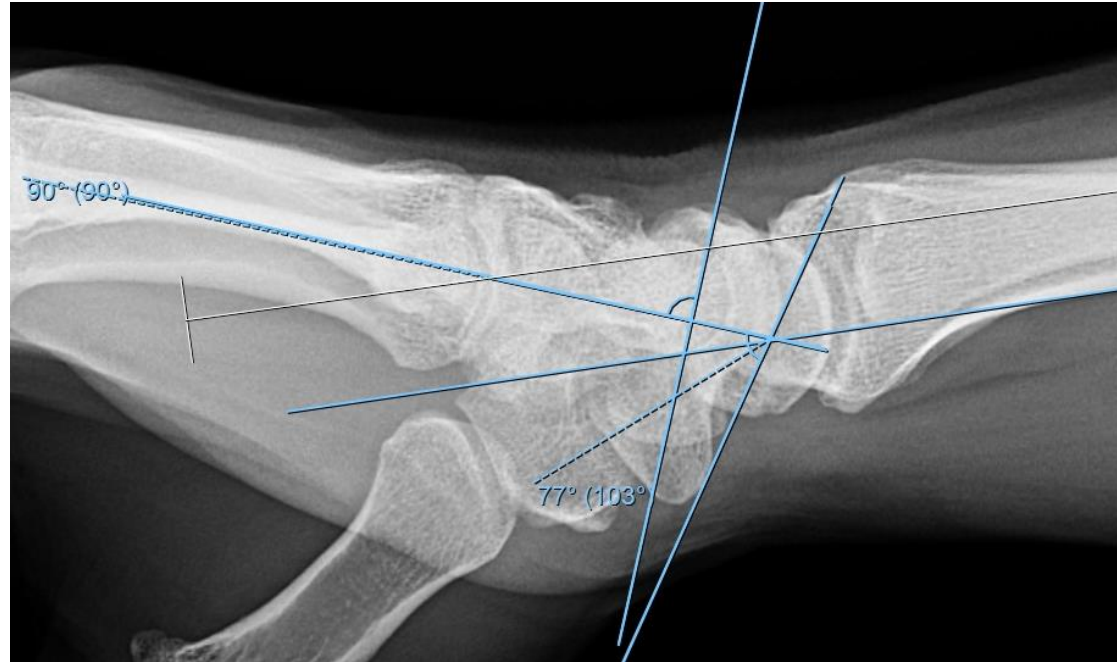
