

Clinical and Radiological Outcomes of Current Surgical Techniques for Chronic Scapholunate Ligament Instability: A Meta-Synthesis



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Chronic Scapholunate Ligamentous (SLL) rupture accelerate arthritis

DISI Wrist (PA)

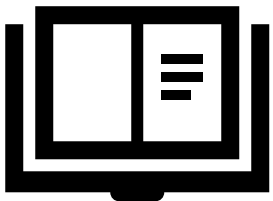
DISI Wrist (Lateral)

Coronal MRI

Axial MRI



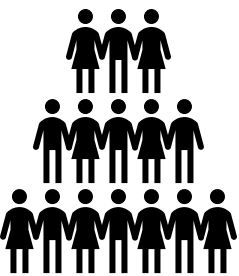
Systematic Review of Comparative Studies, Registered on PROSPERO



29 Comparative Studies of Surgical Treatment Options



Capsulodesis, Tendon Graft, Tenodesis, Adjunct and BLB



881 patients, mean age 37 years and average of 6 years of follow-up



Static SL angles were restored in Capsulodesis, BLB graft and Adjunct techniques (30 – 60 degrees)



PRWE improved best in tendon graft group, DASH improved best in tenodesis group



No single surgical technique reduced static SL interval to normal range (<2cm)



16% reported complications – SLAC in 6.5% of cases and commonest group was BLB



- Surgery may improve PROMs
- Some techniques may restore SL angles
- Surgery may not restore SL diastasis