

MICOD –12/08/2024

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# MI-COD

MSS INDIA- Case Of the Day



23 yr/M with **restricted flexion** of the index finger.  
The patient has been **operated for a penetrating injury 1 year ago.**





**Intra-op pictures from the previous surgery** (provided by the patient).  
Surgical notes were not available for correlation.

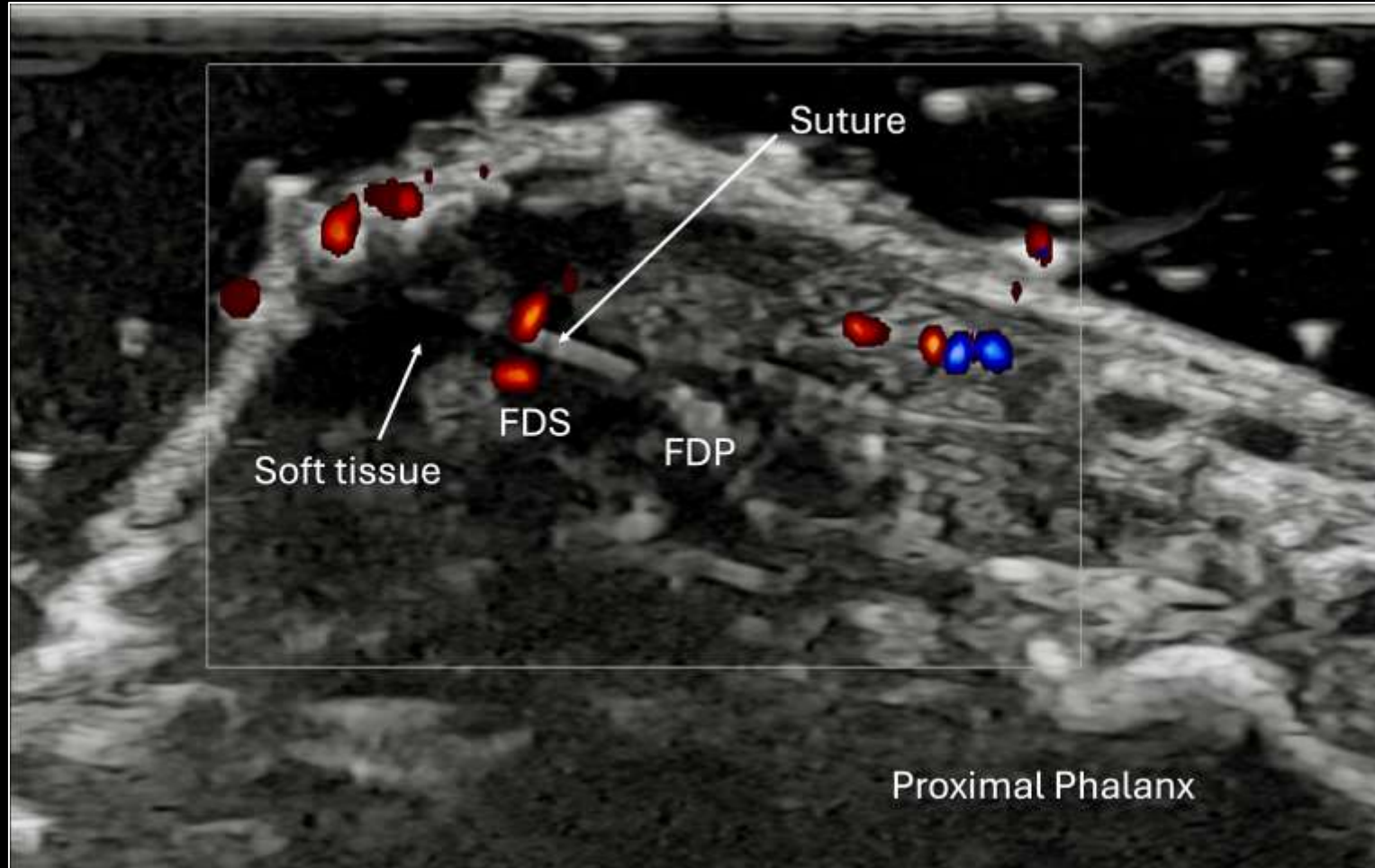


## Indications for ultrasound:

- a) Assess the status of repaired tendons.
- b) Look for peritendinous adhesions.
- c) Determine the possible cause of restricted flexion.

