

V JORNADA GEPES

11-12 ABRIL, 2025 | VIGO



GRUPO DE
ESTUDIO DE LA
PATOLOGÍA DE
LA EXTREMIDAD
SUPERIOR

- Síndrome del Túnel Carpiano
- Rizartrosis
- Enfermedad de Dupuytren

Sede: Colegio Oficial de Médicos
C/ Ecuador, 84 | Vigo

Email: grupo.estudio.gepes@gmail.com

NUESTRA EXPERIENCIA CON LA ARTROPLASTIA DE SCHEKER PARA EL TRATAMIENTO DE LA ARTROSIS TRAPECIOMETACARPIANA

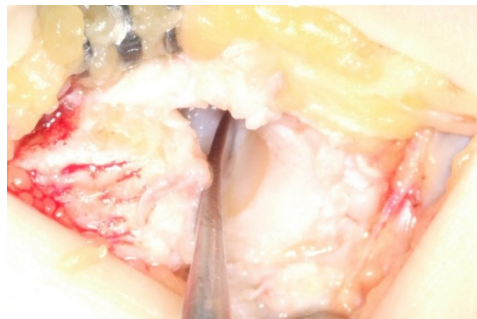
Fernández Bran, Beatriz, M.D, FEBOT.

Castro Salvador, Raquel, M.D
Marcos Sanmartín-Fernández, M.D



INTRODUCTION

- Trapezectomy: proven effectiveness¹.
- Decrease in strength and dexterity in the 2 first years².



1. Gervis WH. Excision of the trapezium for osteoarthritis of the trapeziometacarpal joint. J Bone Joint Surg Br. 1949;31B:537-9.
2. Finsen V1, Wold CB2, Russwurm H2. J. Clumsiness: a complication of trapeziectomy for thumb carpometacarpal joint arthritis?. Hand Surg Eur Vol. 2015 Mar;40(3):326.

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

INTRODUCTION

Eur J Plast Surg (2004) 27:185–193
DOI 10.1007/s00238-004-0644-8

ORIGINAL PAPER

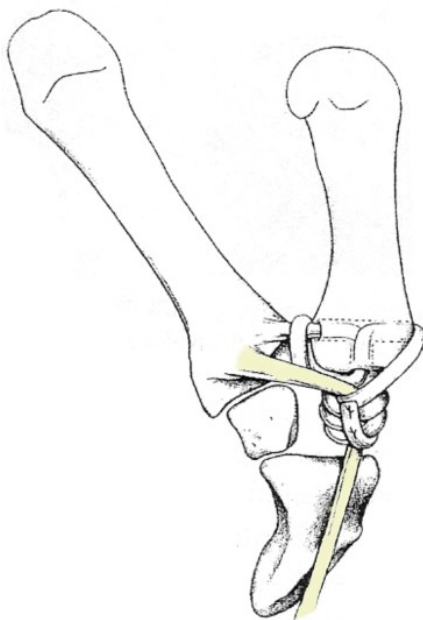
Luis R. Scheker · Michael R. Boland

Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis

3. Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

INTRODUCTION

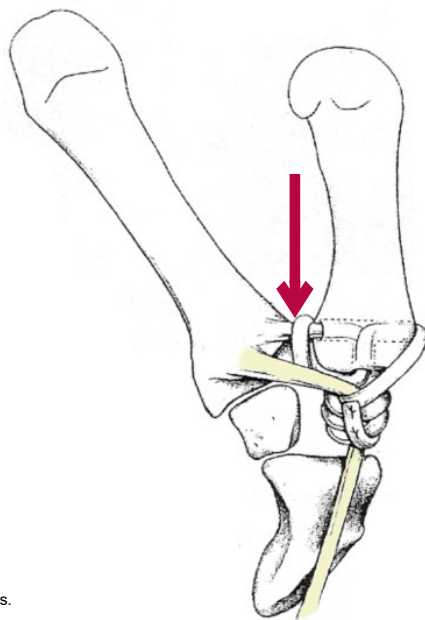


- 1988-2000. 238 thumbs.
- Half of the Flexor Carpi Radialis (FCR).

3. Scheker, L., & Boland, M. (2004). Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

INTRODUCTION



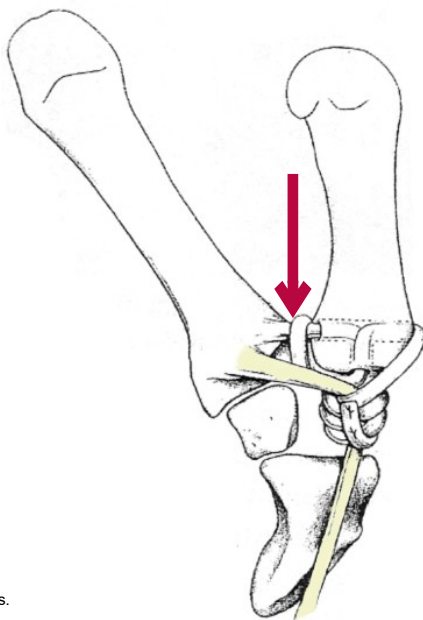
•FCR= Flexor Carpi Radialis.

- 1988-2000. 238 thumbs.
- Half of the FCR:
 - Reinforce the intermetacarpal ligament.

3. Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

INTRODUCTION



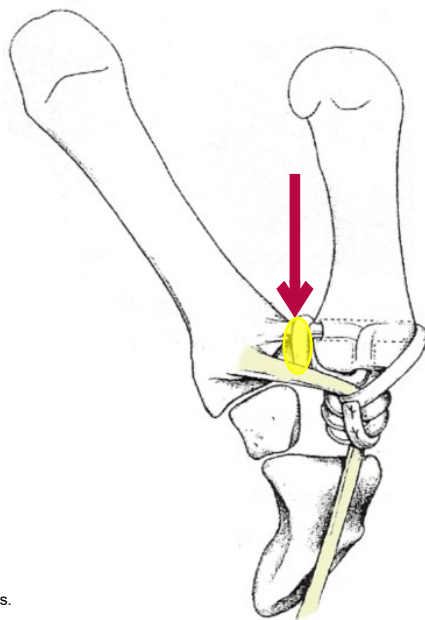
*FCR= Flexor Carpi Radialis.

- 1988-2000. 238 thumbs.
- Half of the FCR:
 - Reinforce the intermetacarpal ligament
 - Interpose tissue:

3. Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

INTRODUCTION



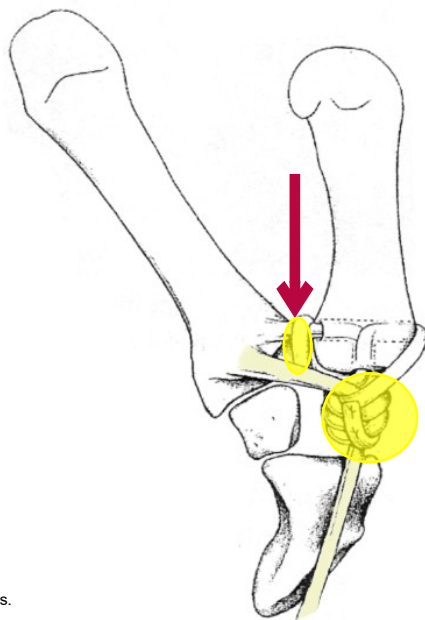
*FCR= Flexor Carpi Radialis.

- 1988-2000. 238 thumbs.
- Half of the FCR:
 - Reinforce the intermetacarpal ligament
 - Interpose tissue:
 - intermetacarpal space,

3. Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

INTRODUCTION



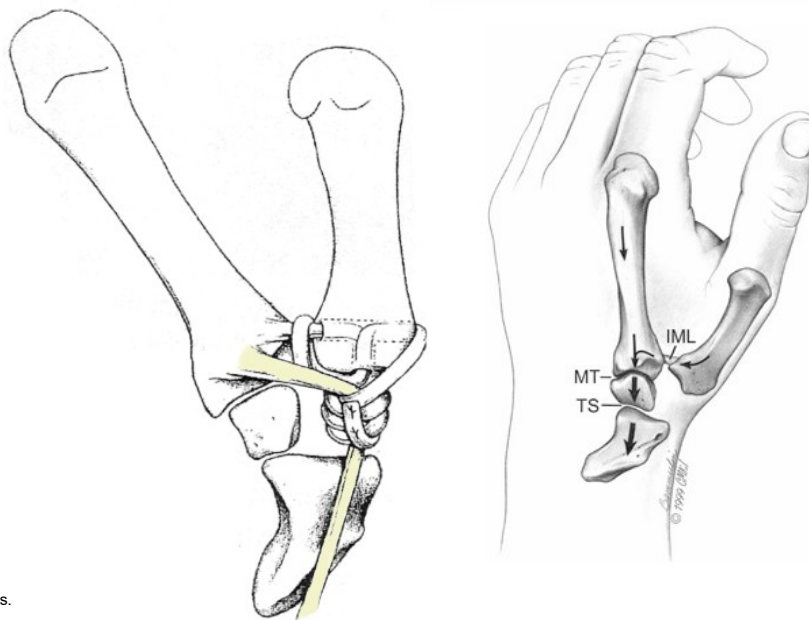
*FCR= Flexor Carpi Radialis.

- 1988-2000. 238 thumbs.
- Half of the FCR:
 - Reinforce the intermetacarpal ligament
 - Interpose tissue:
 - intermetacarpal space,
 - room left by trapeziectomy.

3. Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

INTRODUCTION



- 1988-2000. 238 thumbs.
- Half of the FCR:
 - Reinforce the intermetacarpal ligament
 - Interpose tissue:
 - intermetacarpal space,
 - room left by trapeziectomy.

*FCR= Flexor Carpi Radialis.

3. Scheker, L., & Boland, M. (2004). Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

INTRODUCTION



OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

INTRODUCTION



OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

OBJECTIVE

- **Main:**
 - Analyze the subjective and objective results in patients suffering from trapeziometacarpal arthrosis after surgical treatment with the Scheker technique.

