7th Congress of Asian Pacific Federation of Societies for Surgery of the Hand 2008
21st HKSSH Annual Congress
3rd Congress of APFSHT
1st HKSHT Annual Congress
1st Conjoint Meeting of APFSSH and EWAS

Date: February 14-17 2008
Venue: The Hong Kong Convention and Exhibition Centre, Hong Kong, China

Macau Pre-Congress February 12-13 2008
Shenzhen Post-Congress February 18-20 2008

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Programme & Abstracts
arthroscopy revealed lunate surface fracture at the midcarpal joint in 18 wrists and second-look arthroscopy revealed healing of lunate fracture in 9 wrists.

**Conclusions:** This study showed arthroscopic OA changes affect clinical outcomes and some lunate fracture would unite after radial osteotomy. Arthroscopic OA changes affect clinical outcomes. Wrist arthroscopy supplies helpful information about intraarticular pathology.

**Abstract #130**

**A CADEVERIC STUDY OF SAFETY AND EFFECTIVENESS OF MINI OPEN CARPAL TUNNEL RELEASE USING Knifelight® WITH A SINGLE WRIST INCISION**

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Carpal Tunnel Syndrome is the commonest entrapment neuropathy of the upper limb. Surgical treatments include the classical open release, endoscopic release and mini open release using specialized knives or instruments. The incision of mini open release using a specialized knife is either through a palm or a wrist incision. A palm incision is commonly used when the superficial palmar arch can be identified and preserved. However, this may lead to a painful scar over the palm and palm pain. In this study, we evaluate the safety and effectiveness of carpal tunnel release using Knifelight® (Stryker Instruments) through a single 1 cm wrist incision. Carpal tunnel releases using this method were performed on 32 cadaver wrists by a single surgeon. The wrist is then open to assess the completeness of the release and injuries to the superficial palmar arch, palmar cutaneous branch and recurrent branch of the Median Nerve. The proximity of these structures in relation to the cut on the transverse carpal ligament is measured. All the wrists had complete releases and no injury to the median nerve and other structures were observed in this method. The mean distance of the recurrent motor branch to the ligamentous division was 5.7 +/- 2.4 mm. The mean distance of the superficial palmar arch to distal end of the retinaculum was 8.7 +/- 3.1 mm and the mean distance of the palmar cutaneous branch to the ligamentous division was 7.2 +/- 2.4 mm. The mean length of the transverse carpal ligament was 29.3 +/- 3.7 mm. There was no invasion into the Guyon canal. This study showed that this technique of Carpal Tunnel Release using a 1cm wrist incision is safe and effective.

**Abstract #36**

**AUTOLOGOUS BLOOD INJECTION FOR RECURRENT LATERAL EPICONDYLITIS**

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**Background:** Tennis elbow is a common complaint. Several treatment strategies, such as corticosteroid injections and physical therapy and braces have been described with no predictable efficacy. The purpose of this study was to evaluate prospectively the result of refractory lateral epicondylitis with autologous blood injections.

**Methods:** Twenty two patients with lateral epicondylitis were injected with 2 mL of autologous blood under the extensor carpi radialis brevis. All patients had failed two previous non-surgical treatment including all or combination of physical therapy, splinting, non-steroidal anti-inflammatory medication and prior steroid injection. The patients were evaluated with Patient-rated Tennis Elbow Evaluation (PITTEE).

**Results:** The average follow-up period was 7.3 months (range, 4-10mo).

After autologous blood injection the average pain score decreased from 43.7 to 9.1 (P-value < 0.001). The average functional score decreased from 42.4 to 10.1 (P-value <0.001).

**Conclusions:** On the basis of this study this minimally invasive treatment advocate for refractory Tennis elbow.

**Abstract #52**

**Ultrasonographic Examination of the Synovial Fold of the Radiohumeral Joint**

Shukuki Koh

The purpose of this study is to describe the anatomy and incidence of the synovial folds of the radiohumeral joint (RHJ) and to assess its visibility by ultrasonography.

Forty-nine fresh frozen cadaver were used. The RHJs were examined by ultrasonography from the anterior, lateral, and posterior aspects before and after intra-articular injection of 5 mL saline. The joint was then dissected and the shape, location, and size of the synovial fold were recorded. The location was recorded as clockwise, setting the joint so that the proximal radio-ulnar joint was perpendicular. After excising the humerus, digital photos were taken from the proximal side of the joint before and after excising the RHJ capsule. The relative coverage of the radial head by the synovial fold was calculated.

Synovial folds were observed in all 49 specimens. Forty-three specimens had anterior and posterior lobes and 6 specimens had a circular-type fold. Ten specimens had a lateral lobe in addition to the anterior and posterior lobes. The synovial fold covered an average of 28% of the RHJ surface of the radial head. The sensitivity of the ultrasonography was 81%, 46%, and 85% from the anterior, lateral, and posterior aspects of the RHJ, respectively. After injection of 5 mL saline, the sensitivity improved to 96%, 67%, and 94%.

Synovial folds of the RHJ are consistent and distinct anatomic structures. Ultrasonography was found to be a sensitive imaging modality to identify synovial folds of the RHJ.

**Abstract #108**

**ISOLATED ELBOW TROCHLEAR FRACTURE: A CASE REPORT**

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**INTRODUCTION:** Isolated fractures of the humeral trochlea are very rare, and are normally associated with other injuries to the elbow.

Little has been published on its treatment, and there is no standard method for its management.

**METHODS AND RESULTS:** We report a 56 year old lady who presented 5 days after a mechanical fall and sustained an isolated left trochlea fracture. This was treated with open reduction and internal fixation with a 4.0mm AO cancellous screw supported by a 2.0mm 5 hole buttress plate. A stable fixation was obtained and the patient was placed in a hinged elbow brace, allowing full range of movement within it. By 14 weeks, she had a pain-free active range of movement of 0-140°, full pronation and supination. She has returned to her job as a manual worker.

**DISCUSSION AND CONCLUSION:** This is a rare case of isolated trochlear fracture. An excellent functional outcome can be achieved with internal fixation and early mobilization.