

Upper limb stiffness in the paediatric population

Ed Gent

How to classify?

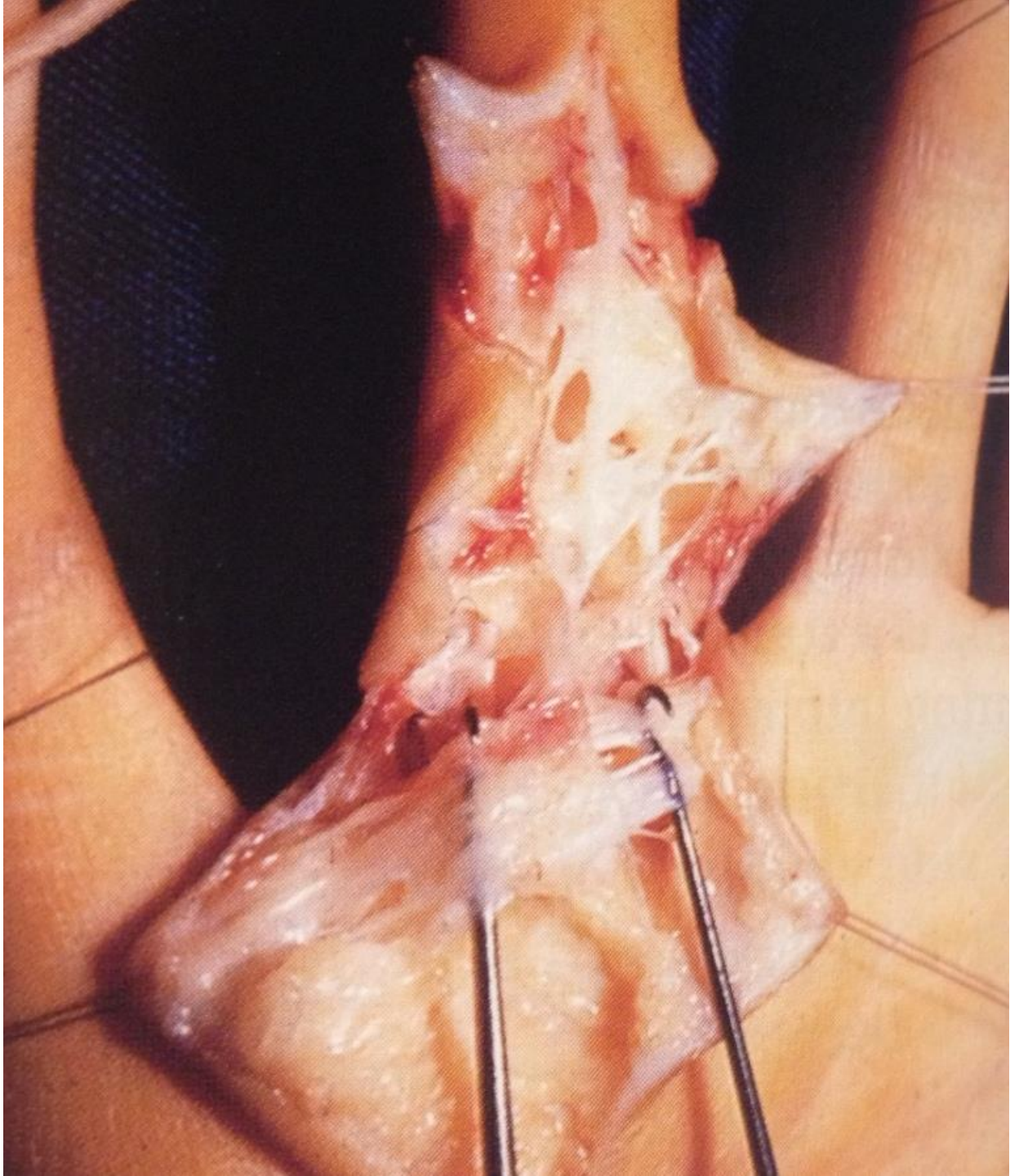
- Congenital vs. acquired (surgical sieve)
- Pain free vs. painful
- Complete or partial
- Intra articular vs. extra articular