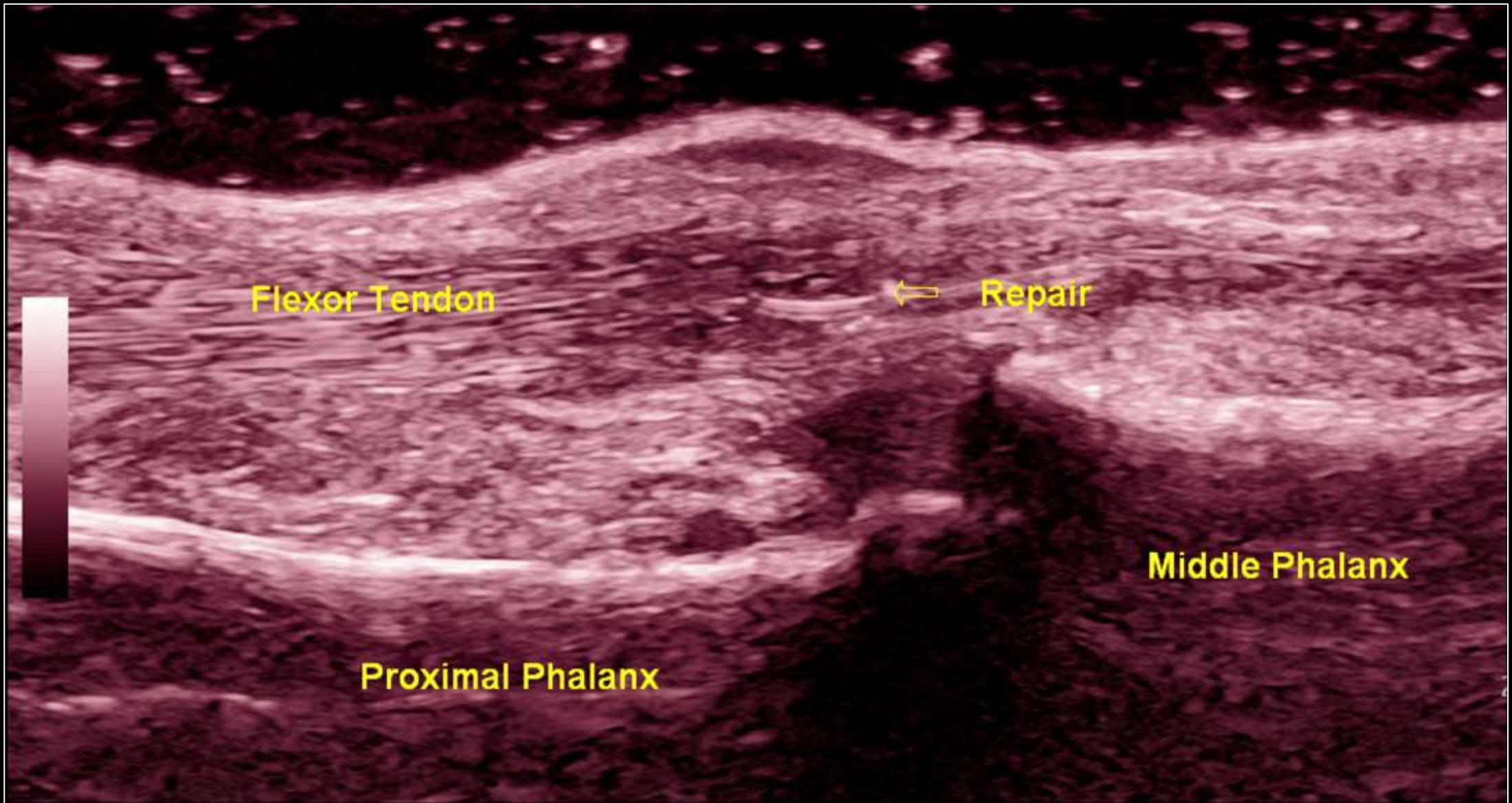


Axial image at the site of palpable nodule.