OBJECTIVE

- **Main:**
 - Analyze the subjective and objective results in patients suffering from trapeziometacarpal arthrosis after surgical treatment with the Scheker technique.
- **Secondary:**
 - Analyze the number of intra and postoperative complications.

MATERIALS AND METHODS

PATIENT EVALUATION

March 2007.



MATERIALS AND METHODS

PATIENT EVALUATION

March 2007.



March 2024.



MATERIALS AND METHODS

PATIENT EVALUATION

March 2007.



March 2024.

154 cases



MATERIALS AND METHODS

PATIENT EVALUATION

March 2007.



March 2024.

154 cases

6



MATERIALS AND METHODS

PATIENT EVALUATION

March 2007.



March 2024.

154 cases

6

148
thumbs



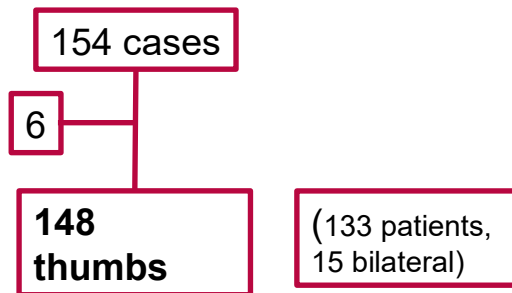
MATERIALS AND METHODS

PATIENT EVALUATION

March 2007.



March 2024.



MATERIALS AND METHODS

PATIENT EVALUATION

March 2007.



March 2024.



MATERIALS AND METHODS

PATIENT EVALUATION

March 2007.



March 2024.

154 cases

6

148
thumbs

(133 patients,
15 bilateral)

- Retrospective and longitudinal study.
- T-student



MATERIALS AND METHODS

PATIENT EVALUATION

- **General demographic variables:**
 - Sex, age
 - Dominant hand
 - Side
 - Follow-up
- **Subjective variables:**
 - Pain at rest, pain with exertion ,frecuency of pain.
 - DASH score (spanish version)
- **Objective variables:**
 - Stage of arthrosis (Eaton classification)
 - Kapandji scale
 - Palmar and radial deviation
 - Strength: frontal,pinch, lateral, pinch , grip .
 - Complications .

MATERIALS AND METHODS

PATIENT EVALUATION

	SCHEKER (N: 148)
Sex (%)	♀ = 89 ♂ = 11
Age (years) (Mean ±ST)	62,8 ±11,7
Right side (%)	51
Dominant side (%)	55
Follow-up (years) (Mean)	6,62 [0,41-17,66]

MATERIALS AND METHODS

PATIENT EVALUATION

	SCHEKER (N: 148)
Sex (%)	♀ = 89 ♂ = 11
Age (years) (Mean ±ST)	62,8 ±11,7 ♀ = 62 ♂ = 67
Right side (%)	51
Dominant side (%)	55
Follow-up (years) (Mean)	6,62 [0,41-17,66]

MATERIALS AND METHODS

PATIENT EVALUATION

	SCHEKER (N: 148)
Sex (%)	♀ = 89 ♂ = 11
Age (years) (Mean ±ST)	62,8 ±11,7
Right side (%)	51
Dominant side (%)	55
Follow-up (years) (Mean)	6,62 [0,41-17,66]

MATERIALS AND METHODS

PATIENT EVALUATION

	SCHEKER (N: 148)
Sex (%)	♀ = 89 ♂ = 11
Age (years) (Mean ±ST)	62,8 ±11,7
Right side (%)	51
Dominant side (%)	55
Follow-up (years) (Mean)	6,62 [0,41-17,66]

MATERIALS AND METHODS

PATIENT EVALUATION

	SCHEKER (N: 148)
Sex (%)	♀ = 89 ♂ = 11
Age (years) (Mean ±ST)	62,8 ±11,7
Right side (%)	51
Dominant side (%)	55
Follow-up (years) (Mean)	6,62 [0,41-17,66]

MATERIALS AND METHODS

PATIENT EVALUATION

	SCHEKER (N: 148)
PRIMARY OSTEOARTHRITIS (N: 138)	
Eaton (%)	
II	17
III	53
IV	30



MATERIALS AND METHODS

PATIENT EVALUATION

	SCHEKER (N: 148)
SALVAGE PROCEDURES (N: 10)	
TMC prosthesis	2
TMC arthrodesis	8

MATERIALS AND METHODS

PATIENT EVALUATION

	SCHEKER (N: 148)
SALVAGE PROCEDURES (N: 10)	
TMC prosthesis	2
TMC arthrodesis	8



MATERIALS AND METHODS

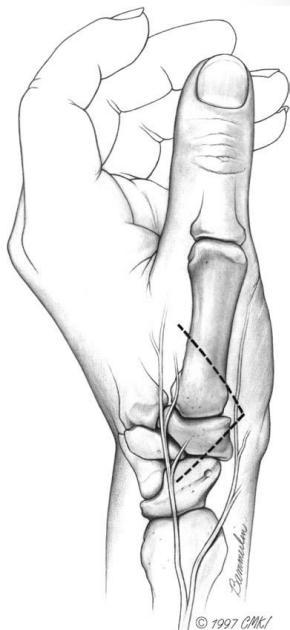
PATIENT EVALUATION

	SCHEKER (N: 148)
SALVAGE PROCEDURES (N: 10)	
TMC prosthesis	2
TMC arthrodesis	8

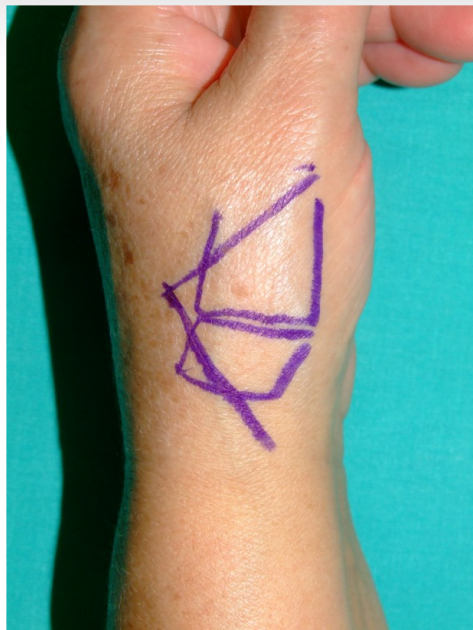


MATERIALS AND METHODS

SURGICAL TECHNIQUE



© 1997 CMC/



Scheker, L., & Boland, M. (2004). Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

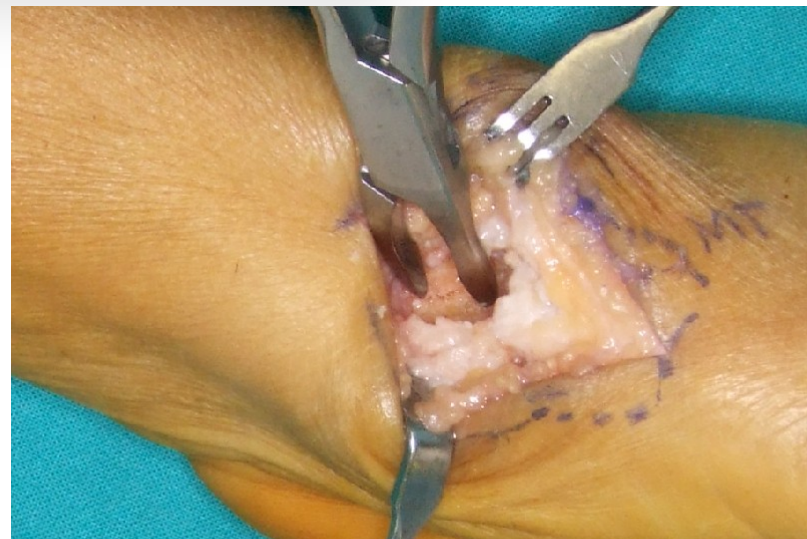
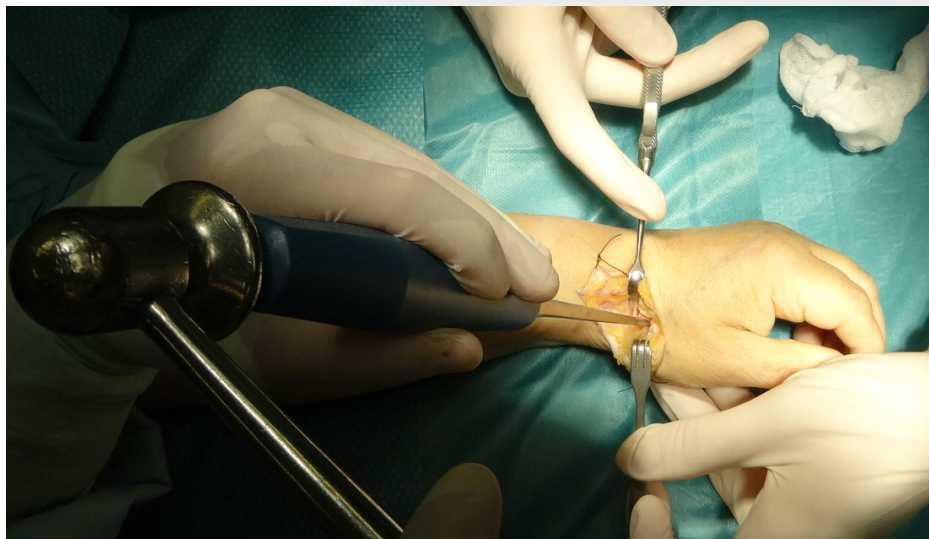
MATERIALS AND METHODS

