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## Trapezium fracture: Case report

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Trapezium fractures are very rare and can lead to a significant deficit of hand function if missed. Isolated fractures of the trapezium account for 3–5% of all carpal fractures (1, 2). However, they should not be missed because inadequate treatment of trapezium fractures can lead to permanent impairment based on the substantial forces experienced at the trapeziometacarpal (TMC) joint in pinch and grip (3, 4). The trapezium forms a double-saddle articulation with the base of the thumb metacarpal allowing motion in two planes—both flexion/extension and abduction/adduction. The volar —beak ligament from the metacarpal to the trapezium is a key structure in maintaining joint stability and resisting dorsal radial subluxation during a key pinch. The trapezium body articulates with the carpal bones. The trapezium ridge is a volar structure that serves as a radial attachment for the transverse carpal ligament (5). Trapezium fractures include body and ridge fractures. Fractures of the trapezium ridge can result from a direct blow or from an avulsion injury. Pain in the thenar area following a wrist injury should alert surgeons to the possibility of a scaphoid fracture, but trapezium fractures can occur, albeit more rarely.

### Recent Publications:

1. Borgeskov S, Christiansen B, Kjaer A et al. (1966): Fractures of the carpal bones. *Acta Orthopaedica Scandinavica*, 37: 276–287.
2. Bosmans B, Verhofstad M, Gosens T (2008): Traumatic thumb carpometacarpal joint dislocations. *Journal of Hand Surgery*, 33: 438–441.
3. Martins I, Vasques A, Pereira F et al. (2017): Open Reduction and Fixation of Trapezium Fracture. *MOJ Orthop Rheumatol* 9 (3): 00356. DOI: 10.15406/mojor.2017.09.00356

### Biography

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