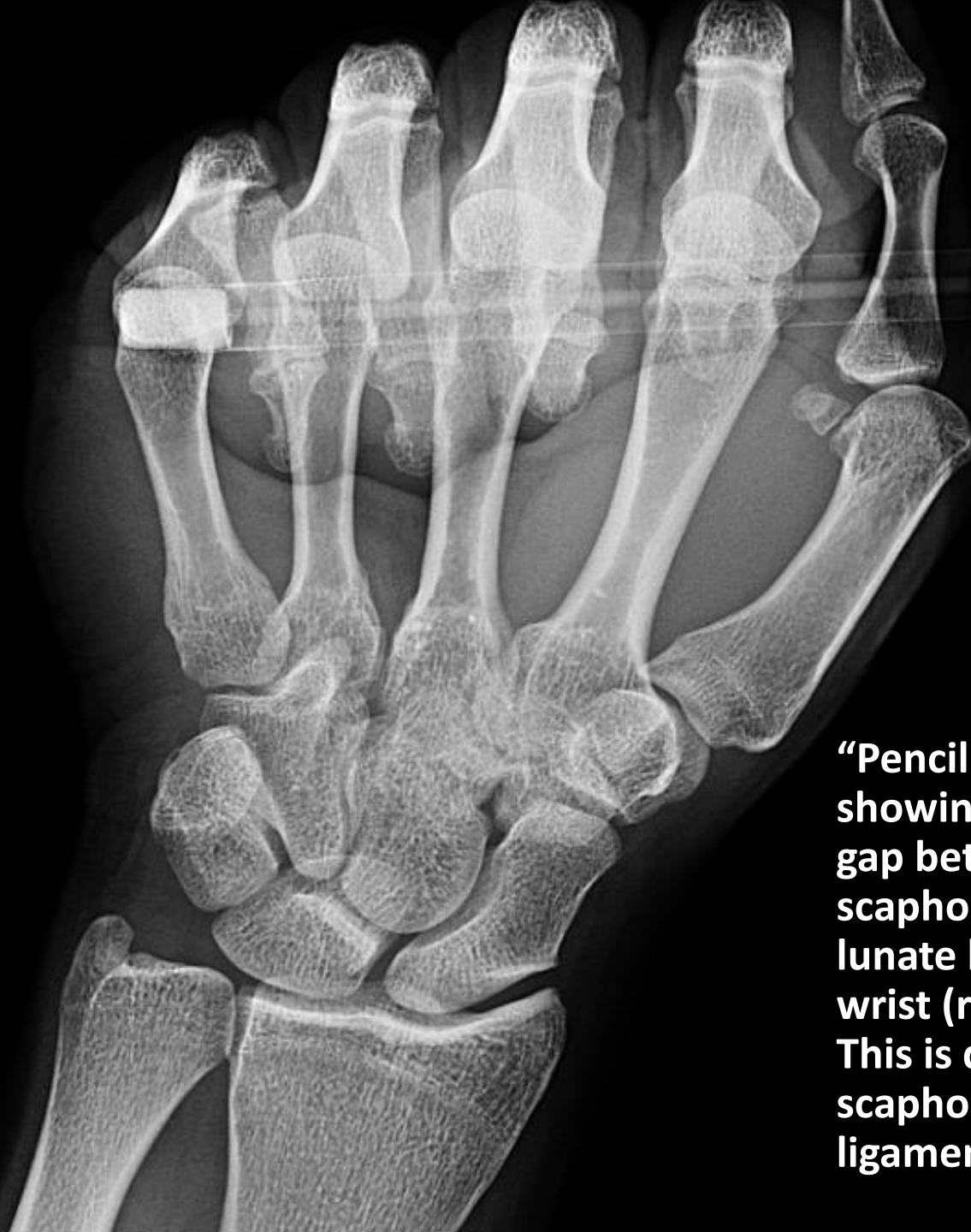


