



## Kienbock' S Disease: Description of a Case Imaging Article

Saccomanni Bernardin<sup>1,2\*</sup>

<sup>1</sup>Department of Orthopaedic and Traumatologic Surgery, Ambulatorio di Ortopedia e Traumatologia, Italy

<sup>2</sup>ASL BARI, Italy

### Clinical Image

A 59-year-old woman presented with 9 months of progressive left wrist pain with no prior history of injury. Examination revealed tenderness over the left dorsal lunate with diminished grip strength and limited extension. Radiography demonstrated sclerosis of the lunate (Figure 1). Magnetic Resonance Imaging (MRI) showed the use abnormal low signal throughout the lunate on T1-weighted image consistent with a vascular necrosis (Figure 1). A diagnosis of Kienböck's disease was made. She underwent a proximal row carpectomy, a reconstructive salvage procedure that aims at maintaining wrist motion and relieving pain. Following surgery, her wrist was immobilized in a cast for 6 weeks. At 5 months' follow-up, an improvement in pain and wrist function was noted.

Kienböck's disease was described by Austrian Radiologist Dr. Robert Kienböck in 1910. He precise etiology of this condition remains unknown. It is thought to result from a combination of anatomic, vascular, traumatic and mechanical factors leading to impaired lunate vascularity [1]. Patients typically present with unilateral dorsal wrist pain which is classically insidious in onset and can be aggravated by activities. Symptoms can vary in severity and rarely bilateral wrists. Here there is no history of acute trauma. Physical examination reveals tenderness over the dorsal lunate and radiolunate facet, poor grip strength and reduced wrist motion [1,2]. He diagnosis of Kienböck's disease can be made on plain radiographs. Although it may not reveal abnormalities early in the disease process, it usually progresses to reveal increased lunate density indicating osteonecrosis [1,2]. MRI is a good modality in detecting early stages of the disease and typically shows use hypointensity on T1-weighted images which correspond to decreased vascularity and necrosis. It is important to note that this uniformly decreased signal intensity within the lunate is essential in establishing the diagnosis [2,3]. Staging of Kienböck's disease is mainly based on radiographic findings and is used to guide management. Here remains no gold standard treatment despite various available therapeutic options. The three main surgical options include mechanical unloading, salvage and revascularization procedures. Treatment goals include relieving symptoms, preserving motion and restoring function [1-3]. If left untreated, Kienböck's disease can lead to progressive joint destruction.

### OPEN ACCESS

#### \*Correspondence:

Saccomanni Bernardin, Department of Orthopaedic and Traumatologic Surgery, Ambulatorio di Ortopedia e Traumatologia, Via Della Conciliazione, 65 Cap 74014 Laterza (Ta), Italy, E-mail: bernasacco@yahoo.it

Received Date: 01 Dec 2018

Accepted Date: 17 Dec 2018

Published Date: 20 Dec 2018

#### Citation:

Bernardino S. Kienbock' S Disease: Description of a Case Imaging Article. Clin Surg. 2018; 3: 2264.

**Copyright** © 2018 Bernardino S. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



**Figure 1:** (PANEL A) wrist radiograph demonstrates sclerosis of the lunate. (PANEL B) T1-weighted image shows relatively use abnormal low signal (white arrow) throughout the lunate.

### References

1. Cross D, Matullo KS. Kienböck disease. Orthop Clin North Am. 2014;45(1):141-52.
2. Lutsky K, Beredjikian PK. Kienböck disease. J Hand Surg Am. 2012;37(9):1942-52.
3. Arnaiz J, Piedra T, Cerezal L, Ward J, Thompson A, Vidal JA, et al. Imaging of Kienböck disease. Am J Roentgenol. 2014;203(1):131-9.