CONGENITAL

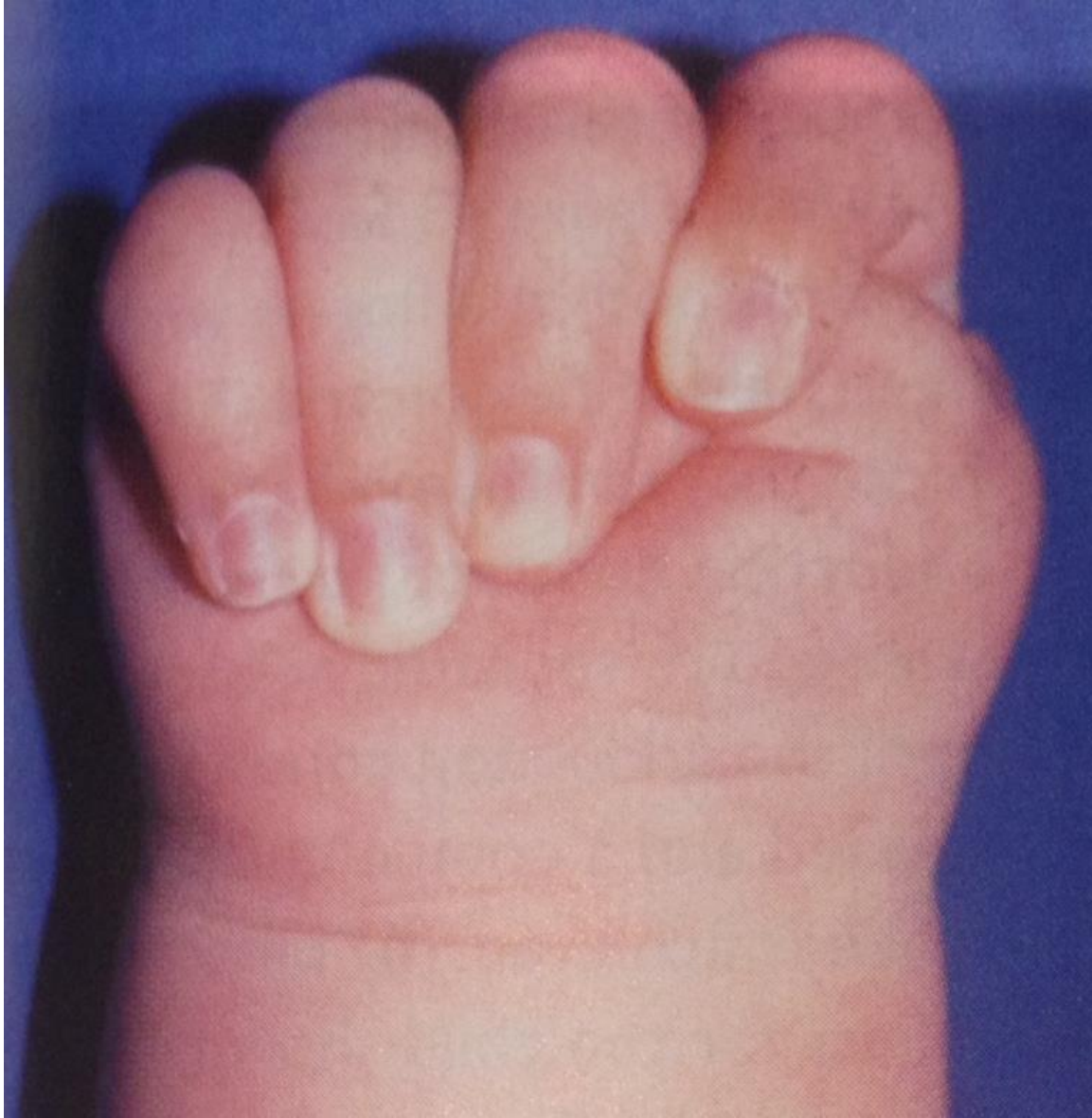
- Partial
 - Curley fingers' or multiple camptodactyly
 - Thumb in palm deformity 'thumb-clasped hand'
 - Trigger thumb
 - Absent tendons
 - Arthrogryposis
- Complete
 - Radio ulnar synostosis

Curley fingers 'camptodactyly'



