Clinical skills

The Hand Patient: Fracture-dislocation of the base of the first meta-carpal bone (Bennett’s Fracture)

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DISCUSSION

The Bennett’s fracture should be distinguished from a transverse fracture of the base of the first meta-carpal which is called a Rolando fracture. Two types of Rolando fractures are described namely ulnar deviated and radial deviated. The ulnarly deviated fractures (i.e. bent towards the index finger) are usually stable and can be treated conservatively with splinting for two or three weeks after which active mobilization is allowed. The radially deviated fracture (i.e. bent away from the index finger) is usually an unstable fracture and should be internally fixed.

The pathology of a Bennett’s fracture is a hyper-abduction injury. The dislocation proximal and radial wards is due to the strong pull by the abductor pollicis longus tendon. This should be countered when reduction is done. The avulsed ulnar bony fragment is still attached to the intact strong inter-meta-carpal ligaments.

Untreated Bennett’s fractures may develop post-traumatic osteo-arthritis. This will then have to be addressed with e.g. an excision arthroplasty. However this is seldom necessary.

With sincere regards,

Ulrich Mennen