

Scaphoid Fractures

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The scaphoid holds a unique position in the wrist as it connects to its proximal and distal row of bones.

Unfortunately this property is often its undoing as when force is put through the wrist, eg. falling onto an outstretched hand, the scaphoid is subjected to significant torque (force) and may fracture or suffer damage to ligaments attaching it to its surrounding wrist bones.

While scaphoid fractures remain common, they frequently remain undiagnosed due to players making light of their symptoms, and lack of consideration of a scaphoid fracture as a diagnosis by the examiner.

Suspicion of scaphoid fractures is the cornerstone of a diagnosis. Most commonly the injured player will report that maximum pain is present in the "anatomical snuff box". This is the triangular area at the base of the thumb between the two prominent tendons which are found by spreading the fingers wide. Tenderness is also usually present in this area.

A suspected scaphoid fracture should be x-rayed, but even the absence of fracture on initial x-ray findings does not exclude it. Prophylactic treatment (immobilisation) should be instituted until a firm diagnosis can be made.

Fracture healing requires immobilisation and a good bone blood supply. Unfortunately, the scaphoid possesses a tenuous blood supply and frequently a scaphoid fracture will not heal due to damage to the blood supply and subsequent death of the bone at the fracture site (avascular necrosis). Such outcomes not only produce continuing pain, but may require surgery such as bone grafting and even wrist fusion.

When reviewing wrist injuries, consider scaphoid fracture as a diagnosis, as missed diagnosis may lead to serious long term disability.

