

## Correspondence

# Scaphotrapezio-trapezoid dislocation

We read with great interest the Case report by Maxwell and Morris (1993) about the scaphotrapezio-trapezoidal dislocation. On the occasion of a personal case, we did a review of the literature and could find several published cases: three by Garcia-Elias et al. (1989) and one each by Gipson (1983) and Stevanovic (1990). Unfortunately, different names have been the same injury pattern, making a systematic used for the literature search difficult.

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We are grateful for the comments of Dr. De Smet and Dr. De Vlies. However, we selected those reports, which we felt to be of particular value. Of the references quoted by Drs. De Smet and De Vlies, Garcia-Elias et al. (1989) also provides an excellent review of axial dislocations of the carpus.

We did state in our report that there had been previous reports of scaphotrapezial dislocation, and though they bear the same title and similarities to our injury, these and the references quoted by Drs. De Smet and De Vlies are not the same injury we have described.

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Dislocation of the trapezium-trapezoid region are rare, these injuries are not mentioned at all, or very briefly, in current literature (Taleisnik 1985, Saffar 1990, Gilula 1990). The case reported by Maxwell and Morris (1993) showed the combination of scaphotrapezio-trapezoid dislocation together with fracture of the second metacarpal and dislocation of all the carpo-metacarpal joints. This combination of injuries has not been reported in the references given by De Smet and De Vlies.

The decision of the Editorial Office to publish this case was primarily taken to draw attention to the fact that injuries in the trapezium-trapezoid region are difficult to detect and might be overlooked if combined injuries exist.

There is indeed a lack of a generally accepted classification system of carpal injuries. New radiographic methods are probably necessary (Gilula 1990).

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