39yo RHD male with 12y history of R wrist injury;
worsening pain over past 6m, especially with
basketball or weightlifting

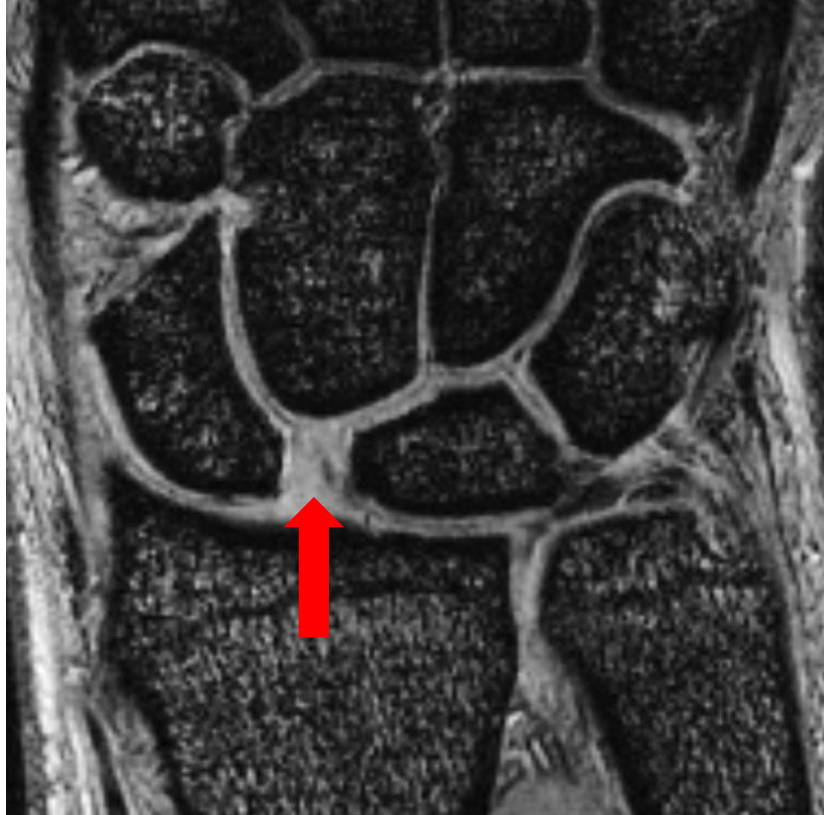


Maintained nearly full wrist ROM and grip (135#) but early onset of arthritis and “clunking” wrist forced an end to basketball and workouts. Desired improvement in his painful wrist instability and a means to stop the arthritic progression.



**“Pencil Grip” xray
showing wide open
gap between
scaphoid and
lunate bones of the
wrist (red arrow).
This is diagnostic of
scapholunate
ligament rupture.**

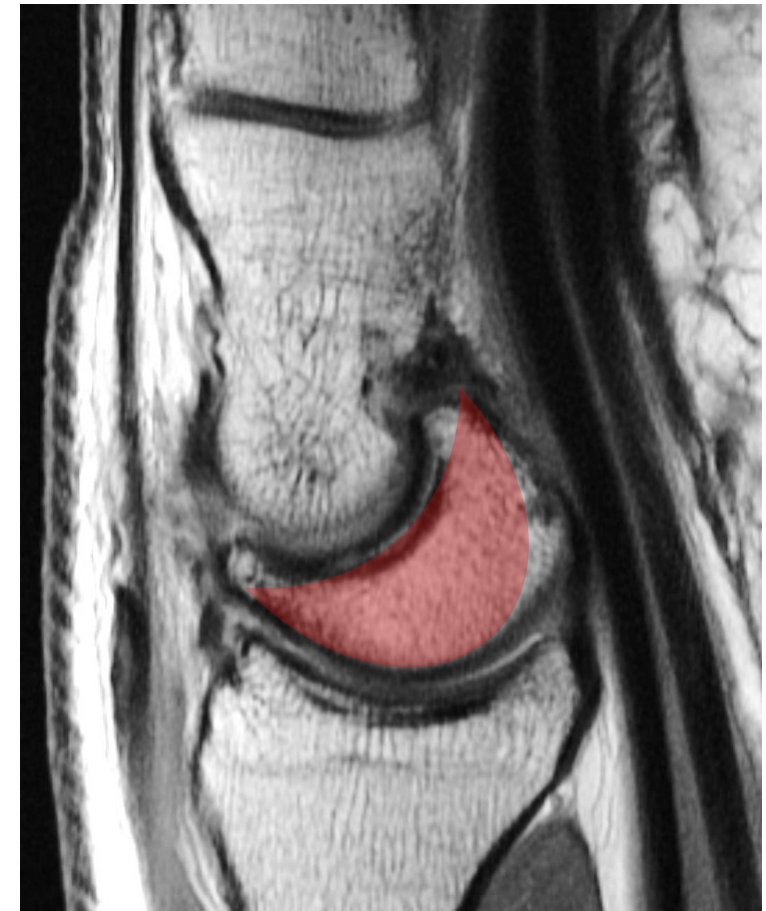




Ultra-high resolution HSS MRI scan demonstrates complete and chronic rupture of the scapholunate ligament (red arrow) but maintenance of sufficient cartilage (white arrow) to proceed with reconstruction.

