MI-COD

MSS INDIA- Case Of the Day



Case contributor- Dr. Umamaheshwar reddy

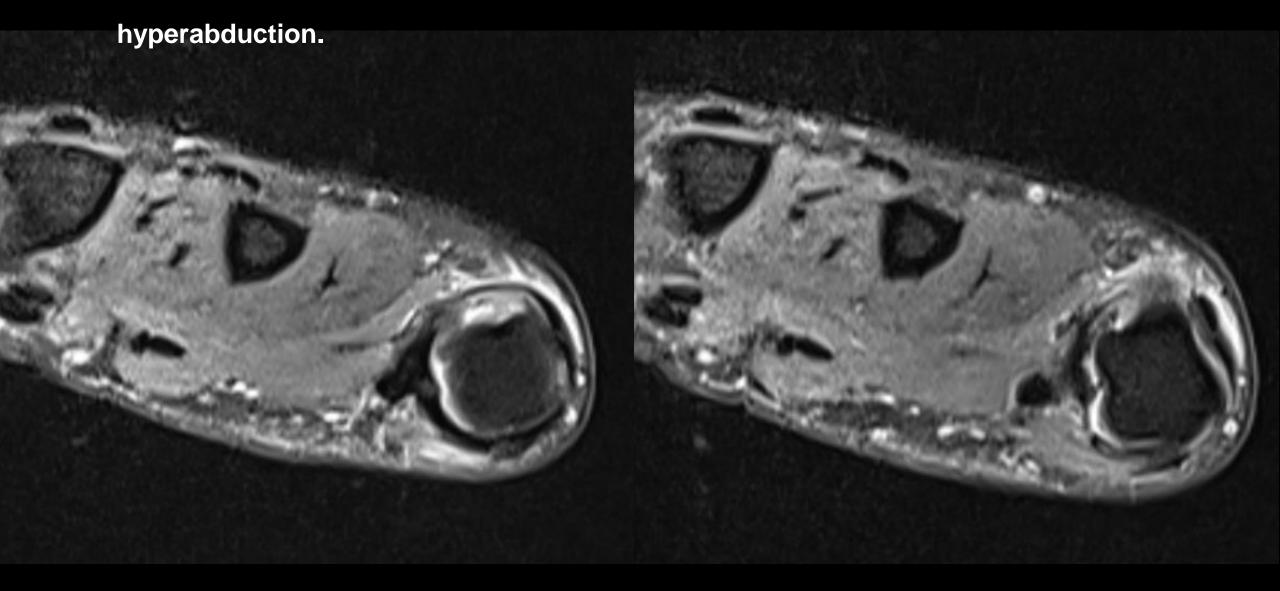
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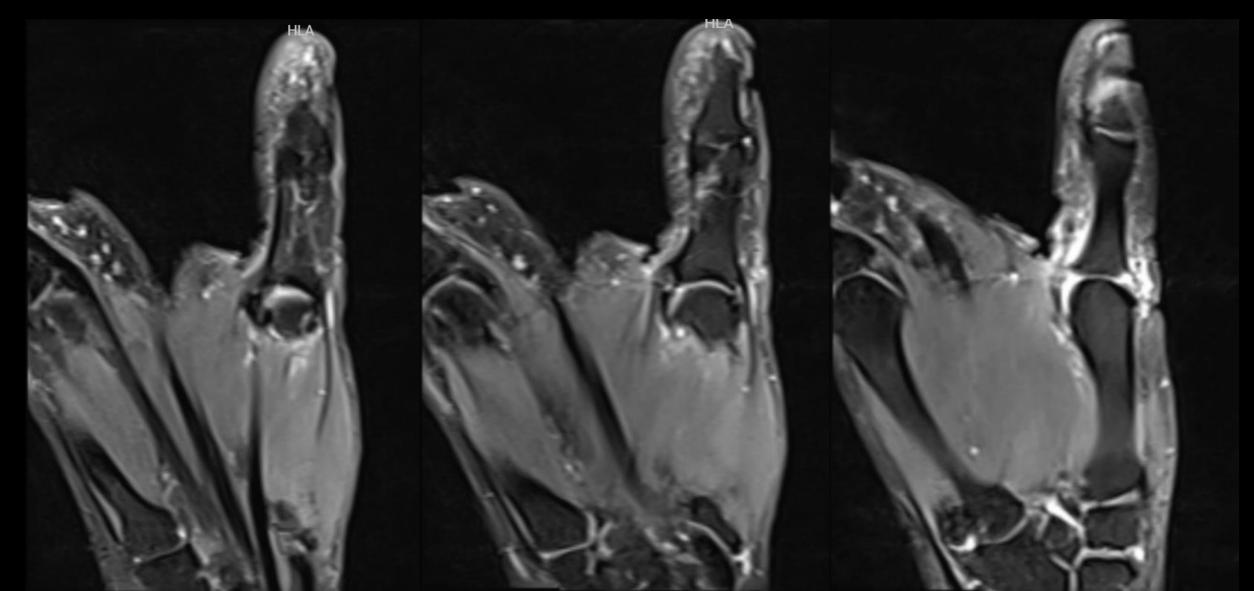
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