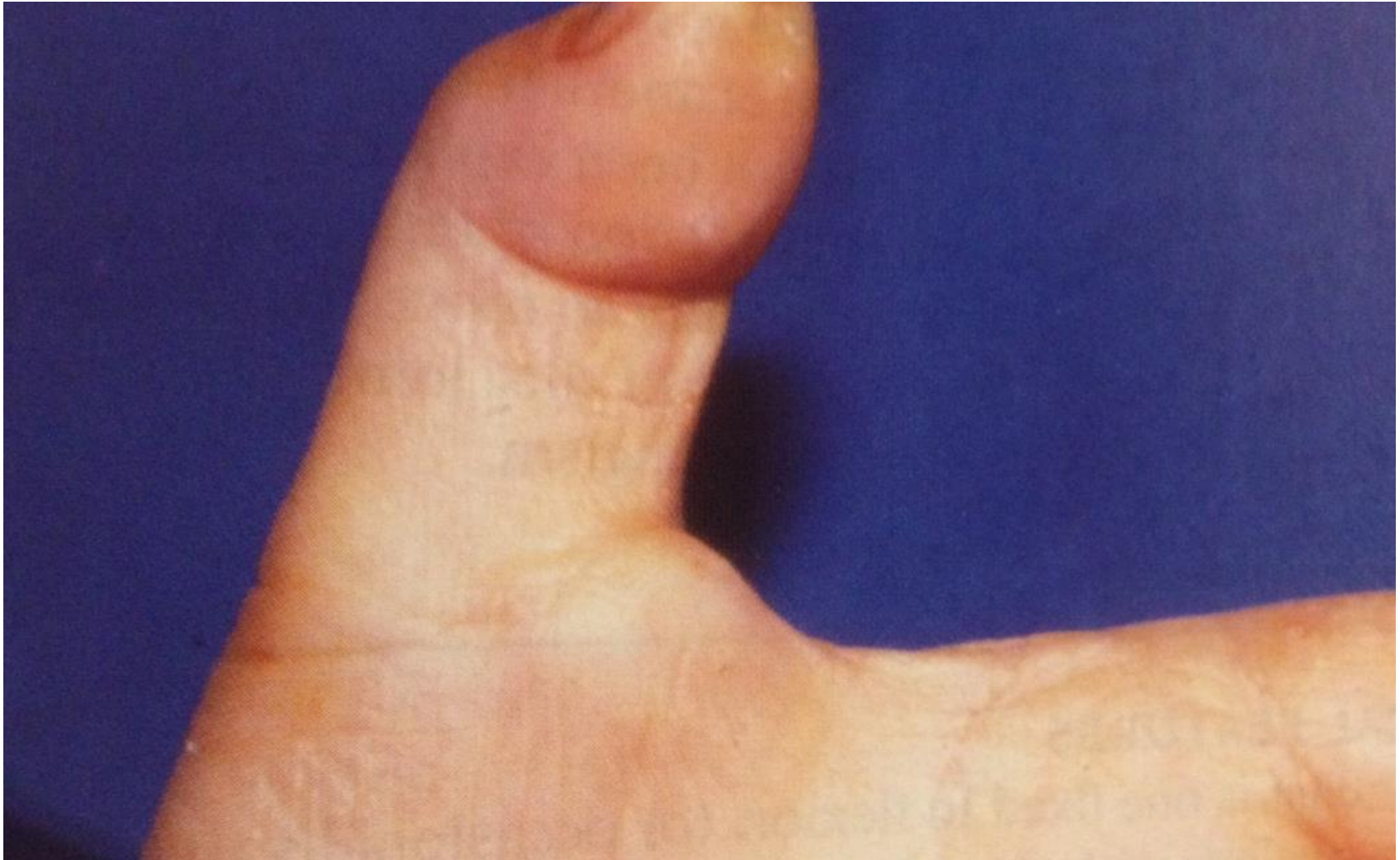


Clasped thumb hand