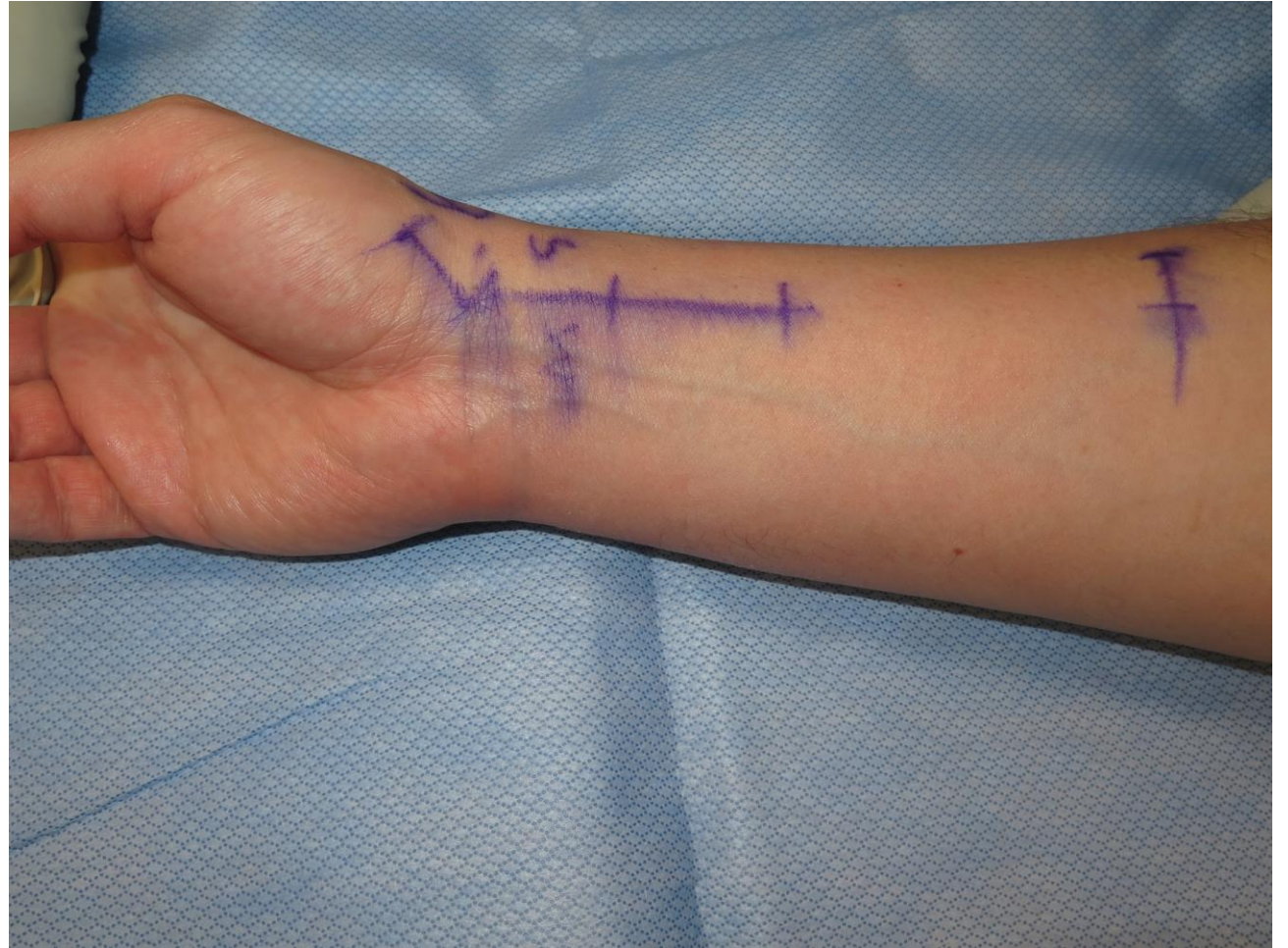


Axial MRI view demonstrates gross dorsal translation of the scaphoid from its normal position (double red arrow)

