SUMMARY

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Arthroscopic surgery is commonly practiced in the knee and shoulder, but only recently advanced arthroscopic techniques have been used in the wrist. As our understanding of the wrist has continued to improve, the technological advances made in arthroscopic equipment and techniques have allowed this modality to be used to aid in the diagnosis and management of wrist problems. Wrist arthroscopy allows direct inspection of the joint provided by the minimally invasive surgery which allows anatomic specific diagnosis, surgical reconstruction and early return to function. The indications for wrist arthroscopy are evolving and expanding.

Wrist arthroscopy can be used to evaluate ligament injuries and help determine the size and extent of tears or cause of carpal instability. The ability to perform arthroscopic surgery on the triangular fibrocartilage complex has dramatically increased over the past decade. The present arthroscopic treatment of traumatic central and radial lesions consists of debridement of unstable flaps, whereas dorsal and ulnar-sided lesions can be directly repaired. Centrally located degenerative perforations can be debrided in conjunction with an arthroscopic wafer procedure of the distal ulna. Arthroscopy of the wrist has become a valuable adjunct in treatment of injuries of carpal instability. Arthroscopy aids in the diagnosis of these injuries as well as techniques of treatment of these injuries. Arthroscopy can also be used to assist in the reduction and fixation of intra-articular distal radius fractures, fractures of the scaphoid, acute scapholunate and lunotriquetral tears, and repairing or debriding triangular fibroacartilage tears. Wrist arthroscopy can be used for

confirmation, classification and supplementation of arthrography and other imaging techniques especially if they are inconclusive.

It is extremely important that one is completely familiar with the anatomy both intrinsic and extrinsic to the wrist. Knowledge of the important anatomic relationships which arthroscopy of the wrist increases our interpretation of the arthroscopic findings and allows easier correlation with the patient's clinical presentation.

Wrist arthroscopy is a valuable adjunct in the treatment of intra-articular fractures of the distal radius. A three-dimensional assessment of the articular surface reduction is improved by arthroscopic assistance. Intra-articular fractures of the distal end radius are a subset of fractures at the wrist that require anatomic reduction for optimum outcome. It also allows the detection and treatment of associated chondral and ligamentous injury.

The arthroscopically assisted surgery of scaphoid fractures provides the combined advantages of internal fracture fixation and minimally invasive surgical technique. Also this includes benefits of direct confirmation of fracture reduction and the indentification of ligamentous pathology.

Arthroscopy of the distal radioulnar joint is challenging while its indications are still evolving. Patients with distal radioulnar joint pain who remain a diagnostic challenge before arthroscopy may sometimes be helped by the results of the arthroscopy of this small joint.

The introduction of wrist arthroscopy has provided a valuable tool for the evaluation and treatment of chronic wrist pain. It provides a very accurate and clear evaluation of the wrist joint.

Wrist arthroscopy is a technique that has gained popularity over the last decade. Its unique advantages as a diagnostic and therapeutic tool cannot be ignored. Its superiority in the diagnosis of many wrist problems compared to other available techniques has been proved. The therapeutic potential for wrist arthroscopy appears to be limitless at this time.