Trigger thumb



Absent tendons / arthrogryposis





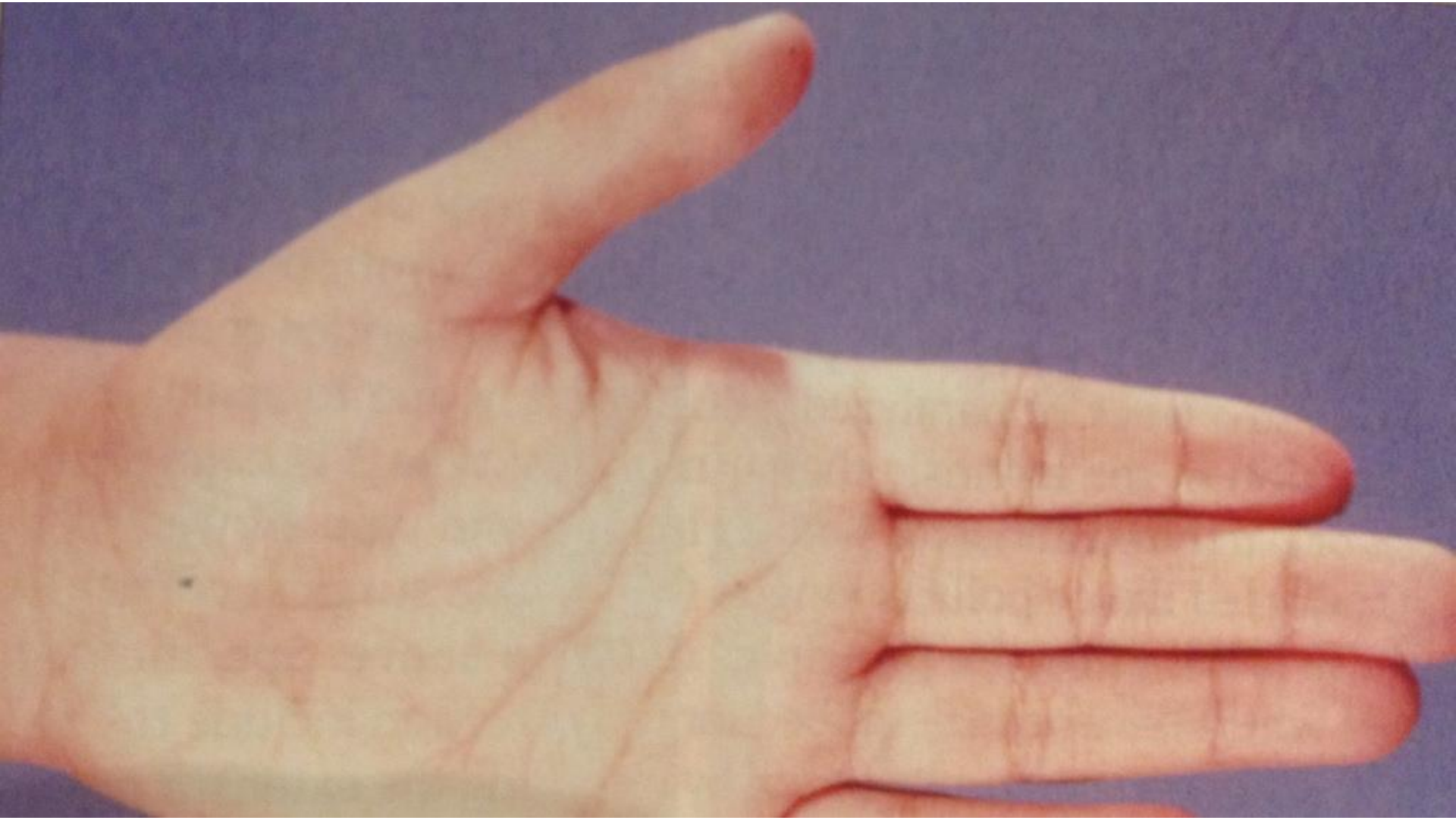