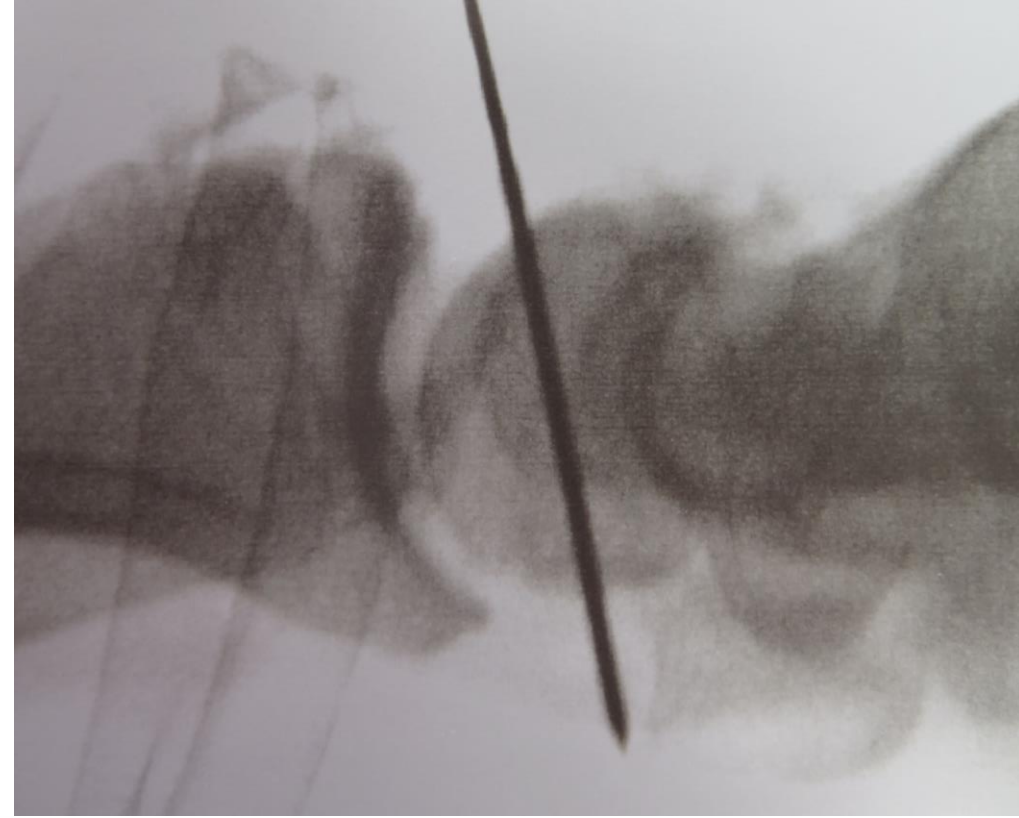
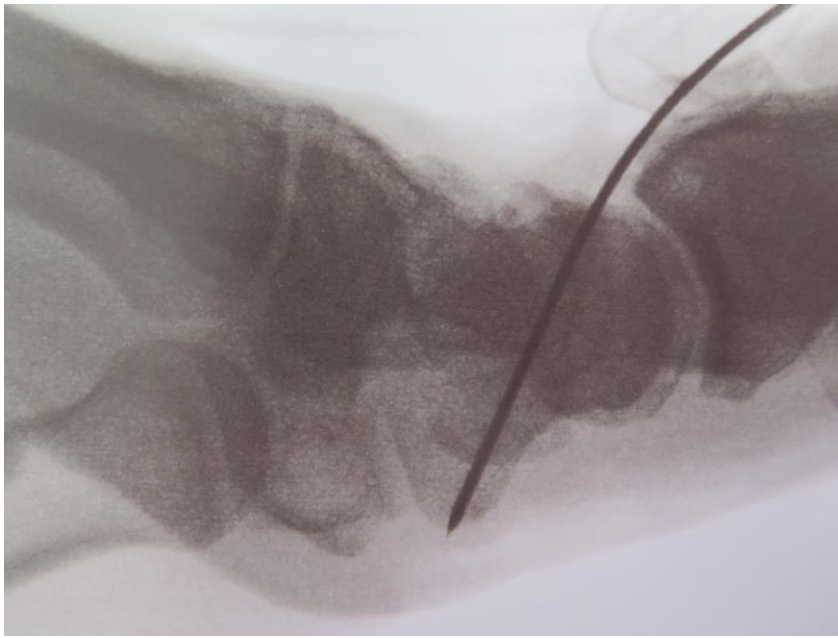


Sagittal MRI view shows complete loss of normal lunate alignment (red moon shape), also known as dorsal intercalated segment instability or DISI.