SURGICAL TECHNIQUE



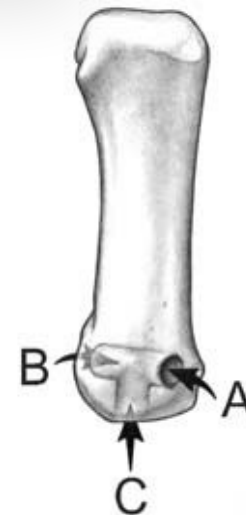
MATERIALS AND METHODS

SURGICAL TECHNIQUE



MATERIALS AND METHODS

SURGICAL TECHNIQUE

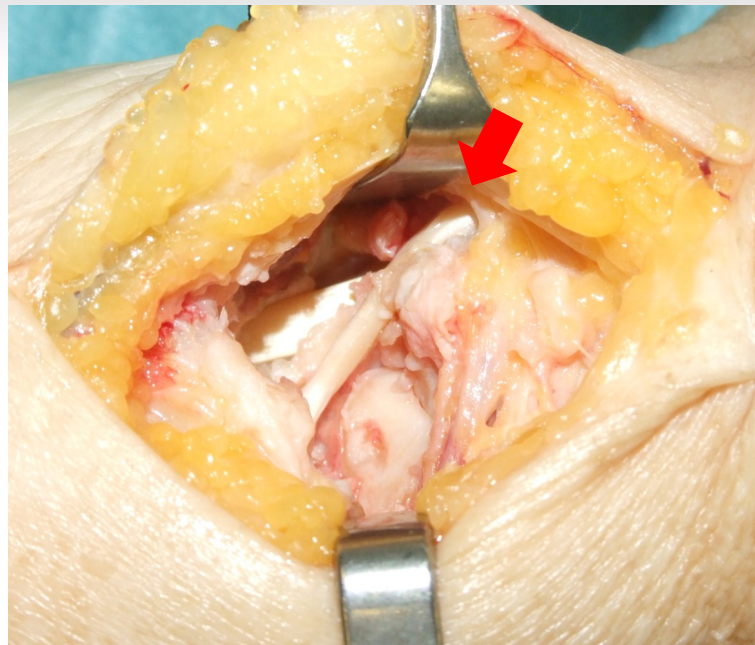


Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

MATERIALS AND METHODS

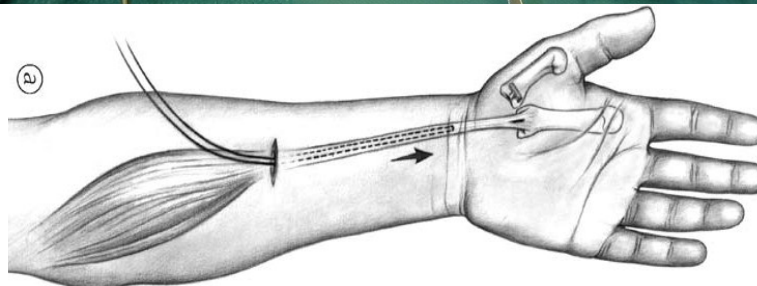
SURGICAL TECHNIQUE



OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

MATERIALS AND METHODS

SURGICAL TECHNIQUE

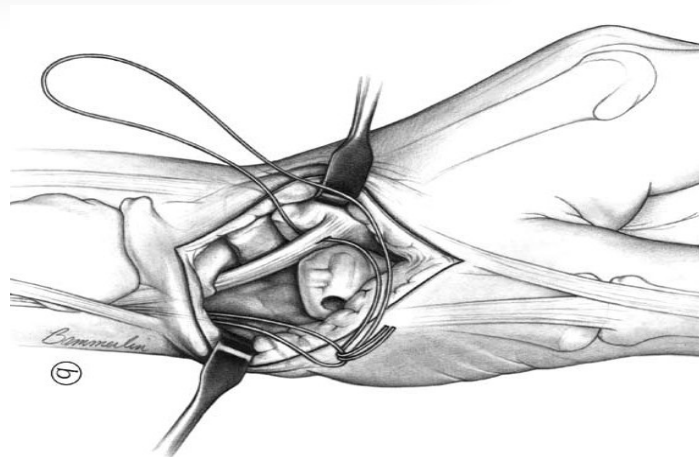


Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

MATERIALS AND METHODS

SURGICAL TECHNIQUE

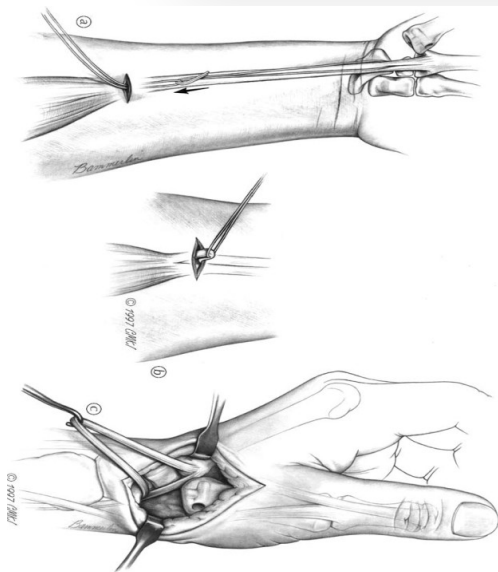


Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

MATERIALS AND METHODS

SURGICAL TECHNIQUE

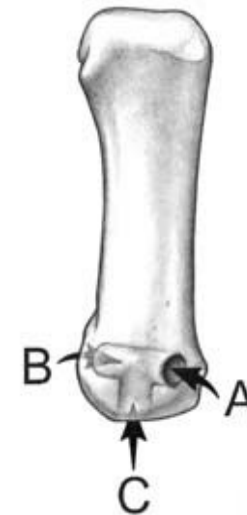
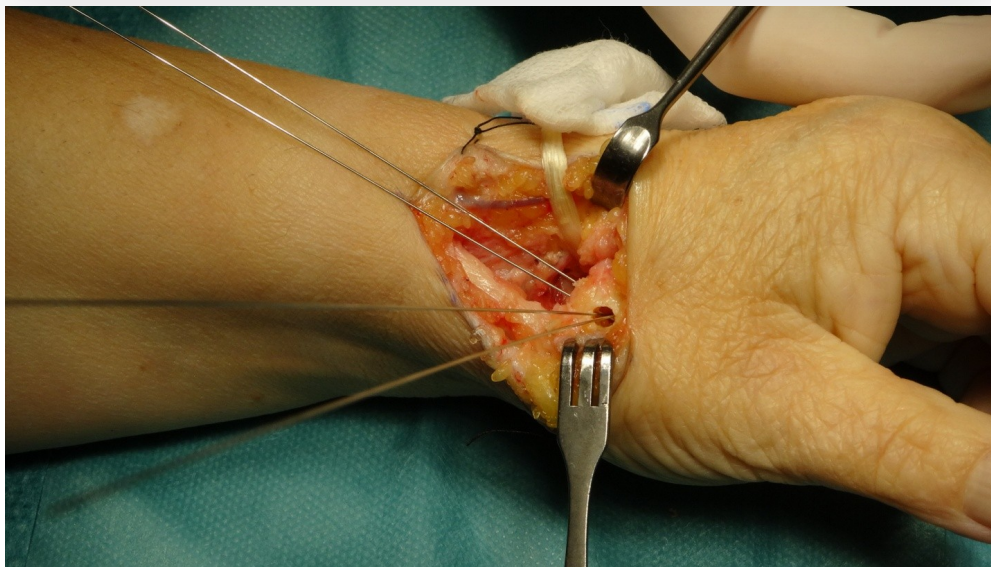


Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

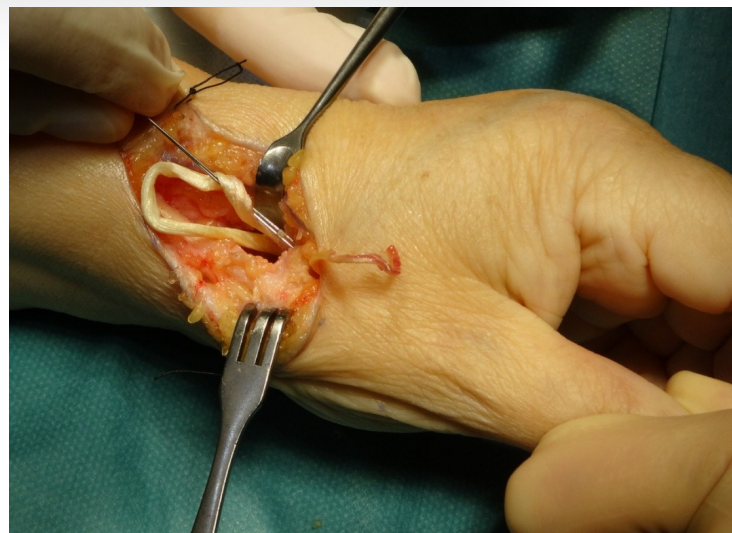
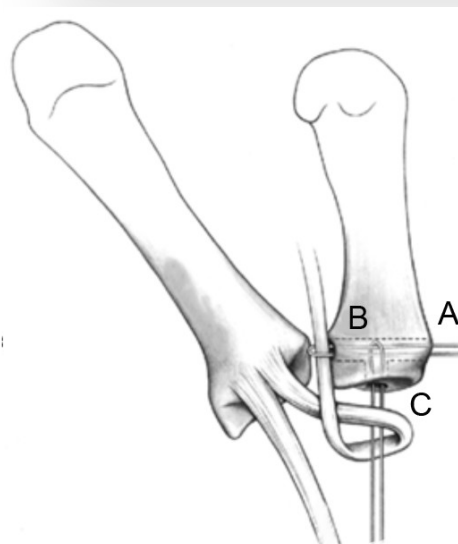
MATERIALS AND METHODS

