

Splint by splint

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LETTER TO THE EDITOR

Respected Editor,

We found an interesting article titled, "Splinting versus Percutaneous Pinning for the Treatment of Soft Tissue Mallet Finger: A Retrospective Cohort Analysis" in your esteemed journal "The Journal of Hand Surgery" 2022;27(6):952-956 issue¹. This condition, secondary to trauma commonly encountered in sports when patient sustains forceful hyperextension or flexion of an extended distal phalanx, causing extensor tendon rupture with or without an avulsion fracture of distal phalanx causing loss of active extension of the finger at distal interphalangeal joint². Doyle classified it into four types³ and our case was type 2 with presented after 6 weeks (Figure 1A)

In acute Mallet finger injury, conservative management with splintage is the usual adopted treatment⁴.

In contrast, surgical intervention is recommended in chronic mallet (more than 4 weeks old injury), when there is a functional impairment. Surgical option include shortening of the terminal extensor tendon, tenodesis, central slip tenotomy or with reconstruction of the spiral oblique retinacular ligament with adequate splintage.^{4,5}

Despite many different types of splints available for the management of mallet finger injuries, none has been proven to be superior to another necessitating the need of continuous search of an ideal splint.

In our case, the skin opened along the previous scar and cut ends were repaired with cross hitch suturing with immobilization of DIPJ with 1.2mm k wire. (Figure 1)

We customized splint to maintain the post-operative position of 20-degree flexion of proximal interphalangeal joint and hyperextension at distal interphalangeal joint. The routinely used finger cot splint (Figure 2A) is cut and bend using a jumbo cutter to provide adequate angulation at proximal and distal interphalangeal joint with distal most bend to protect the k wire from accidental dislodgement (Figure 2B,2C). Splint can be maintained using the in-built velcro straps attached to the splint thereby providing a stable fixity to the finger (Figure 2D).

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Figure legend

Figure 1A : Preoperative photo of the mallet finger injury to little finger

Figure 1B-1D: Intraoperative management

Figure 2A-2D: Customization of readymade splint to recreate a new functional splint

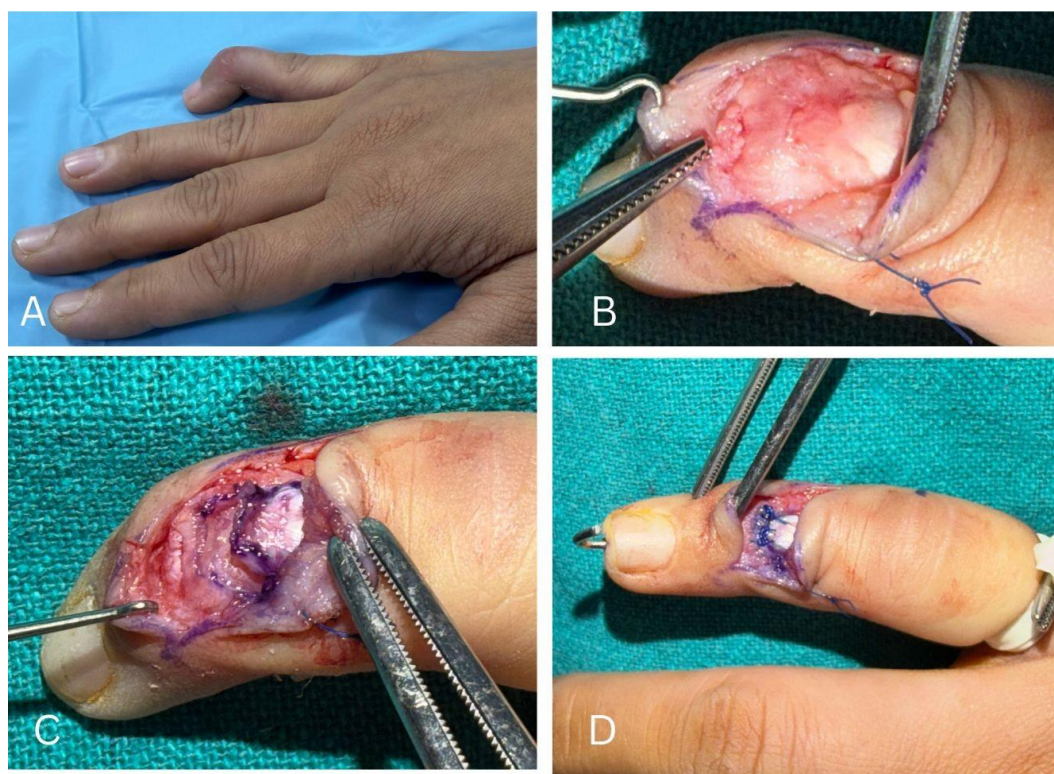


Figure 1

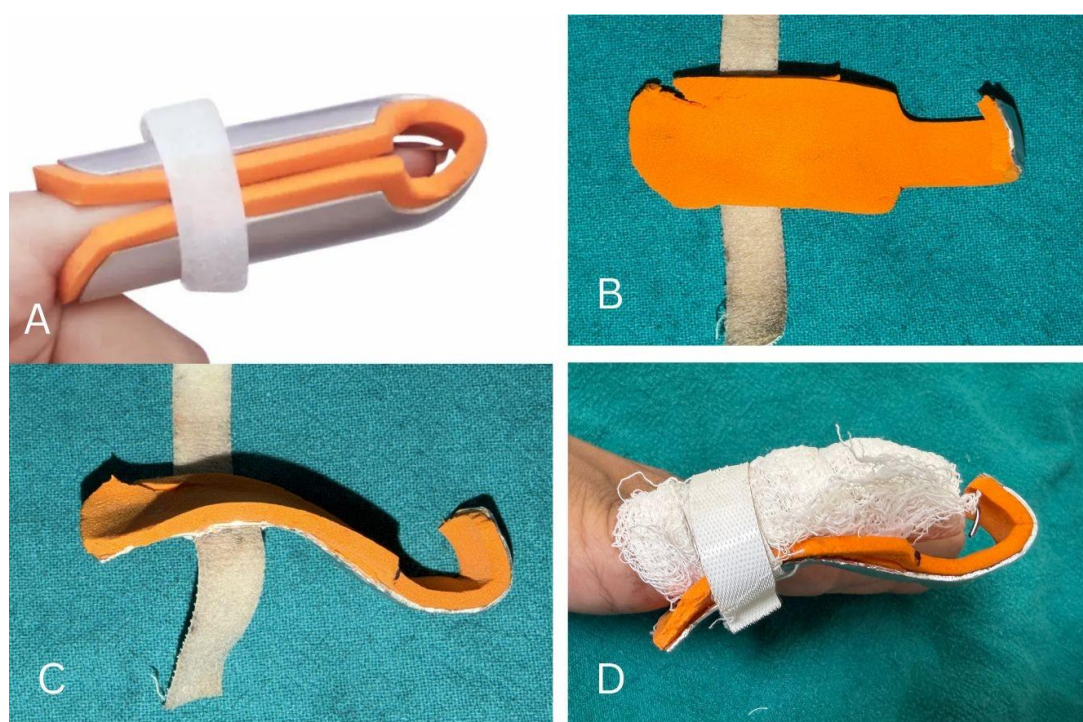


Figure 2