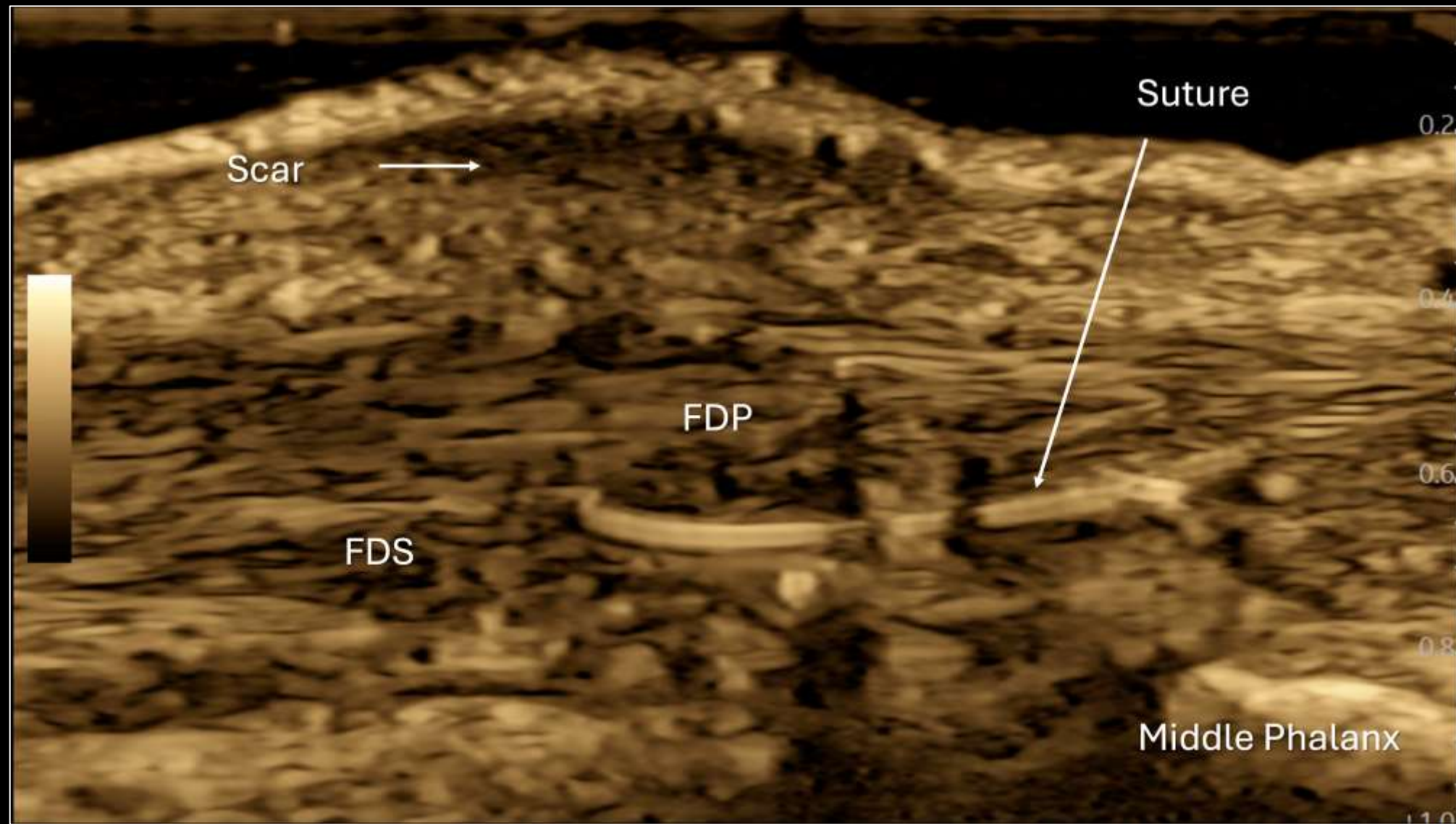


**Suture Granuloma**



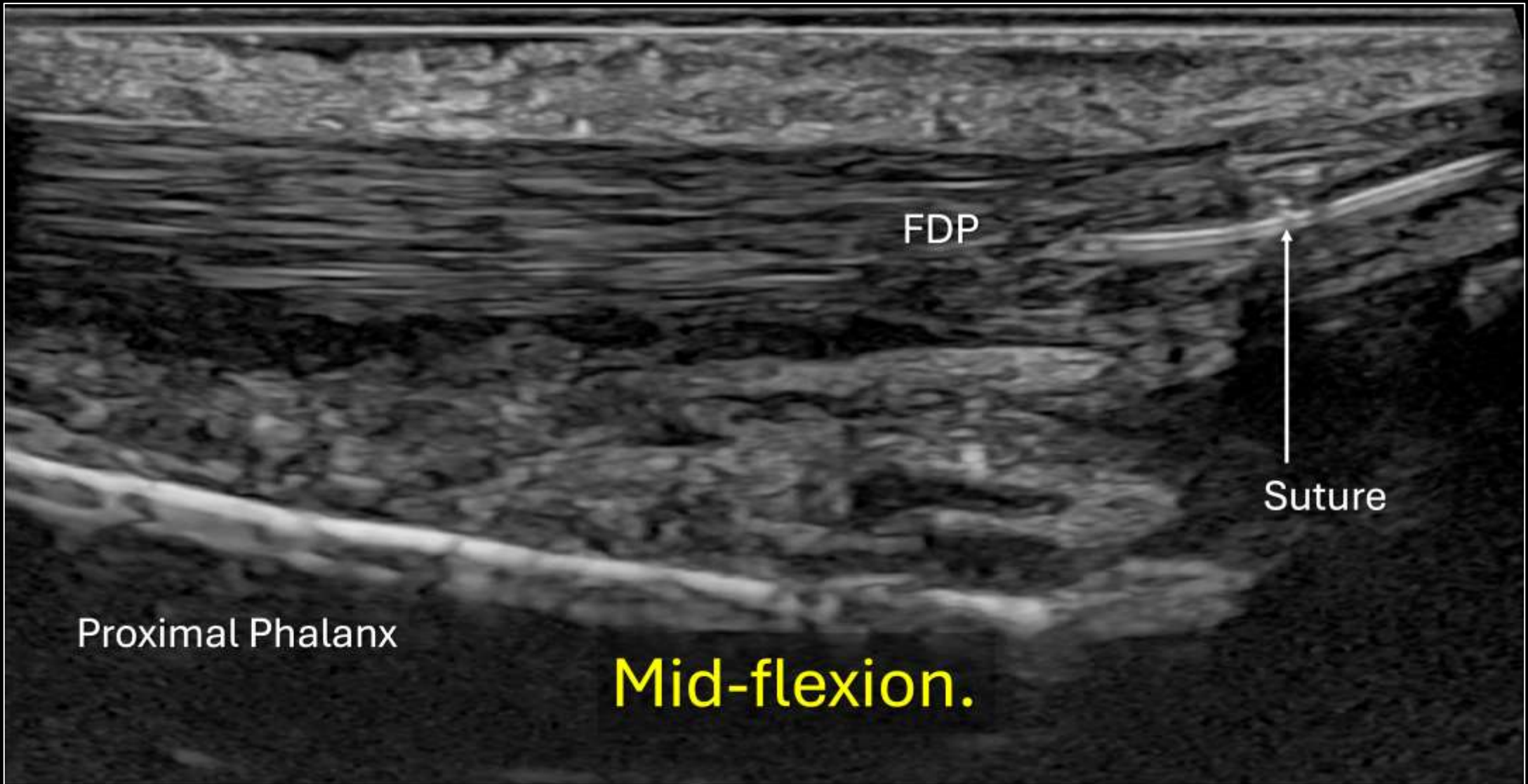


