

Thumb Reconstruction Post Semiamputation

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ABSTRACT

Thumb considered as the main finger as it has about 65% of the function of the hand, so amputation of the thumb has a negative effect on the person functional and psychological life.

Trauma considered the most common cause of amputation especially in laborer workers. This type of amputation has dirty wound with increased risk of infection and failure of any attempt for reconstruction.

We present a case of a carpenter male in who present with thumb semi amputation by electrical saw with sequence of surgeries for debridement and reconstruction.

Keywords: Thumb; Semiamputation; Trauma; Surgery

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CASE REPORT

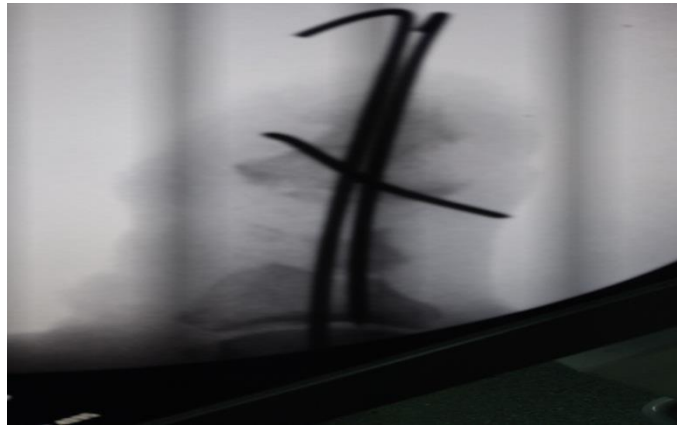
Background

A 45 years old male patient who work as a carpenter who injured himself during work by electrical saw and presented to the emergency department with semi amputation of the thumb and loss most of the bone of the proximal phalanx including the interphalangeal articular surface with loss of the soft tissue on the volar and sides of the thumb with small area of dorsal skin connecting the proximal part of the thumb to the distal part.

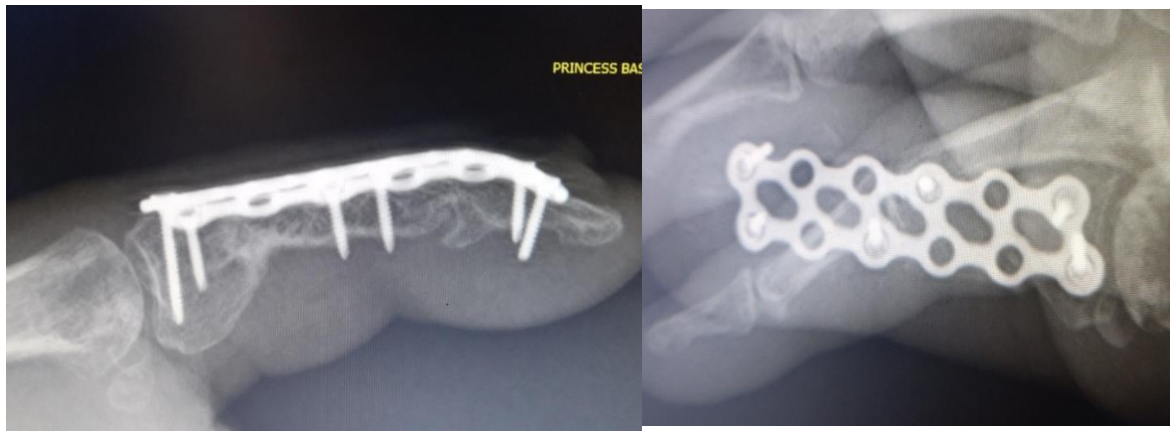


We discussed the situation with the patient and the management plane as there is three possible ways for the management including 1- completion of the amputation and later pollicization by deepening of the 1st web space, 2- completion of the amputation and transfer of the 2nd toe and 3- to do debridement and let the soft tissue healing with later fixation and bone grafting and also we discussed the complication of the injury and possibility of the management failure.

Emergency debridement and provisional fixation of the distal phalanx done at the date of admission and patient admitted to the orthopedic ward for observation and IV antibiotics. Second look was done couple days later and debridement of the necrotic tissue was excised. Finally after guarantee the absence of infection, the patient was discharged to home three weeks post admission.



After complete tissue healing the patient was readmitted for final surgery where an iliac block bone graft was harvested and fixed with mini plate to compensate the bony loss to preserve the thumb length and fusion of the interphalangeal joint in 20 degrees as there is no way to reconstruct the articular surface. And then skin closure without tension done.



RESULT

Patient was followed in the clinic till wounds healing and physiotherapy and occupation therapy was ordered with final result with preserved thumb shape and function with excellent patient satisfaction.



CONCLUSION

Any case with semi amputation of the thumb should be schedule for reconstructions even with low chance for succeed.