SURGICAL TECHNIQUE



MATERIALS AND METHODS

SURGICAL TECHNIQUE

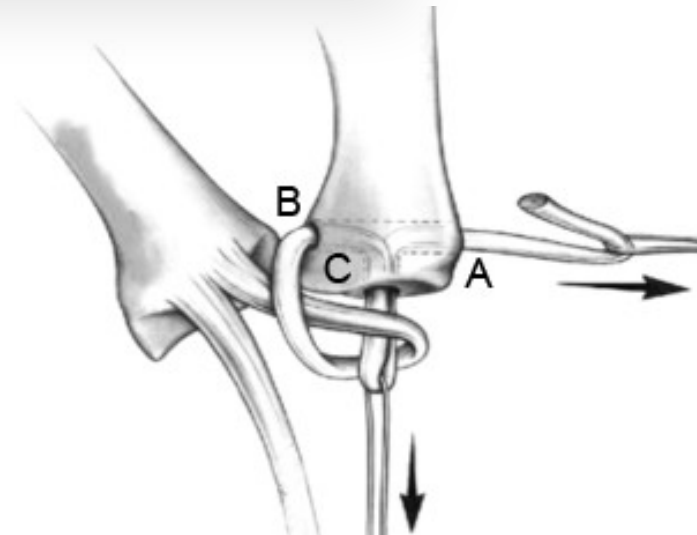
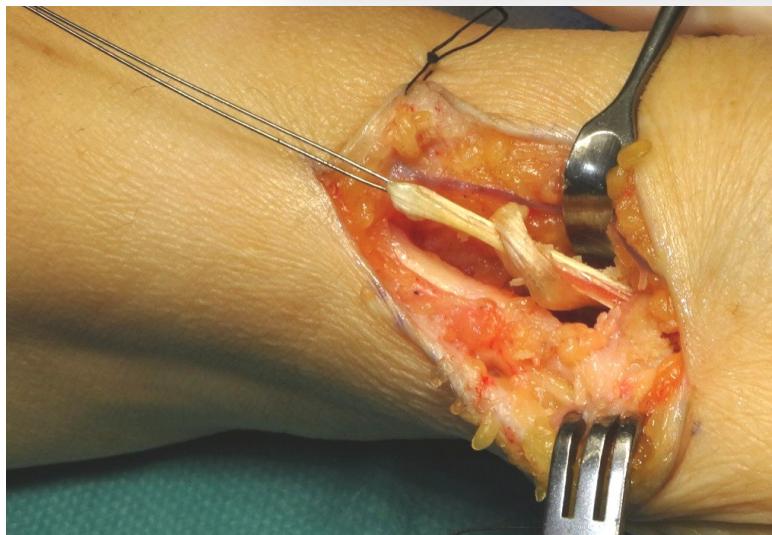


Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

MATERIALS AND METHODS

SURGICAL TECHNIQUE

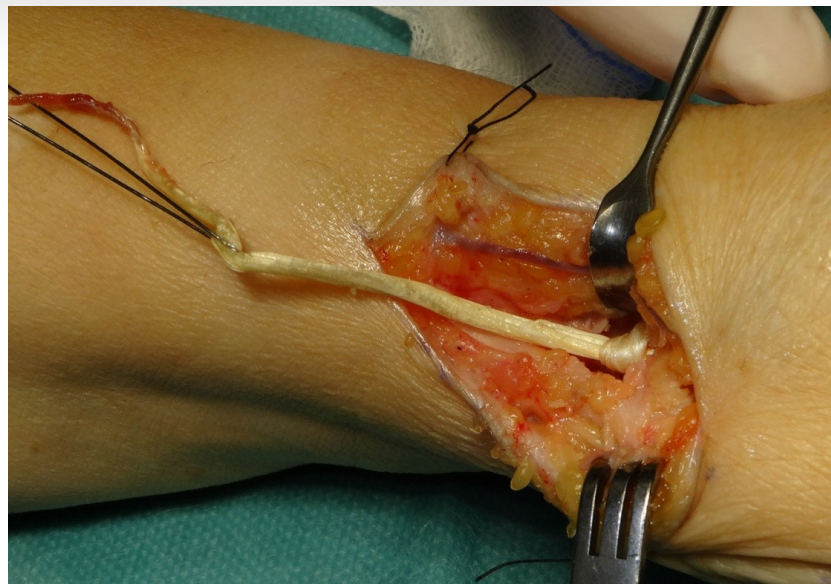
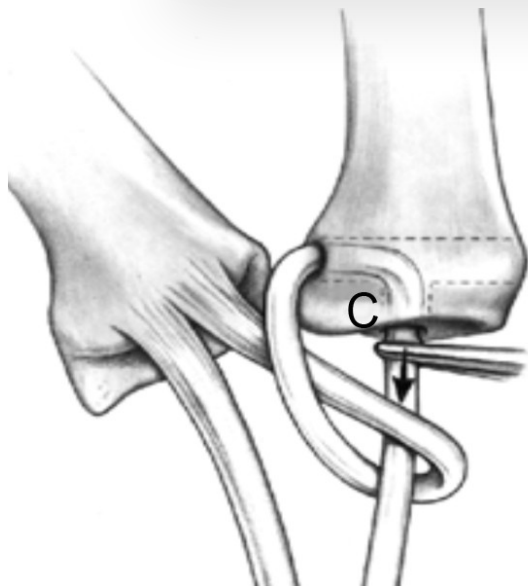


Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

MATERIALS AND METHODS

SURGICAL TECHNIQUE

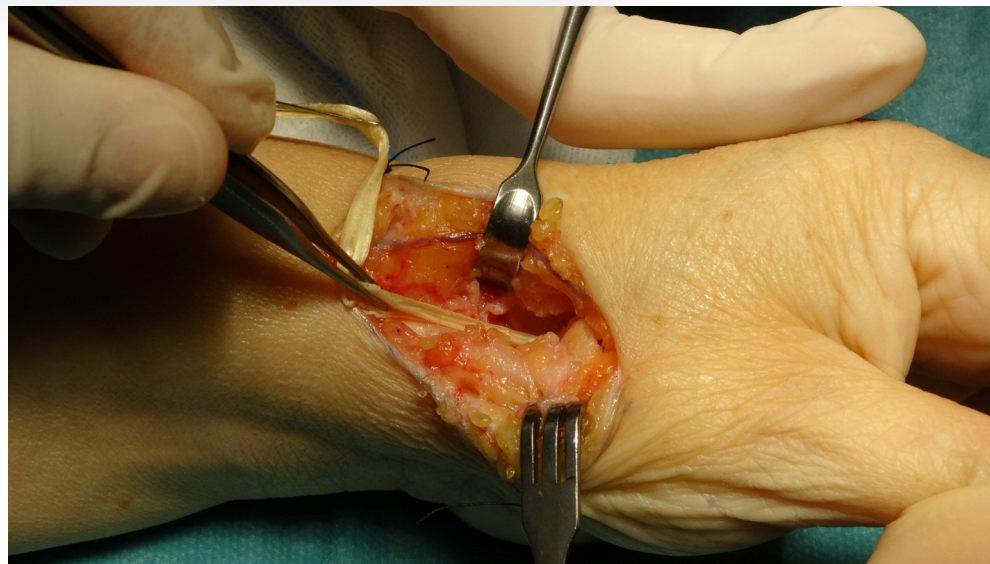


Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

MATERIALS AND METHODS

SURGICAL TECHNIQUE

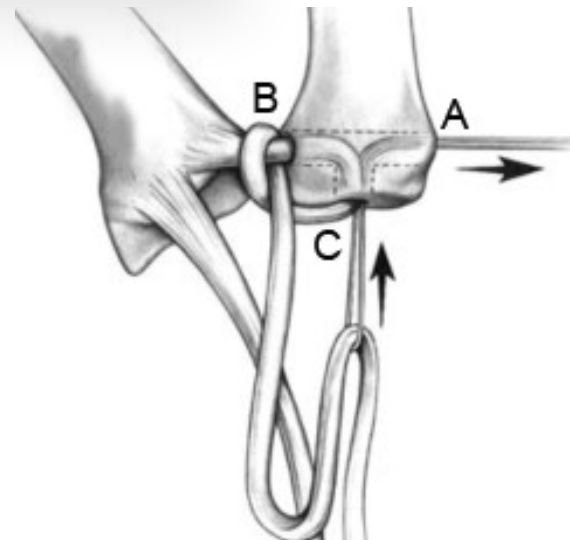


Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

MATERIALS AND METHODS

SURGICAL TECHNIQUE

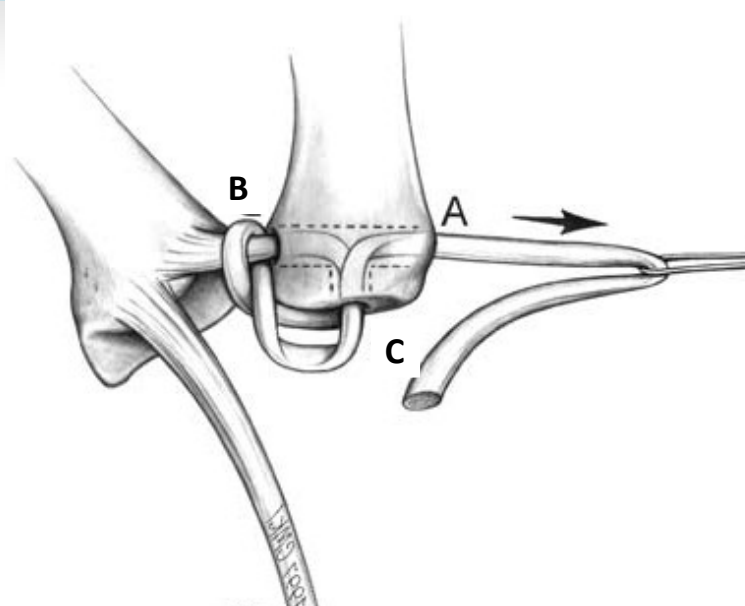


Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

MATERIALS AND METHODS

SURGICAL TECHNIQUE

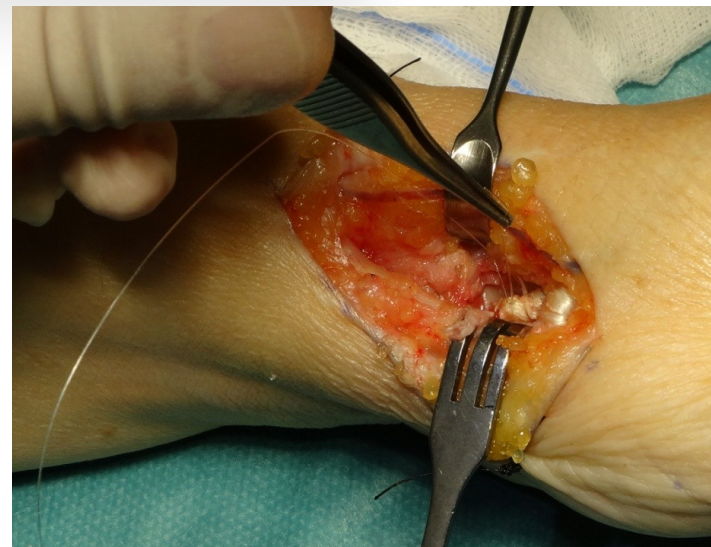
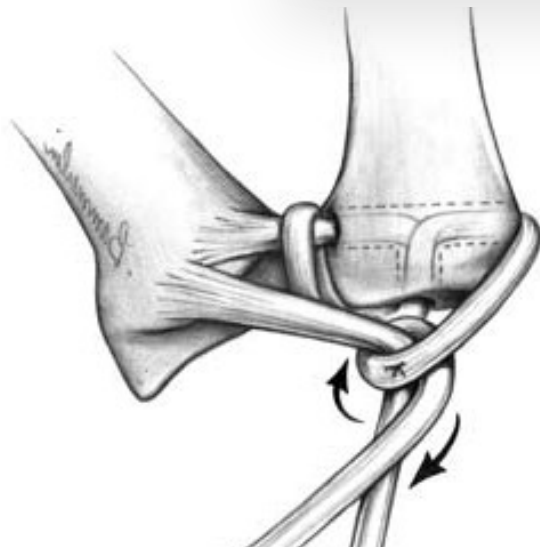


Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

MATERIALS AND METHODS

SURGICAL TECHNIQUE



Scheker, L., & Boland, M. (2004). *Dynamic suspension-sling arthroplasty with intermetacarpal ligament reconstruction for the treatment of trapeziometacarpal osteoarthritis*. *European Journal of Plastic Surgery*, 27(4).

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

MATERIALS AND METHODS

SURGICAL TECHNIQUE



RESULTS

PAIN

	PREOP	POSTOP	<u>p-value</u>
PAIN AT REST (Mean $\pm$ ST) (VAS*)	3.34 $\pm$ 1,48	0.96 $\pm$ 1.38	<0.01
PAIN WITH EXERTION (Mean $\pm$ ST) (VAS*)	7.18 $\pm$ 1.04	1.1 $\pm$ 1.5	<0.01
DASH SCORE	73.55 $\pm$ 21.60	38.20 $\pm$ 27.45	0.029

- VAS: Visual analogue scale
- p<0.05: Statistically significant

RESULTS

MOBILITY

	PREOP	POSTOP	p-value
KAPANDJI	9.41 ± 1.35	9.48 ± 1.11	0.619
RADIAL DEVIATION (°)	31.67 ± 12.58	36.67 ± 20.81	0.317
PALMAR DEVIATION (°)	41.67 ± 20.20	31.67 ± 2.88	0.285

SUBJECTIVE FINAL MOTION	93,33 %
-------------------------	---------

•p<0.05: Statistically significant

RESULTS

MOBILITY

	PREOP	POSTOP	p-value
KAPANDJI	9.41 ± 1.35	9.48 ± 1.11	0.619
RADIAL DEVIATION (°)	31.67 ± 12.58	36.67 ± 20.81	0.317
PALMAR DEVIATION (°)	41.67 ± 20.20	31.67 ± 2.88	0.285

SUBJECTIVE FINAL MOTION	93,33 %
-------------------------	---------

•p<0.05: Statistically significant

RESULTS

STRENGHT

	PREOP	POSTOP	p-value
GRIP STRENGHT (Kg)	15.60 ± 9.45	20.80 ± 8.43	0.465
FRONTAL PINCH STRENGHT(Kg)	2.00 ± 0.00	2.00 ± 1.41	1
LATERAL PINCH STRENGHT (Kg)	3.50 ± 0.70	2.50 ± 0.70	0.157

SUBJECTIVE FINAL STRENGHT	81,66 %
---------------------------	---------

•p<0.05: Statistically significant

RESULTS

STRENGHT

	PREOP	POSTOP	p-value
GRIP STRENGHT (Kg)	15.60 ± 9.45	20.80 ± 8.43	0.465
FRONTAL PINCH STRENGHT(Kg)	2.00 ± 0.00	2.00 ± 1.41	1
LATERAL PINCH STRENGHT (Kg)	3.50 ± 0.70	2.50 ± 0.70	0.157

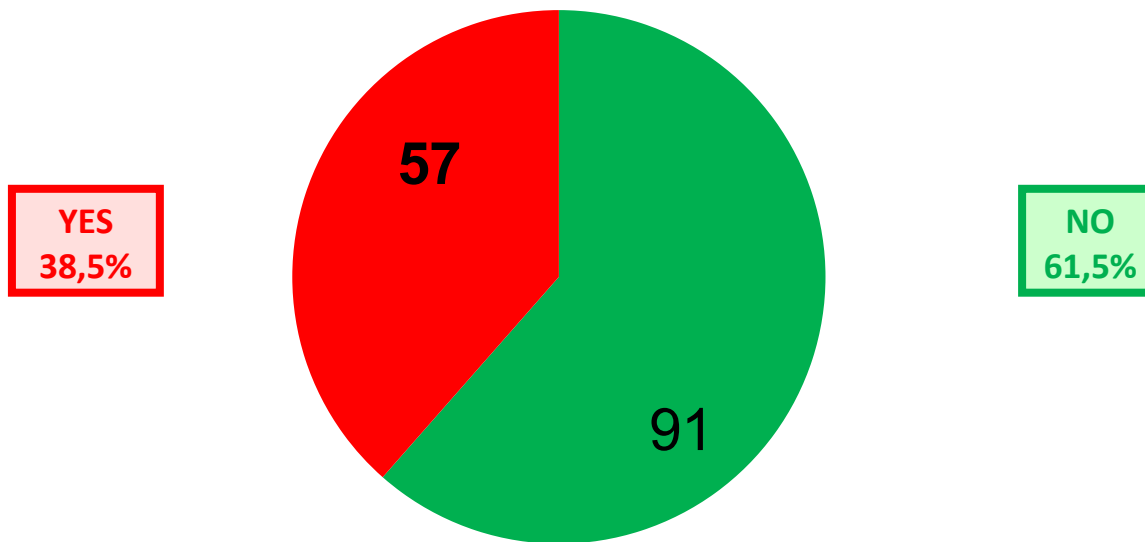
SUBJECTIVE FINAL STRENGHT	81,66 %
------------------------------	---------

•p<0.05: Statistically significant

RESULTS

COMPLICATIONS

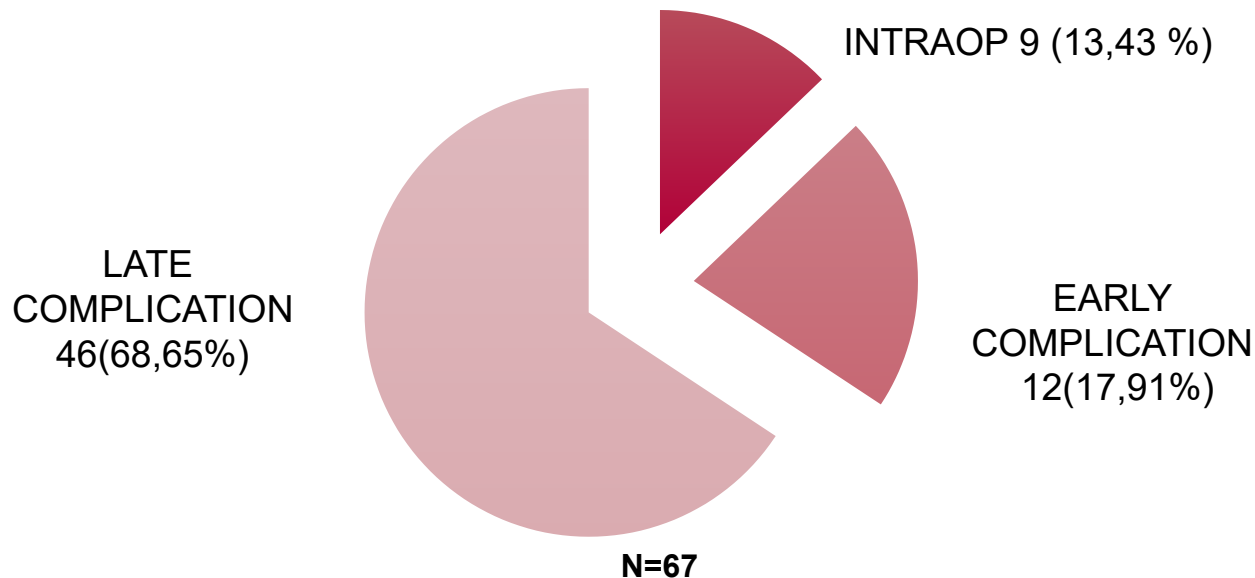
CASES WITH SURGICAL COMPLICATIONS



RESULTS

COMPLICATIONS

NUMBER OF SURGICAL COMPLICATIONS



RESULTS

COMPLICATIONS

INTRAOP (13,43%)

