of Thumb Ulnar Collateral Ligament Injuries: A Systematic Review and Meta-analysis of 617 Patients with a Minimum 1 Year Follow-up

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*** Name of who will present abstract at NEHS meeting on December 1, 2023 Please note that the same person cannot present more than one abstract at the meeting.**

Adam Schumaier

* Please indicate if the presenter is:

Fellow

*** List full names of abstract authors Please note - one of the lead authors must be present at the meeting to answer questions about the paper.**

Adam Schumaier and Chris McCarthy

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

Background: Ulnar collateral ligament (UCL) injuries of the thumb metacarpophalangeal joint (MPJ) are common and may result in pain and instability. The optimal management of these injuries has not been defined. The purpose of this study was to compare outcomes of different surgical techniques for treating thumb UCL injuries.

Methods: This study was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Data was analyzed based on type of surgery performed: [PR] primary repair to soft tissue or bone tunnels, [SAR] suture anchor repair, or [REC] reconstruction with autograft. A random effects model with inverse-variance pooling of means and log transformation of proportions was used to compare the groups.

Results: The analysis included 24 studies with 619 thumbs [PR = 146, SAR = 374, REC = 99]. Average follow-up was 47 months (11 to 79 months). Average time from injury to surgery was 9.3 days [PR], 4.1 months [SAR], and 19.1 months [REC]. There was a significant difference in the proportion of stable thumbs [PR 95%, SAR 95%, REC 81%, $p = 0.011$]. Grip strength was highest in the suture anchor group [PR 82%, SAR 95%, REC 91%, $p < 0.001$]. Tip pinch was slightly lower in the primary repair group [PR 81%, SAR 87%, REC 89%, $p < 0.001$]. QuickDASH scores were slightly better in the suture anchor group [PR 8.8, SAR 4.1, REC 8.1, $p = 0.0015$]. There was no clinically significant difference in pain, key pinch, or range of motion. Return to work was similar among groups (95%, $p = 0.95$), but there was a significant difference in return to unrestricted activities [PR 96%, SAR 93%, REC 84%, $p = 0.012$]. There was no difference in complications (12%, $p = 0.125$) or complications requiring intervention (1%, $p = 0.961$).

Conclusion: Primary repair and suture anchor repair of the UCL were more likely to produce a stable thumb than reconstruction. Similarly, the repair and suture anchor groups had a slightly higher return to unrestricted activities than the reconstruction group. Grip, tip pinch, and QuickDASH scores were modestly better in the suture anchor group.

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

*** Please attach the abstract presenter's CV**