Intact FDP & FDS tendon repair.

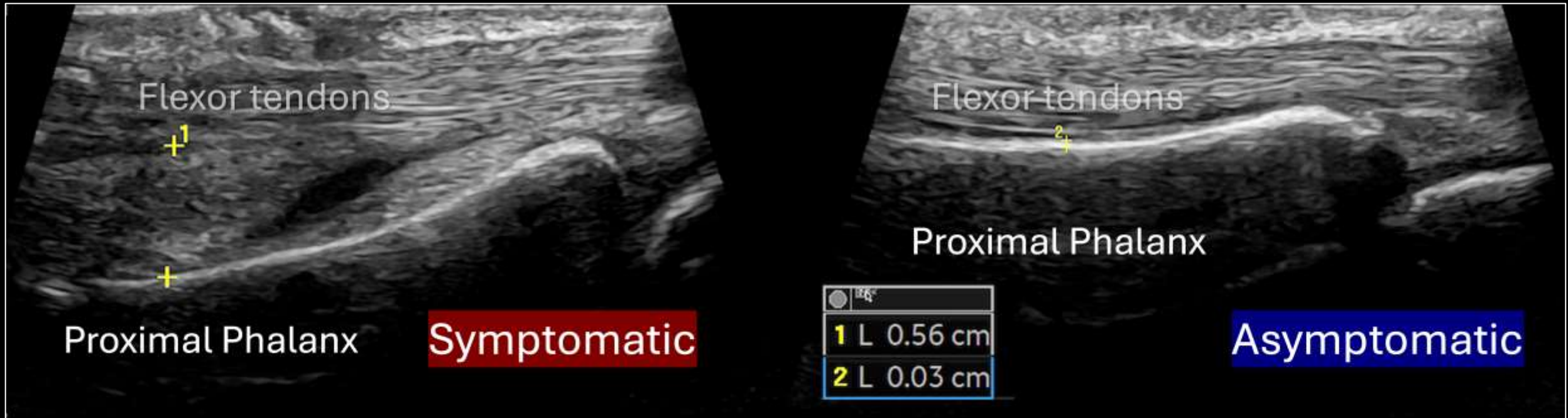


Intact FDP & FDS tendon repair.





