


Curious Scaphoid Case….

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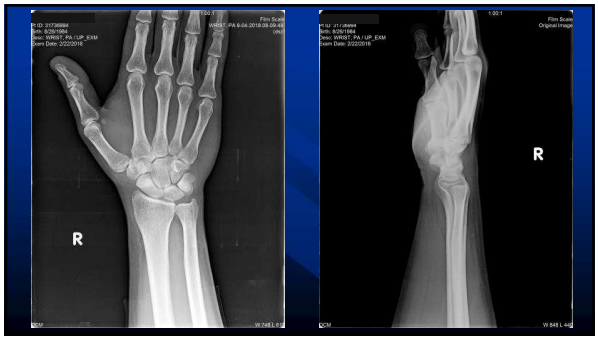
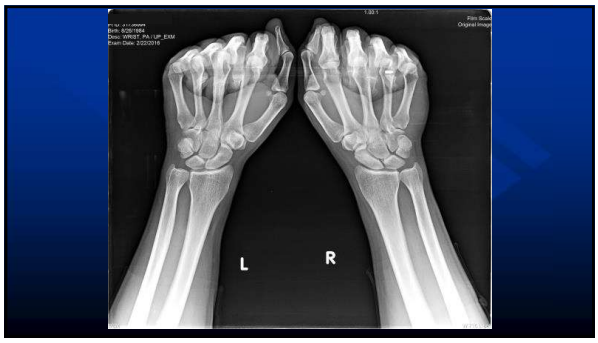
History

- 31 y/o RHD with the insidious onset of relatively mild volar wrist pain for ~3-4 months
- No history of trauma
- Office worker, plays drums
- Splinting is somewhat helpful

Physical examination

- Normal appearing wrist, with no swelling
- No localizable tenderness
- Full ROM, with extension 60, flexion 70, radial deviation 10, ulnar deviation 35
- Jamar 75 right, 94 left





3 months later…

- Returned with slowly worsening pain
- Splinting at night helps
- Physical exam once again unremarkable, with full range of motion and mildly decreased grip strength
- Recommendations?

MRI

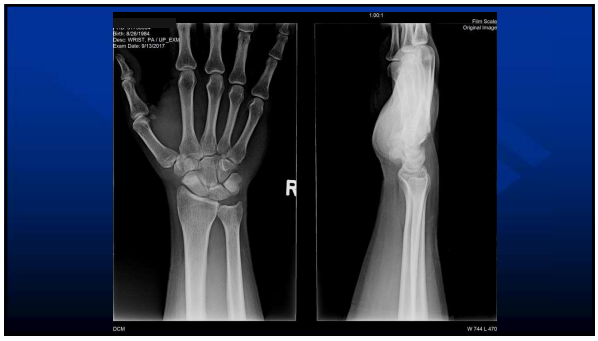
- Outside institution, mediocre quality
- Read as demonstrating "acute fracture of mid to distal scaphoid"
- Study brought to my "go to" radiologist as I did not agree with the reading
- Likely Preiser's disease without collapse
- Recommendations???

Subsequent follow up…

- Patient's pain in mild
- Full motion once again noted, with Jamar 82/95
- Patient opts for observation

One year later…

- Daily pain, getting worse, and requires a wrist splint
- Physical exam once again benign, with 10° loss of extension
- Jamar 68/85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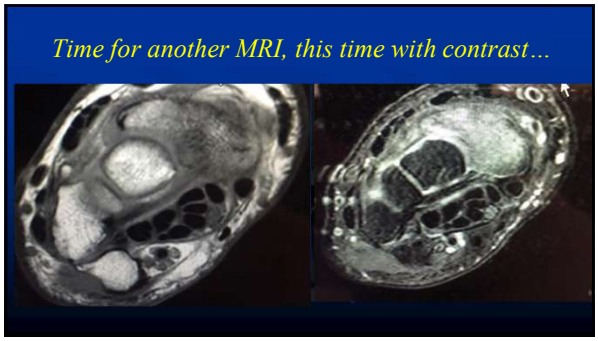
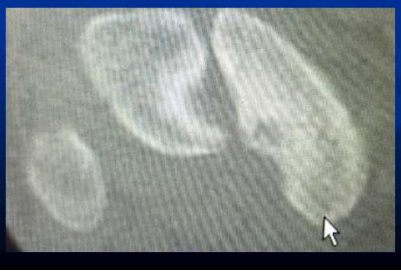
WTF??


Time for another MRI, this time with contrast…

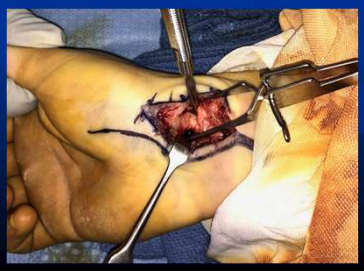
WTF???

- Impression: Acute longitudinally oriented nondisplaced fracture of distal to mid pole of scaphoid
- Addendum: Previous MRI suggested Preiser's but T1 preservation of signal argues against AVN
- Dorsal bone production present

CT Scan…



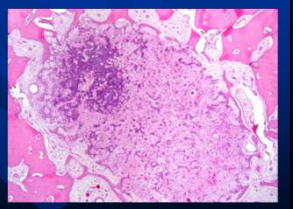
Finally, to the OR…



Small nidus is found at last!

Pathology

- 4-5 mm area woven bone with numerous osteoblasts and scattered osteoclasts supportive of an osteoid osteoma nidus



Post operative course…

- Complete resolution of pain noted at first visit
- Regained full range of motion by two months