



## Simultaneous bilateral scaphoid fractures in a soldier managed conservatively by scaphoid casts

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Dear Sir,

Simultaneous bilateral scaphoid fractures are quite rare. Current trends favor internal fixation to avoid prolonged cast immobilization and morbidity; however, these fractures can also be successfully treated with conservative cast immobilization conservatively by casting with comparatively early return to full activity. Here, we report a case of a soldier who was managed conservatively with an early return to active duty [1-5].

A 32-year-old soldier fell on outstretched hands while training, resulting in acute pain and mild swelling of both wrists. A physical examination revealed tenderness in the anatomical snuffbox of both wrists, and radiographs revealed bilateral undisplaced scaphoid wrist fractures (Figures 1, 2). Therefore, the patient was offered the option of surgery or a trial of conservative management, and he opted for the latter. Short arm scaphoid casts were applied to both wrists and removed at 8 weeks, at which point X-rays showed that the fractures were healed (Figure 3). However, the patient still experienced stiffness of the wrist joints and

reduction in grip strength. Thus, he underwent regular physiotherapy, and after 3 weeks, regained full range of motion and grip strength. He subsequently returned to full active duty.

Only 1% of scaphoid fractures are bilateral, and simultaneous bilateral scaphoid fractures are even more rare. Most of these fractures occur in athletes and manual workers [1]. Typically, a fall on outstretched hands and hyperextended wrists, with most pain and tenderness localized in the anatomical snuffbox of the wrist, is indicative of this type of bilateral injury. This classical presentation was seen in our patient. Diagnosis can be confirmed by X-rays (e.g., posterior-anterior, lateral, oblique), computed tomography, magnetic resonance imaging, and bone scans [2,3]. The management of scaphoid fractures remains controversial [1]. Over 90% of undisplaced scaphoid fractures are still treated with cast immobilization<sup>4</sup>. However, this treatment has several drawbacks, including prolonged absence from work, wrist stiffness, and muscle weakness that occurs with prolonged cast immobilization. To overcome these downsides, some authors recommend in-

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**Received / Accepted** : October 11, 2013 / November 27, 2013



**Figure 1.** Anteroposterior (AP) and lateral radiographs of the right wrist show undisplaced scaphoid wrist fractures.



**Figure 2.** AP and lateral radiographs of the left wrist show undisplaced scaphoid wrist fractures.



**Figure 3.** AP radiographs of both wrists show healed scaphoid fractures.

ternal fixation, especially in cases of simultaneous bilateral scaphoid fractures [1,2]. Compared to casting, surgery supposedly promotes an earlier return to work by approximately 4 weeks, and also gives improved union rates [1]. Pertinently, in our case, union occurred in both fractures after about 8 weeks of cast immobilization. This duration, seen previously in bilateral scaphoid fractures [5], compares favorably with patients who undergo surgery [4]. Thus, conservative management is a viable option in undisplaced bilateral simultaneous scaphoid fractures.

**Conflict of interest:** Each author certifies that he has no commercial associations (e.g. consultancies, stock ownership, equity interests, patent/licensing arrangements) that might pose a conflict of interest in connection with the submitted article.

**Grant:** None of the authors received any financial aid for this study.

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