



EM CASES SUMMARY

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Episode 52 – Commonly Missed Uncommon Orthopedic Injuries

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Distal Radius Ulnar Joint (DRUJ) Injuries

Q: When would you suspect a DRUJ injury?

After a FOOSH, either in isolation or associated with a wrist fracture, pain that is predominantly over the distal ulna is a DRUJ injury until proven otherwise.

Q: What are physical exam findings in a DRUJ dislocation?

Be suspicious of a DRUJ dislocation if:

1. The ulnar styloid is more or less prominent on the affected wrist or looks displaced.
2. You may feel crepitus and/or blocking on pronation or supination of the wrist.
3. You may feel the '*piano key*' sign, which is the ability to ballot the ulnar styloid.
4. Look for the ulnar *fovea sign* (fig 8), which is point tenderness over the ulnar

capsule, palmar to the extensor carpi ulnaris tendon.



Fig 8: Ulnar fovea sign

Q: What are the spectrum of DRUJ injuries?

The spectrum of DRUJ injuries range from a simple sprain to a complete dislocation of the joint. DRUJ injuries are commonly associated with a FOOSH injury, with or without distal radius fractures. DRUJ injuries can also occur with other carpal injuries. In a patient with a suspected DRUJ injury, rule out a radial head fracture at the elbow.

Q: What are x-ray findings of a DRUJ dislocation?

On the AP x-ray of the wrist, look for widening of the joint > 2mm. On the lateral x-ray, look for displacement or subluxation of the distal ulna compared to the distal radius. The majority of DRUJ dislocations are dorsal.

Q: How are subluxed or dislocated DRUJs reduced and immobilized?

The majority of DRUJ subluxations or dislocations are dorsally displaced. In these cases, **supination** and pressure over the ulnar head typically reduces this injury. Post-reduction, place the patient in an above elbow splint in supination similar to the way you would immobilize a patient with a Smith's fracture.

Key References

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