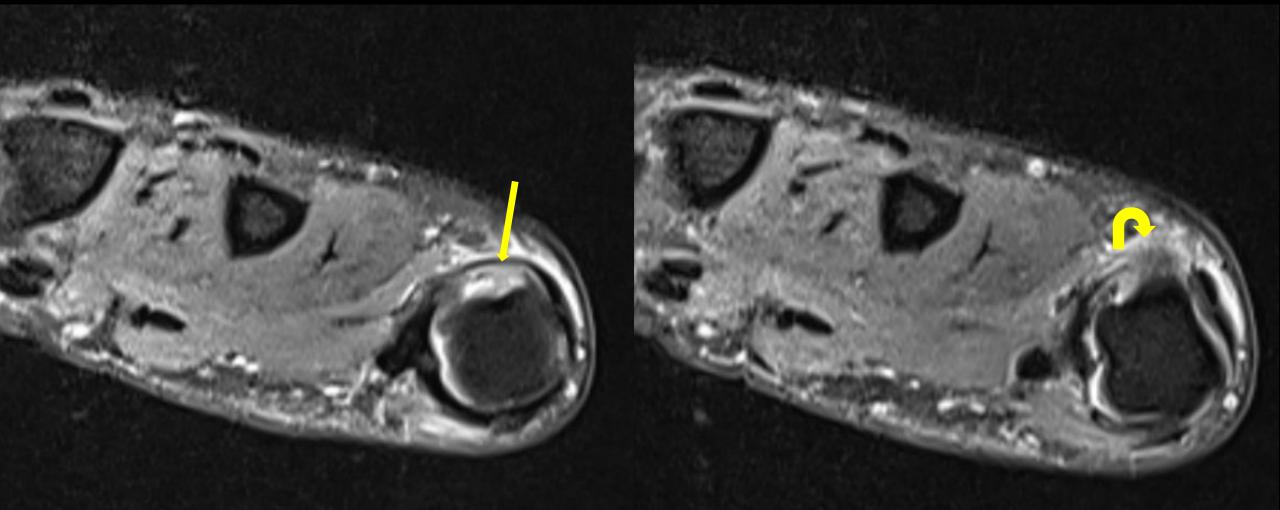
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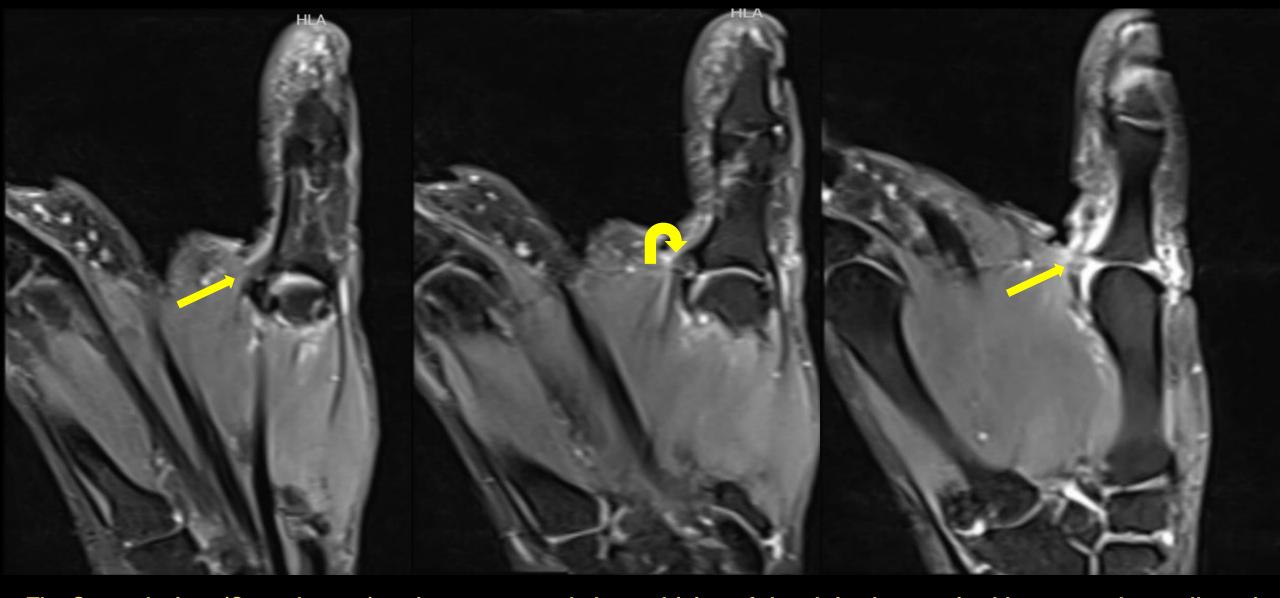
@MSKSocietyIndia @IJMSR_MSSindia @indiamsk @IJMSR • 37 years old woman with pain in the thumb and limited flexion following