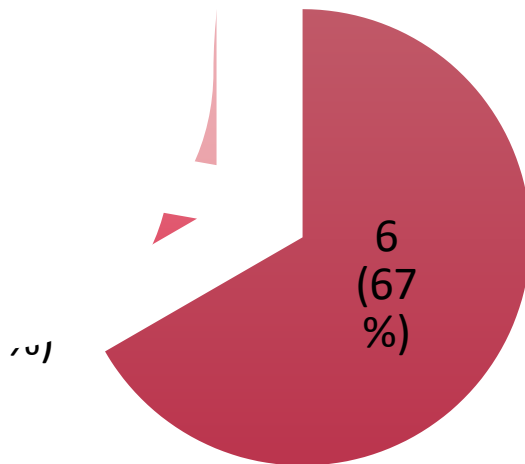
N=9

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

RESULTS

COMPLICATIONS

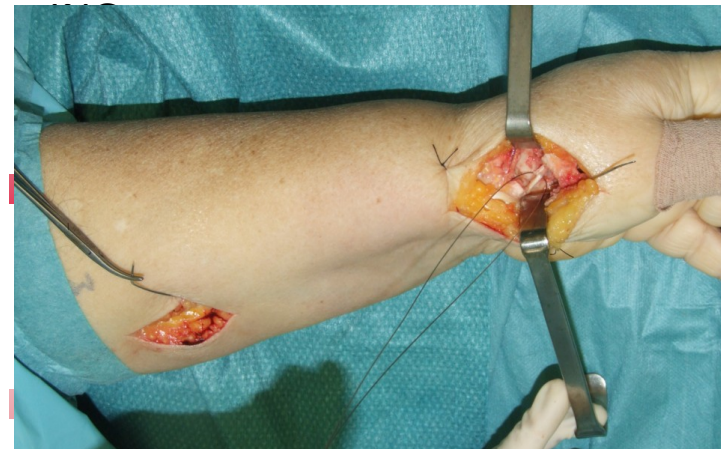
INTRAOP (13,43%)



•FCR= Flexor Carpi Radialis

N=9

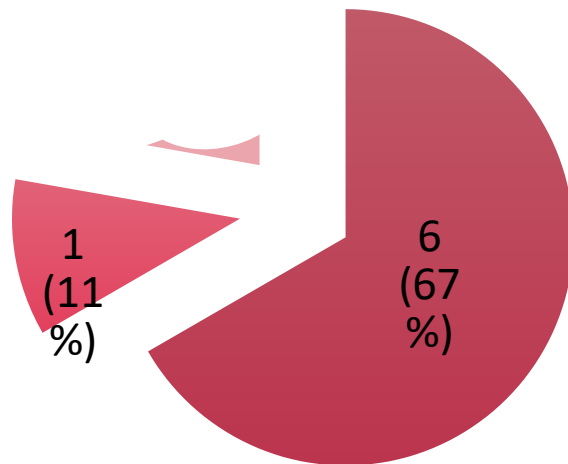
FCR HARVEST-



RESULTS

COMPLICATIONS

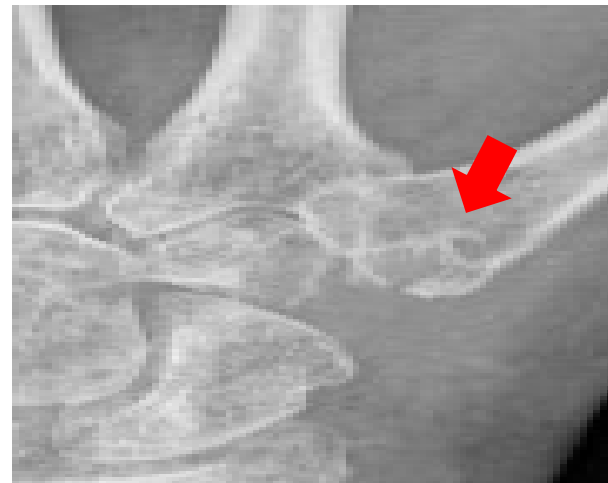
INTRAOP (13,43%)



N=9

*FCR= Flexor Carpi Radialis

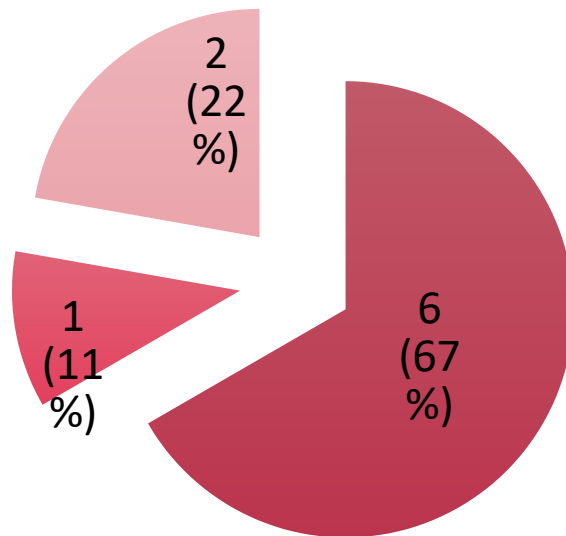
CORTICAL METACARPAL FRACTURE



RESULTS

COMPLICATIONS

INTRAOP (13,43%)



N=9

•FCR= Flexor Carpi Radialis
•SRN= Superficial Radial Nerve.

SUPERFICIAL RADIAL NERVE DAMAGE



RESULTS

COMPLICATIONS

EARLY COMPLICATION (17,91%)

(< 2 months)

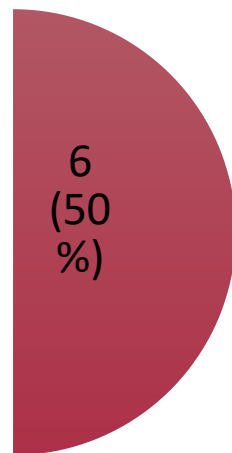
N=12

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

RESULTS

COMPLICATIONS

EARLY COMPLICATION 1 (17,91%)



•SRN= Superficial Radial Nerve.

N=12

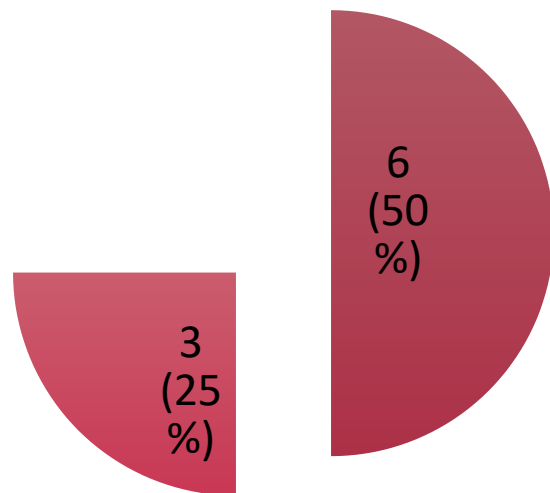
SUPERFICIAL RADIAL NERVE NEUROPATHY



RESULTS

COMPLICATIONS

EARLY COMPLICATION 1
(17,91%)



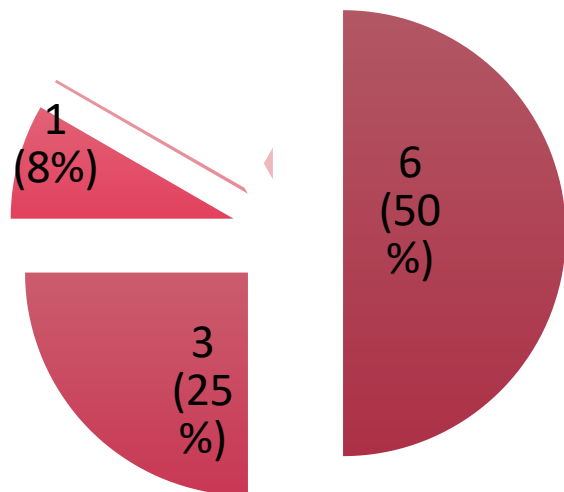
N=12



RESULTS

COMPLICATIONS

**EARLY COMPLICATION 1
(17,91%)**



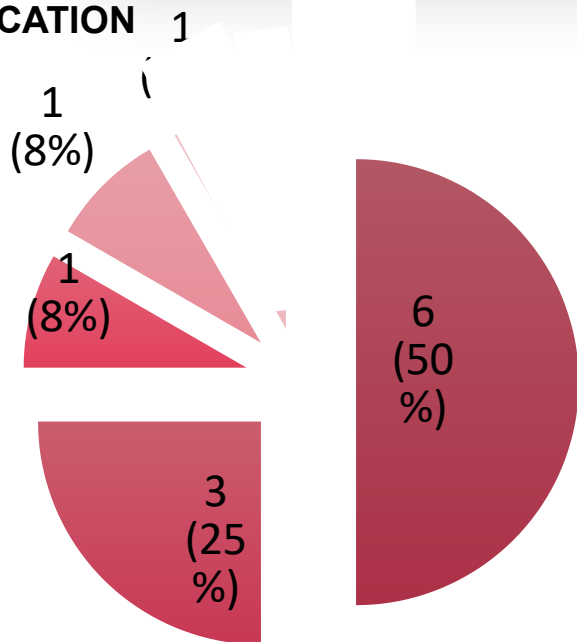
N=12

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

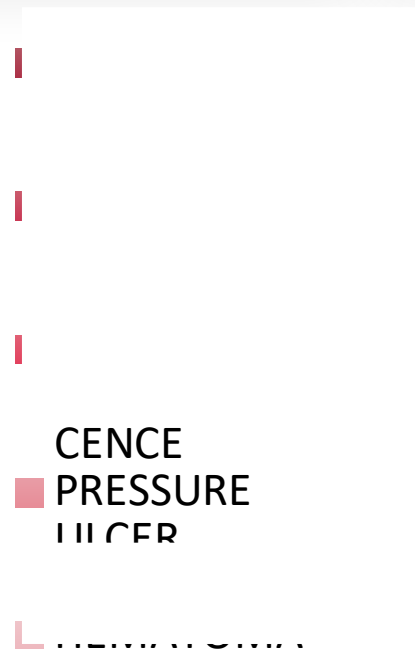
RESULTS

COMPLICATIONS

EARLY COMPLICATION (17,91%)



