

Medial Femoral Trochlea Flap for Proximal Pole Scaphoid Reconstruction

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A 19-year-old male with prior history of a left scaphoid proximal pole ORIF presented with a newly developed avascular necrosis and nonunion at the fracture site. The patient could move 30 degrees of wrist extension with pain, and painless wrist flexion to 80 degrees. Surgical management of this patient included the use of a medial femoral trochlea flap reconstruction in place of the scaphoid defect. The Medial femoral trochlea (MFT) flap has been used as a versatile approach for scaphoid nonunion reconstruction due to similarities in the convex curvature of the flap and the proximal pole. Restoration of radiocarpal joint integrity with a MFT flap was indicated in order to restore range of motion and reduce the risk of progressive wrist instability and arthritis. At 10-weeks post-op, CT scan confirms two-thirds osseous bridging and intact MFT-scaphoid screw with osseous union.