INTRODUCTION

Arthroscopy has started a new era in orthopaedic surgery by providing the technical capability to directely examine pathology within joints.

During the past decade, arthroscopy of the wrist has become an invaluable surgical procedure that allows detailed examination of intrarticular wrist disorders. The development of new technology and the advancement of minimally invasive surgical techniques have greatly increased the ability of surgeons who specialized in upper extremity operations to provide much more effective treatment for their patients ***(parisien, 1998)***.

In a historical review of development of wrist arthroscopy in 1939 Takagi described six arthroscopic procedures in joints other than the knee, however none were performed on wrist. Takagi waked an instrument design and developed the no. 11 arthroscope with a diameter of 2.7mm. This instrument was small enough for wrist application but didn't produce a well focused image.

In 1968 Nippon sheet glass company of Osaka, Japan and Nippan Electric Company of Tokyo, Japan. jointely developed a new glass material for the transmission of laser beam.

In 1970, Watanabe in corparated this lens material into new arthroscopy designs which enabled him to examine wrist joint and this was the earlist reported experience with wrist arthroscopy.

In 1985, Whipple and Powell conducted a series of cadaver studies to develop a predictable and coordinated system of portals for arthroscopic acess to the radiocarpal, mid carpal spaces and to the distal radio-ulnar joint. As a result of the studies and development, reliable techniques for arthroscopic examination of the wrist were defined.

Encamped by Whipple's initial clinical experience Poehling used the newly developed techniques and corroborated their safety and efficacy. Wrist arthroscopy has since grand wide spread acceptance ***(Whipple, 1998)***.

The indications of wrist arthroscopy are increasing and expanding due to advances and research performed in the world of wrist arthroscopy. Wrist arthroscopy can be used to assess the condition of ligamentous injuries and help to determine the size and extent of the inter- osseous ligament tears or the cause of carpal instability. It is used for the assessment of joint articular surface, inter osseous ganglions, removal of loose bodies, irrigation and debridement, synovial biopsy and synovectomy. Recently arthroscopy has been used to clarify, confirm, and supplement other imaging techniques of the wrist where certain imaging techniques have proven to be inconclusive. Arthroscopy can also be used to assist in reduction and fixation of intraarticular distal radius fractures and fractures of scaphoid, acute scapholunate and luno triquetral tears and repearing or debinding fibro cartilage tear, in time, we think that wrist arthroscopy will be an integral part of the practice of most hand and wrist surgeries ***(Bettinger et al., 1995)***.