Dear Sir,

A 27 year-old right-handed motorcycle courier presented 1-year after a fall from a bicycle. Complaints included persistent pain at the base of the hypothenar eminences of both hands and 3 months of painful tingling in his thumb, index and middle fingers, which was worse at night. Physical examination revealed point tenderness over the hamate hooks bilaterally and weakness and pain on gripping. Tinel’s sign’ and Phalen’s test were positive bilaterally. Anteroposterior and lateral X-rays were normal but carpal tunnel skyline views demonstrated bilateral hook of hamate fractures (Fig 1). Transaxial computed tomography (CT) scan of the wrists in the “praying position” defined hypertrophic non-unions (Fig 2). Electrodiagnostic studies identified bilateral carpal tunnel syndrome. The patient underwent left carpal tunnel release and excision of the hook of the hamate through the same incision. All pain and nerve compression symptoms on the left side resolved soon after surgery, grip strength improved and the patient returned to normal activity. The patient subsequently underwent the same surgery on the right hand with resolution of all symptoms.

This case demonstrates a further complication of hook of hamate fracture non-union. Although ulnar nerve compression has been associated with these fractures (Bishop and Beckenbaugh, 1988), median nerve compression is an uncommon complication (Manske, 1978). Since the hook of the hamate forms the distal and ulnar border of the carpal tunnel, it is understandable that fractures of the hamate hook could produce symptoms of median nerve compression within the carpal tunnel, especially as a result of bone healing. This becomes even more likely when one considers the mechanical forces of the transverse carpal ligament and flexor tendons that displace hamate hook fractures.

References


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