Anatomic Front and Back (ANAFAB) Ligament Reconstruction



Planned surgical incisions on the back (left) and front (right) for the ANAFAB repair.

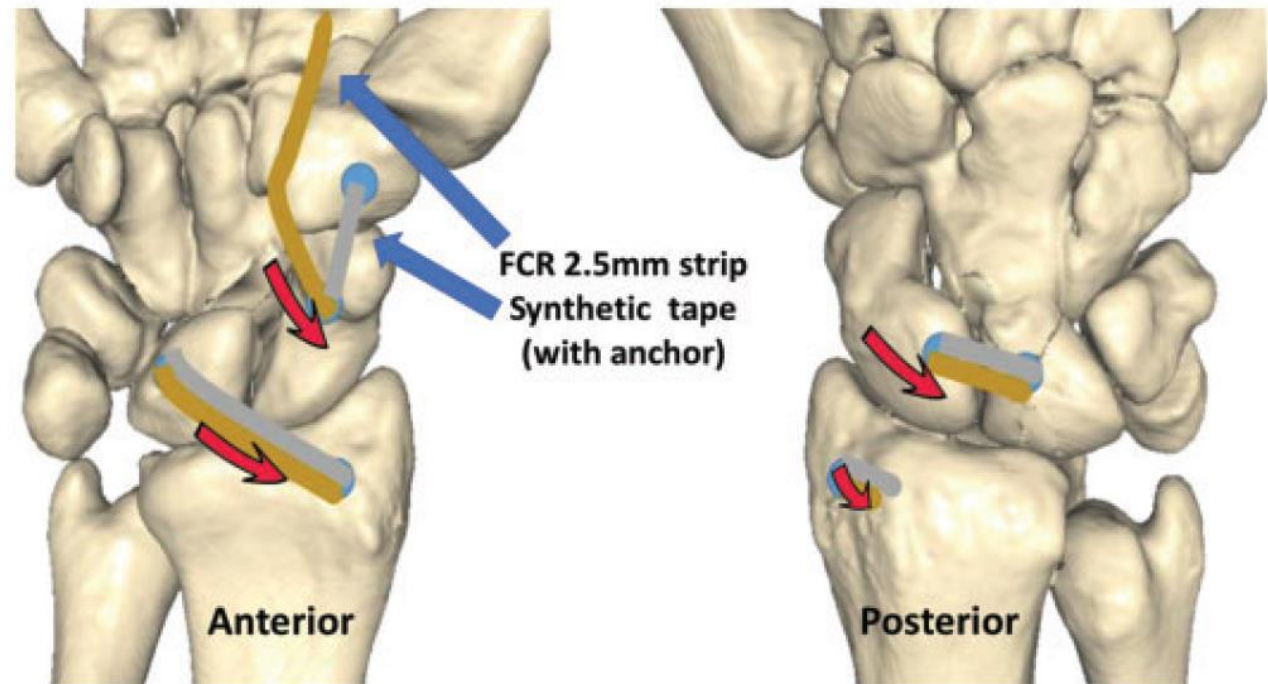


Precisely positioned tunnels are drilled in the bones to receive the tendon graft/synthetic tape composite reconstruction of four critical ligaments.