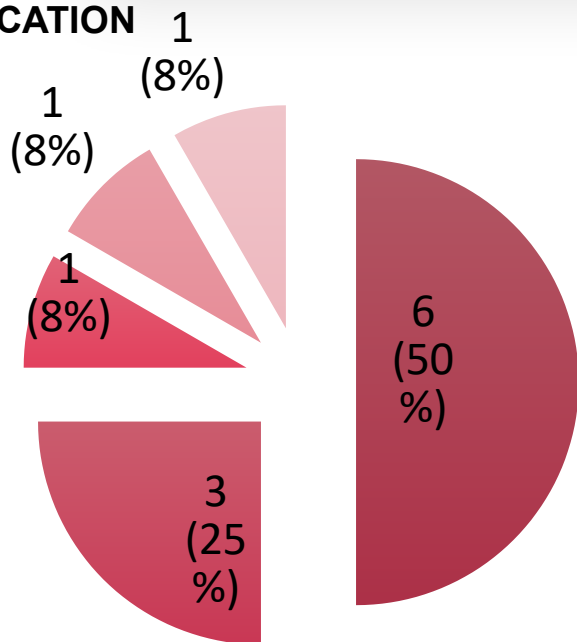
N=12



RESULTS

COMPLICATIONS

EARLY COMPLICATION
(17,91%)



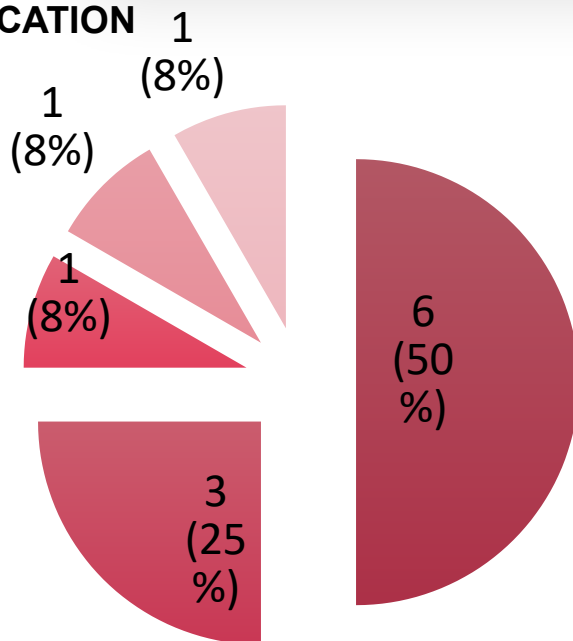
N=12

HEMATOMA

RESULTS

COMPLICATIONS

EARLY COMPLICATION (17,91%)



N=12

- SRN NEUROPATHY
- SUPERFICIAL INFECTION
- WOUND DEHISCENCE
- PRESSURE ULCER
- HEMATOMA

RESULTS

COMPLICATIONS

LATE COMPLICATION (68,65%)

(> 2 months)

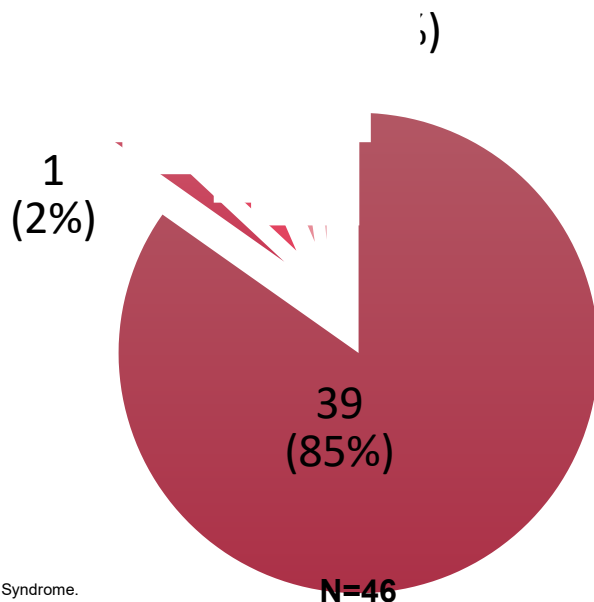
N=46

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

RESULTS

COMPLICATIONS

LATE COMPLICATION (68,65%)



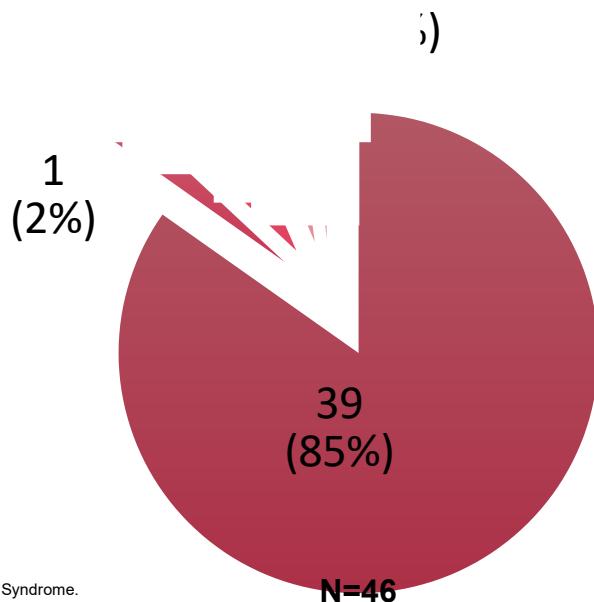
FCR TENDONITIS

•FCR= Flexor Carpi Radialis
•SRN=Superficial Radial Nerve
•CRPS=Complex Regional Pain Syndrome.

RESULTS

COMPLICATIONS

LATE COMPLICATION (68,65%)



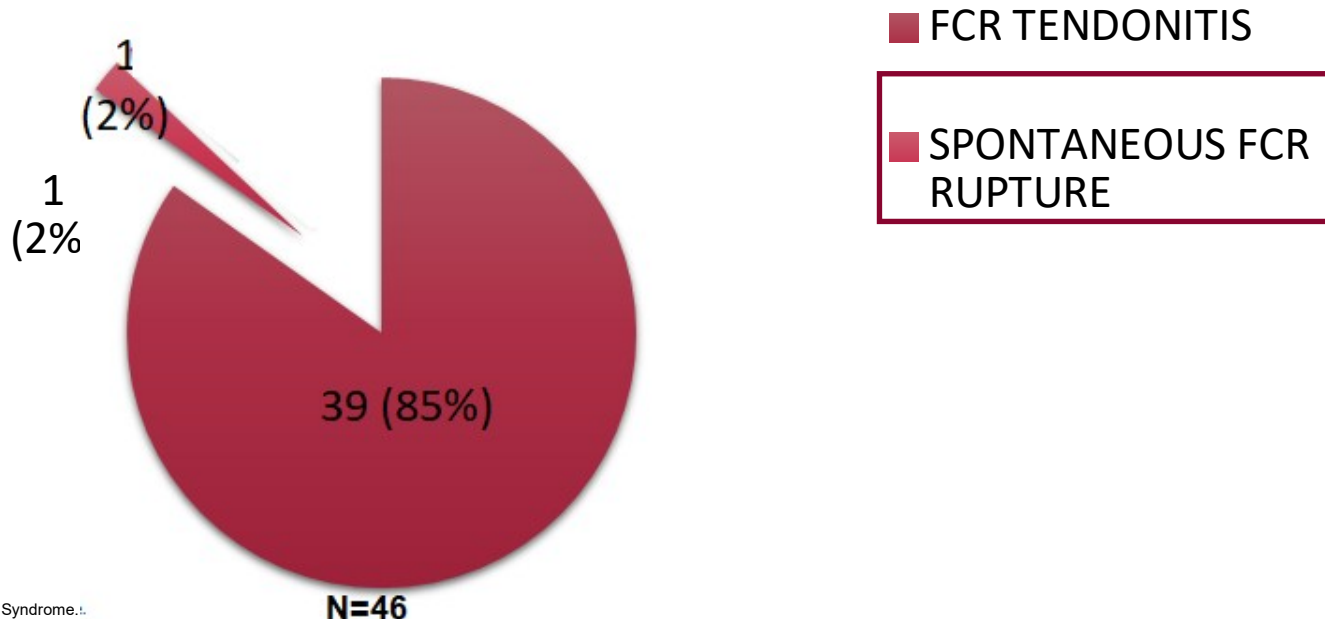
FCR TENDONITIS

•FCR= Flexor Carpi Radialis
•SRN=Superficial Radial Nerve
•CRPS=Complex Regional Pain Syndrome.