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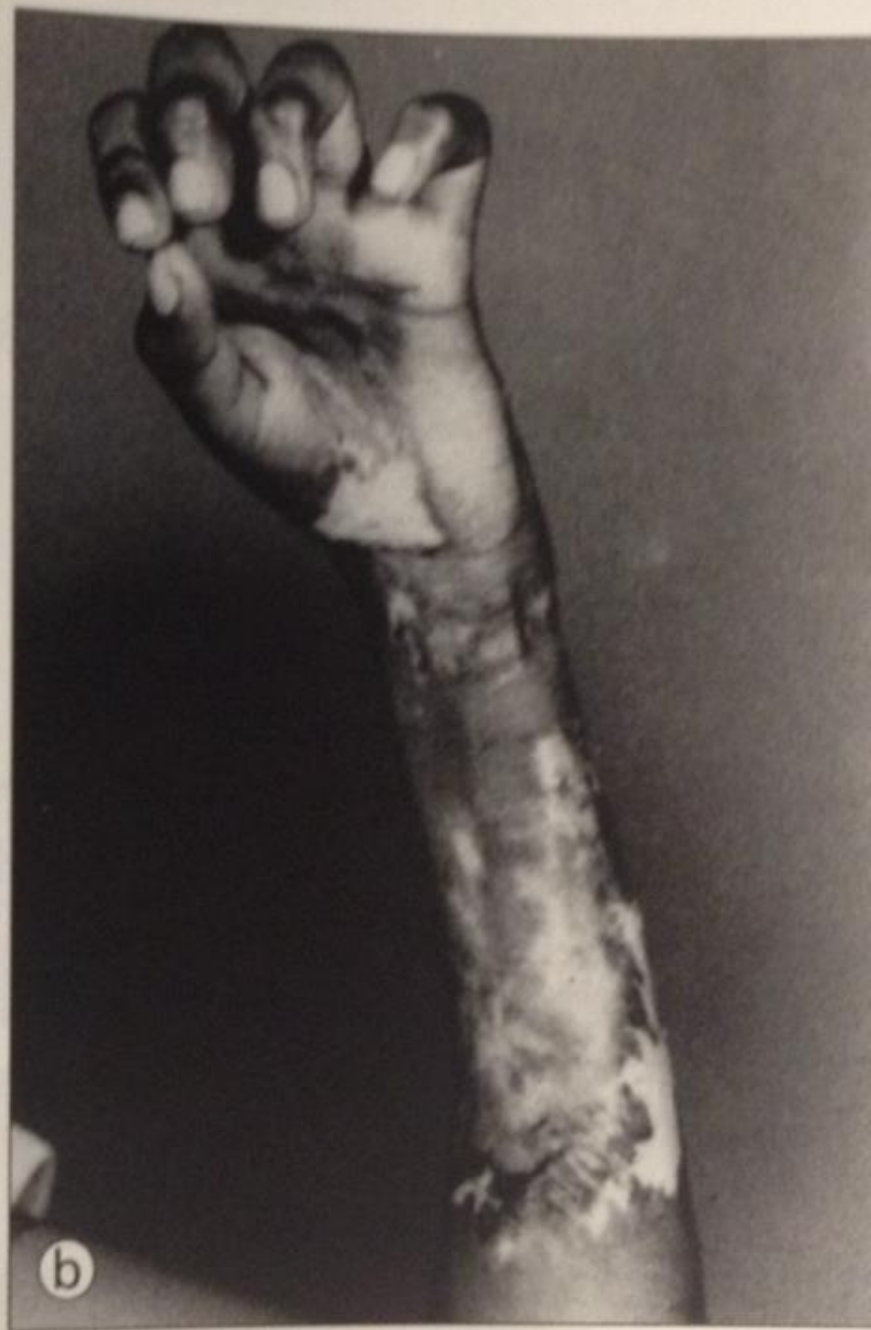
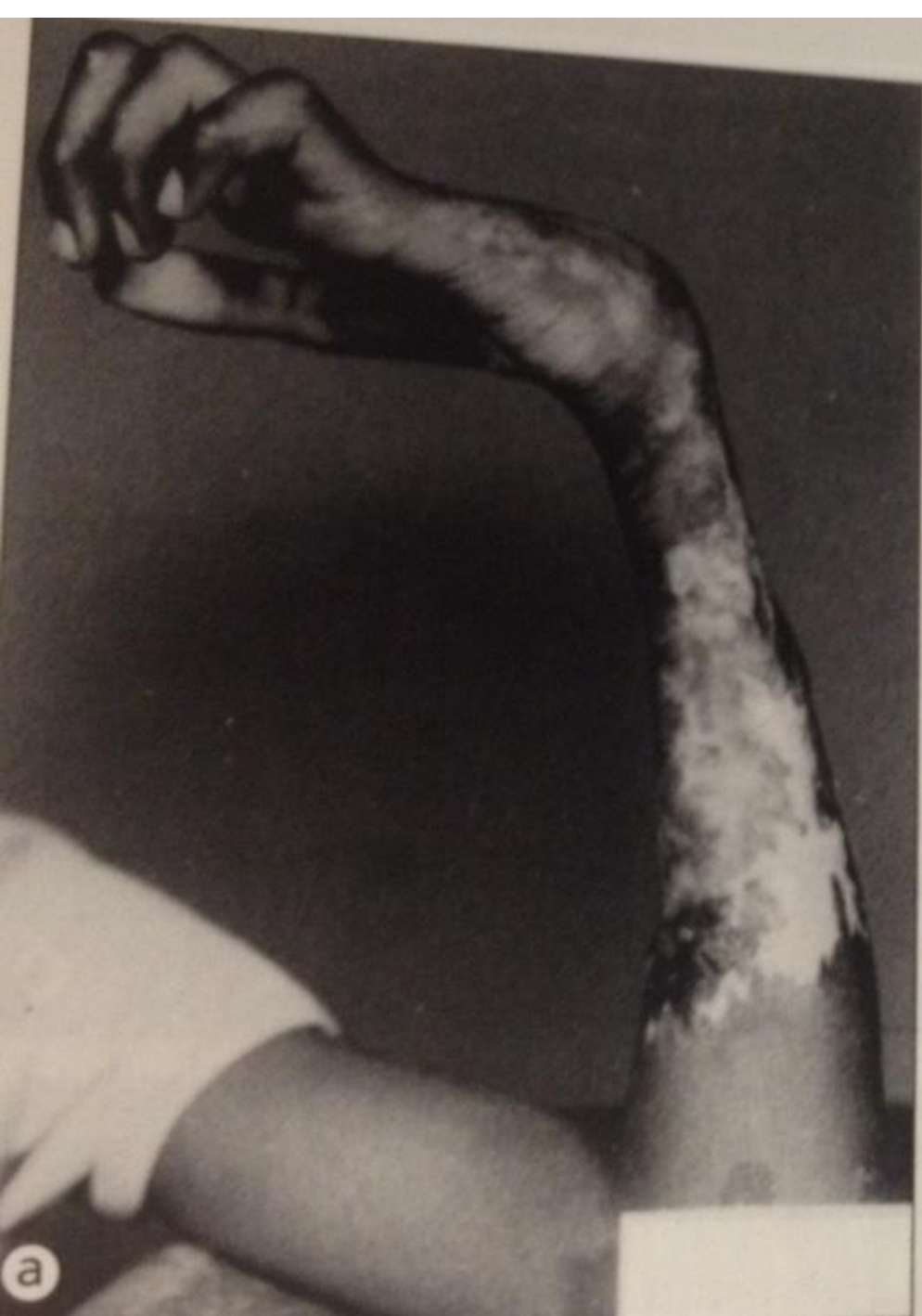


