

INTRODUCTION

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Tendon injuries, specially the extensors are common in the hand and fingers. The extensor tendon injuries are more predisposed to lacerations due to their superficial location on the dorsum of the hand and the minimal amount of subcutaneous tissue between the tendons and the overlying skin. In many areas such as the distal finger joint, the tendon is very thin and subject to rupture with sufficient force (*Doyle, 1982*).

Injuries of the extensor tendons are either chronic or acute. Acute type is more common, usually due to trauma from industrial crush accidents, severe degloving injuries, deep abrasions or even gunshot wounds. Simple loss of the continuity of the extensor tendons in the hand is usually not associated with immediate retraction of the tendon ends, because of the multiple soft tissue attachments and interconnections at various levels (*Martin, 1998*).

Extensor tendons are relatively avascular, acellular structures formed primarily from longitudinal strands of collagen that provide the required strength. Healing of the extensor tendons usually require long periods of time to regain the strength (*Strickland, 1998*).

Diagnosis of extensor tendon injuries is not difficult because the resting position of the injured hand often can reveal important clues to underlying injuries of the extensor tendons, even without the patient performing any active motion. This is particularly important in pediatric, intoxicated, demented, or non-compliant patients, who may not be able to perform requested motion (*Collins, 1998*).

The extensor mechanism of the finger in comparison to that of the flexor is thinner, less substantial and less likely to hold sutures well. So, it will need the same amount of skill and knowledge required for care of flexor tendon injuries (*Green et al., 1996*).

Management of extensor tendon injuries is influenced by the timing of injuries, the experience of the practitioners, the presence of other medical or traumatic conditions, the requirements and the level of intelligence of the patient (*Evans, 1986*).