RESULTS

COMPLICATIONS

LATE COMPLICATION (68,65%)

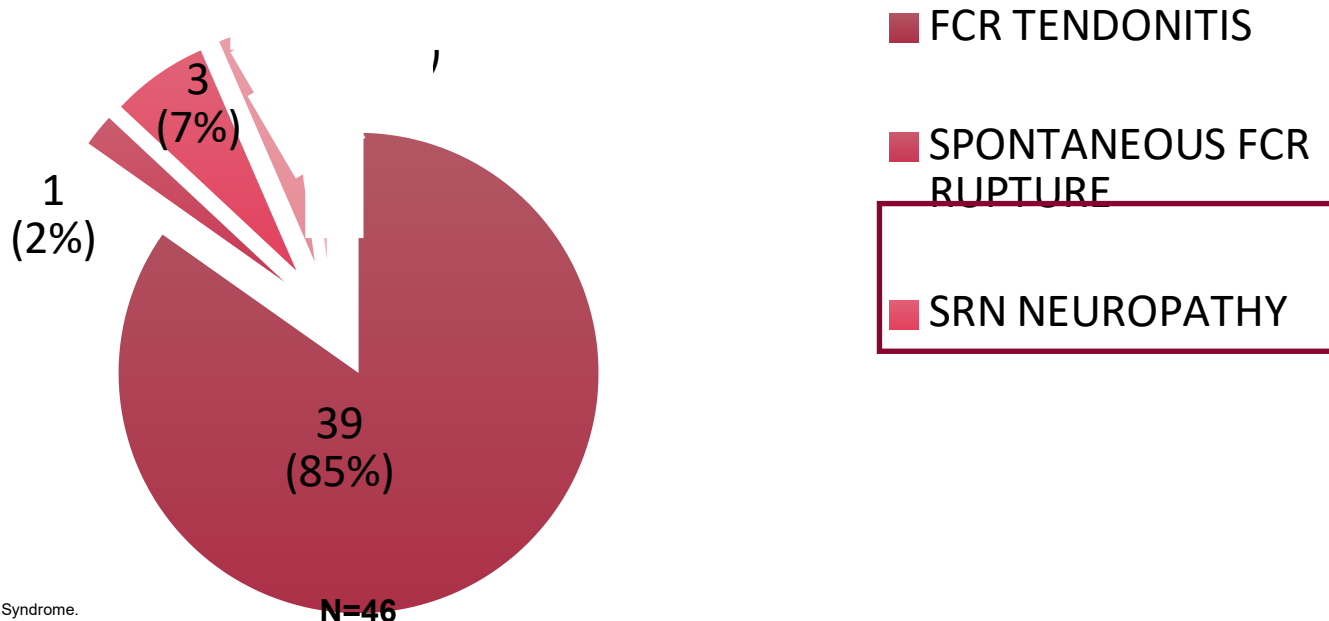


•FCR= Flexor Carpi Radialis
•SRN=Superficial Radial Nerve
•CRPS=Complex Regional Pain Syndrome.

RESULTS

COMPLICATIONS

LATE COMPLICATION (68,65%)

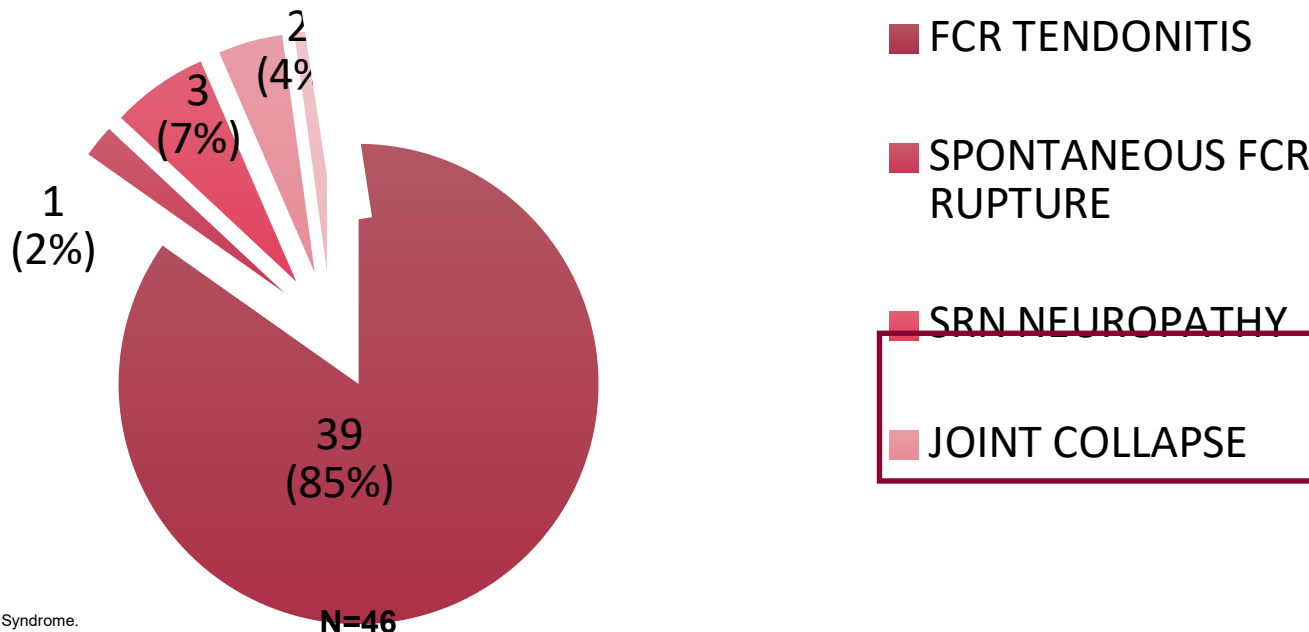


•FCR= Flexor Carpi Radialis
•SRN=Superficial Radial Nerve
•CRPS=Complex Regional Pain Syndrome.

RESULTS

COMPLICATIONS

LATE COMPLICATION (68,65%)



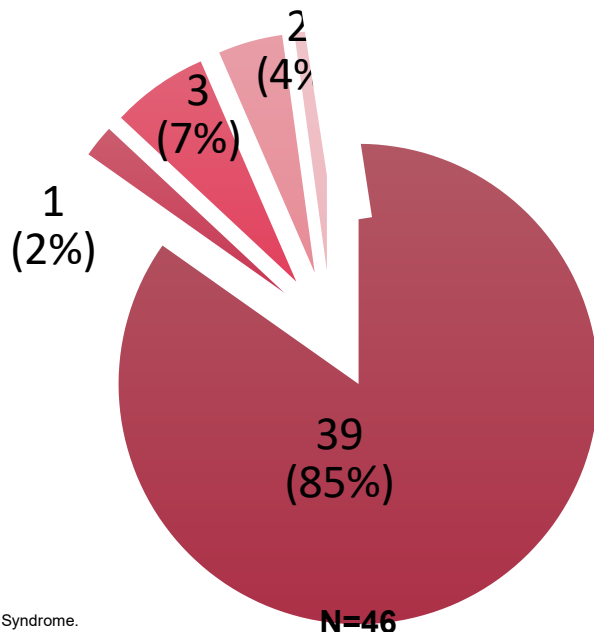
•FCR= Flexor Carpi Radialis
•SRN=Superficial Radial Nerve
•CRPS=Complex Regional Pain Syndrome.

OUR EXPERIENCE WITH SCHEKER ARTHROPLASTY FOR TREATMENT OF TRAPEZIOMETACARPAL OSTEOARTHRITIS

RESULTS

COMPLICATIONS

LATE COMPLICATION (68,65%)



•FCR= Flexor Carpi Radialis
•SRN=Superficial Radial Nerve
•CRPS=Complex Regional Pain Syndrome.



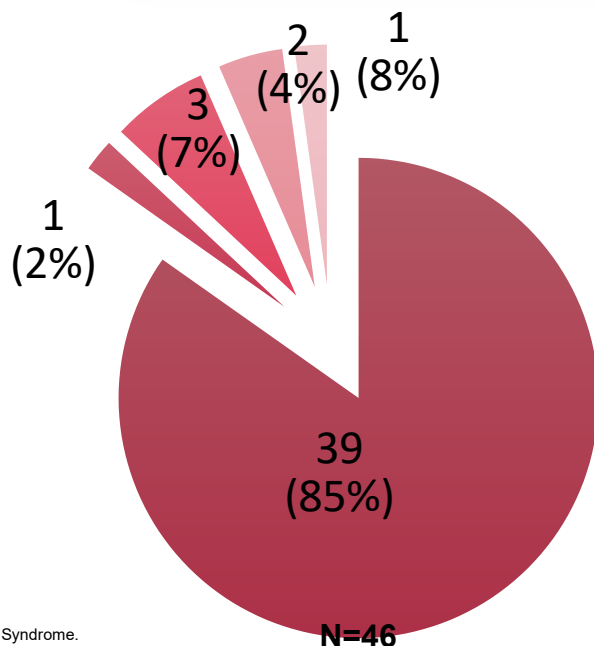
SRN NEUROPATHY

JOINT COLLAPSE

RESULTS

COMPLICATIONS

LATE COMPLICATION (68,65%)



•FCR= Flexor Carpi Radialis
•SRN=Superficial Radial Nerve
•CRPS=Complex Regional Pain Syndrome.

- FCR TENDONITIS
- SPONTANEOUS FCR RUPTURE
- SRN NEUROPATHY
- JOINT COLLAPSE
- CRPS

COMPLICATIONS

- La mayoría de las complicaciones **intraoperatorias** ocurrieron durante la obtención del **hemitendón**.
- Las complicaciones **tempranas** se relacionaron principalmente con **neuropatía del radial superficial**, probablemente por la inflamación y la presión del yeso o la ortesis.

COMPLICATIONS

- En nuestro estudio, las más frecuentes han sido las **complicaciones tardías**, mostrando una alta incidencia de **tendinitis del Flexor Carpi Radialis** (aunque sólo el 18 % de ellas requirieron tratamiento quirúrgico).
- Los pacientes deberían ser avisados sobre esta complicación potencial, sabiendo que la tenotomía distal fue efectiva cuando no hubo resolución espontánea de los síntomas.

CONCLUSIONS

- La técnica de Shecker promueve importante mejoría en la escala de dolor y en el cuestionario DASH.
- Las complicaciones intra y postoperatorias son frecuentes, pero la mayoría son menores.
- Así que, aunque es una técnica más demandante, genera una buena estabilización de la base del pulgar permitiendo una recuperación temprana.



GEPES

**GRUPO DE
ESTUDIO DE LA
PATOLOGÍA DE
LA EXTREMIDAD
SUPERIOR**