Radio ulnar synostosis



Acquired

- Trauma including fracture, vascular injury, iatrogenic stiffness and RSD
- Infection- septic arthritis / chondrolysis
- Inflammatory; Juvenile Rh A
- Recurrent haemorrhage- intra articular haemangioma



Volkman's contracture

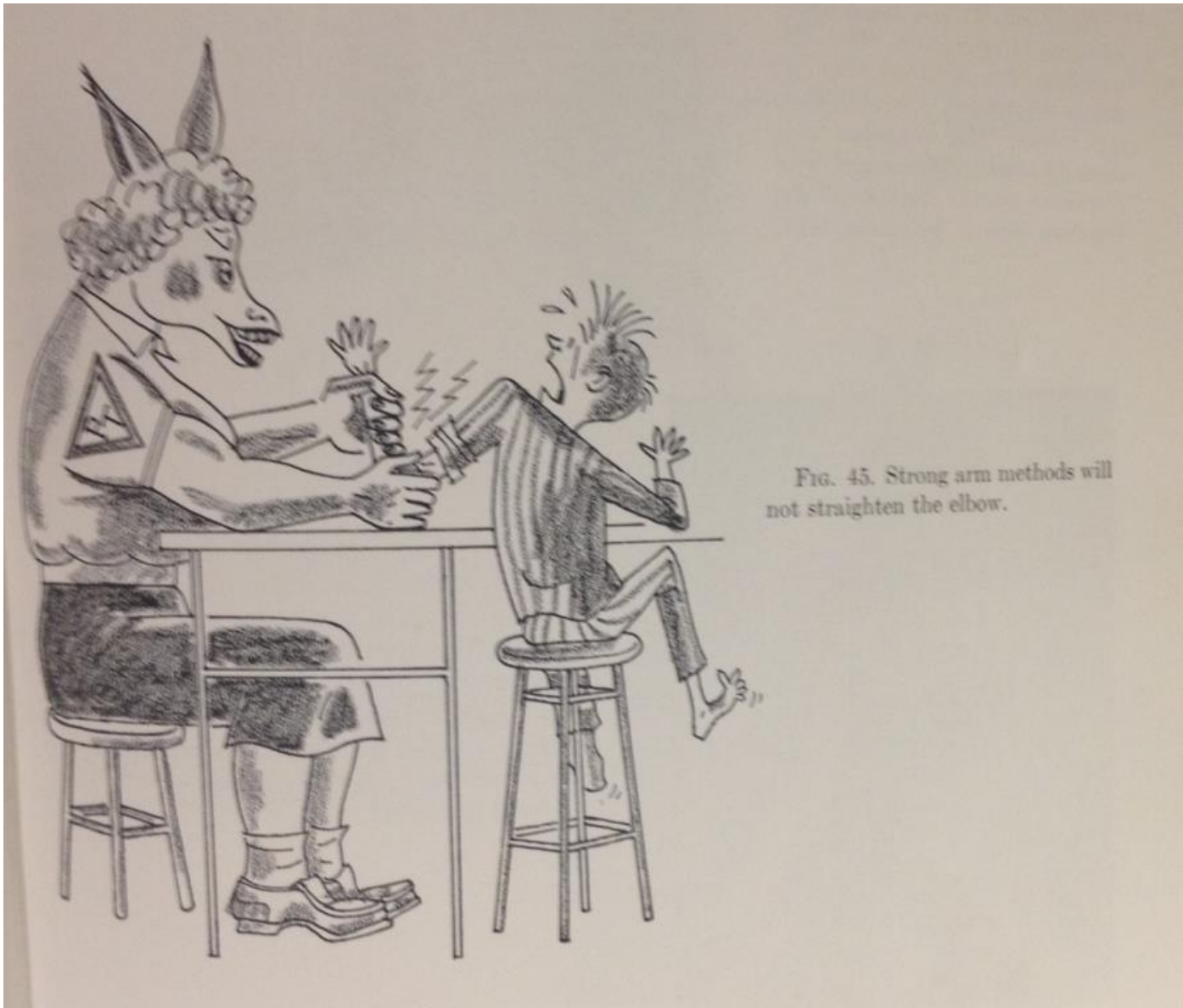
- Compartment syndrome
- Muscle necrosis / contracture
- Nerve injury
- Prevention is the key / surgery is complex addressing muscle weakness with tendon transfer, muscle slide for short tendons and joint contracture with releases.

Treatment principles

- Time frame for recovery / intervention
- Role of physiotherapy
- Heterotopic calcification
- Role of surgery; early treatment is usually easier and more likely to succeed than late reconstruction
- Salvage surgery ? fusion

Malunion

- Loss of rotation can be successfully restored years after injury with reshaping of the forearm.
- Late Monteggia injury is very difficult to correct beyond 3 months post injury.



Heterotopic calcification



Cerebral palsy

- Limited intervention
- Role of Botox
- Tendon lengthening / transfers
- Wrist fusion

Summary

- Upper limb joint stiffness in children occurs in a huge range of conditions.
- Therapy is very important in congenital problems but sometimes is contraindicated post trauma
- Surgery for stiffness can be complex and outcomes are often of improvement of function rather than restoration to normality

Thank you

