

## “SPAGHETTY WRIST”



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### Abstract

#### Introduction:

Lacerations to the volar wrist surface have the potential to be severely debilitating, mainly due to the superficial location and high density of tendons, nerves and arteries in that area.

Laceration of multiple flexor tendons in zone V presents a special problem in management. Deep forearm lacerations proximal to the transverse carpal ligament typically involve multiple structures, including tendons, median and ulnar nerves, and the ulnar and radial arteries.

#### Materials and Methods:

Extensive volar wrist lacerations, also known as ‘spaghetti wrist’, ‘suicide wrist’ or ‘full-house wrist syndrome’ has been described extensively in the current literature, although there is no standard definition as to what constitutes a spaghetti wrist. Despite their relatively frequent occurrence in the civilian population, few data are available in the literature to classify these injuries; thus, a uniform reporting, severity of disability and prognosis are not available.

Rehabilitation of the patient with a tendon injury is a challenging process. The repaired tendon must be simultaneously protected from rupture and moved in a controlled fashion. While measures are necessary to protect the repaired structures, early controlled motion is required to enhance healing and function. Appropriate intervention at the correct phase of healing is based on an understanding of tendon and soft tissue healing and the factors that influence repair and function.

#### Results:

Coordination between the surgeon and the therapist is essential. Tendon injuries can profoundly affect hand function and appropriate therapy and rehabilitation are essential to preserve function to the fullest extent possible.

#### Conclusion:

The minimal definition of spaghetti wrist needs to be redefined comprehensively to include lacerated structures other than volar wrist structures and the classification should include all variants, so that, functional outcome studies can be conducted and reported.