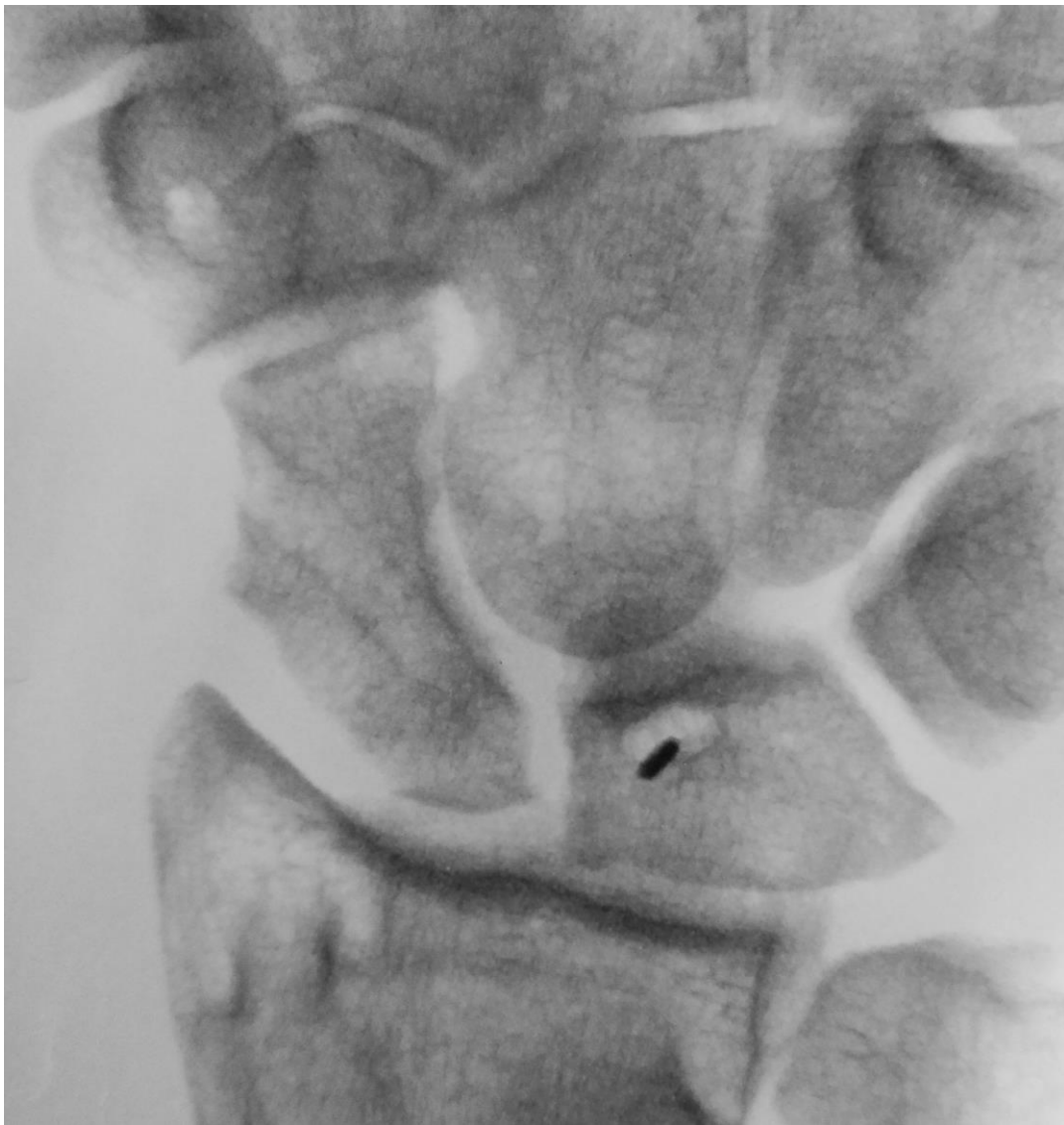
Anatomical anterior and posterior reconstruction for scapholunate dissociation: preliminary outcome in ten patients

Michael Sandow^{1,2} and Thomas Fisher²

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Bone tunnels traverse the scaphoid, lunate and radius, and the tendon graft/tape composite is woven through and secured to bone.



Final fluoroscopic views in the operating room.

12 days following ANAFAB ligament reconstruction



3 months following ANAFAB ligament reconstruction



6 months following ANAFAB ligament reconstruction



“Pushup Test” at six months.
Full return to work and sports.