- > Why is it important to diagnose and treat promptly?
- ➤ Name analogous lesions if any.







The Stener lesion (Curved arrow) at the metacarpophalyngeal joint of thumb is characterized by a torn ulnar collateral ligament (UCL) at its attachment to proximal phalynx that curled back, resembling a "yo-yo" (Arrow), while the "String" represents the aponeurosis of the adductor pollicis muscle. The adductor aponeurosis gets apposed to the bone, preventing the UCL from returning to its normal position. This displacement necessitates surgical intervention to restore proper ligament alignment.

DIAGNOSIS: STENER LESION

- Injuries to the UCL can result from chronic valgus stresses (gamekeeper's thumb)
 or acute hyperabduction trauma (Skier's thumb).
- A Stener lesion occurs when the adductor aponeurosis interposes between the torn UCL and its insertion, preventing healing.
- MRI, is the gold standard, with coronal images helpful for UCL evaluation and axial images for Stener lesion confirmation.
- Timely surgical repair and rehabilitation lead to an excellent prognosis, with most patients regaining full thumb function and motion.

WHY IS IT IMPORTANT TO DIAGNOSE AND TREAT PROMPTLY?

• If left untreated or mismanaged, the displaced ligament will not heal correctly, leading to persistent thumb instability, reduced grip strength, and potential disability in performing fine motor tasks.

NAME ANALOGOUS LESIONS IF ANY

• Stener-like lesions in the knee (superficial fibres of MCL displaced under the pes anserinus), in the fifth digit (RCL trapped beneath the abductor digiti minimi), and in the hallux (LCL entrapped under the extensor hood and adductor tendon) of hallux all result from forces causing ligament tears with displacement or entrapment, such as valgus stress in the knee, ulnar deviation in the fifth finger, and hyperextension or inversion in the hallux.

WHAT I LEARNT FROM THIS CASE?

• Stener lesions represent a unique and serious complication of UCL injuries at the thumb MCP joint.

• Early recognition, accurate imaging, and timely surgical intervention are key to preventing long-term disability.