**Elevation of the** FDP tendon from the volar cortex of proximal phalanx  
→ ? Bowstringing.



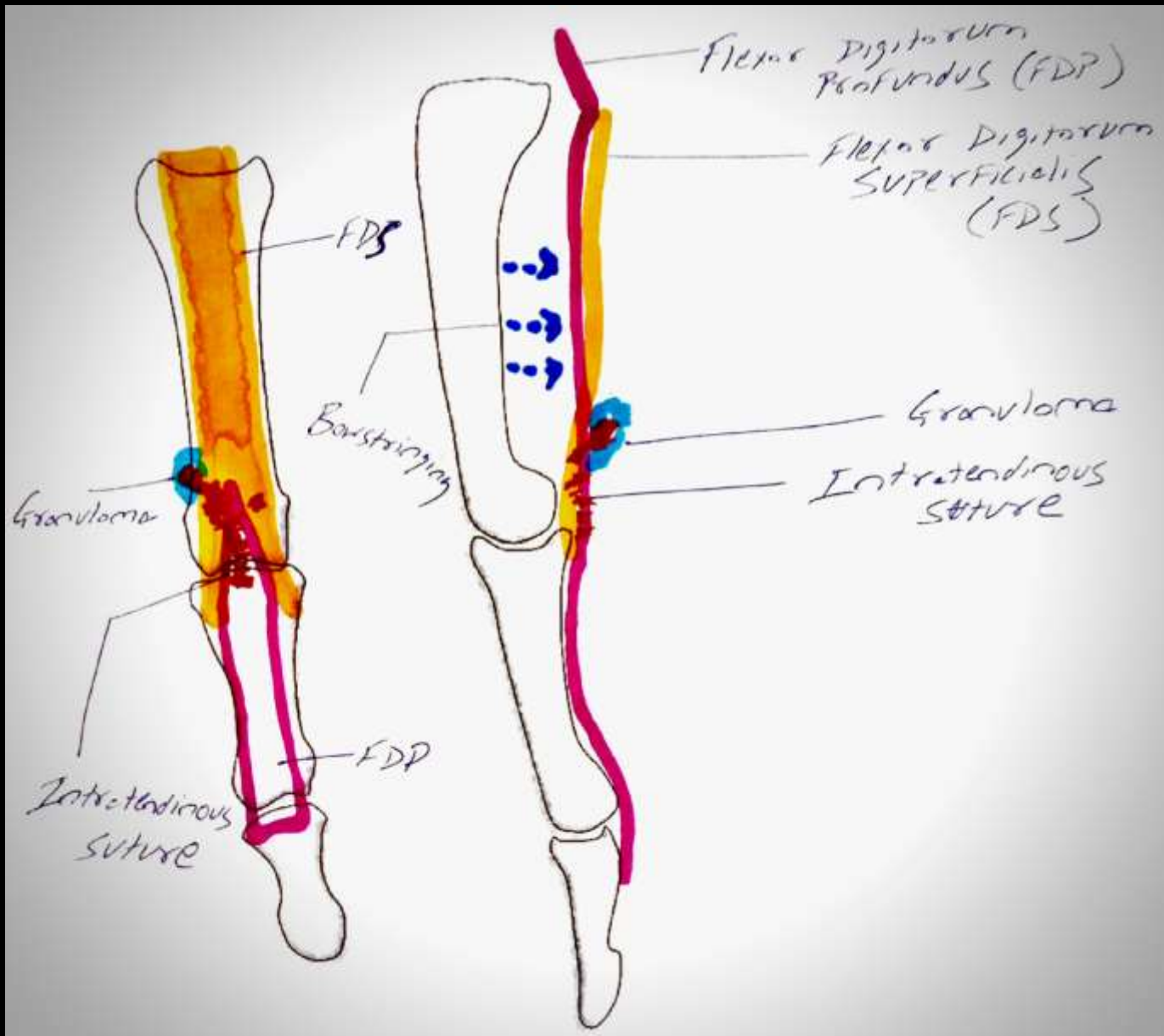
Distance between flexor tendons & volar cortex of proximal phalanx (comparison with asymptomatic side) confirms **bowstringing of the flexor tendons.**

What is the most likely cause of restricted flexion?

- A. Peritendinous adhesions.
- B. Flexor tenosynovitis.
- C. A2 pulley injury.
- D. Retear of the flexor digitorum superficialis tendon.



Trying to put my thoughts together 😊



Answer : C



**Intra-operative photographs show deficient A2 & A3 pulleys.**

The pulleys were completely opened up by the previous surgeon & not repaired at all.

Intact flexor tendons.

THANK YOU

