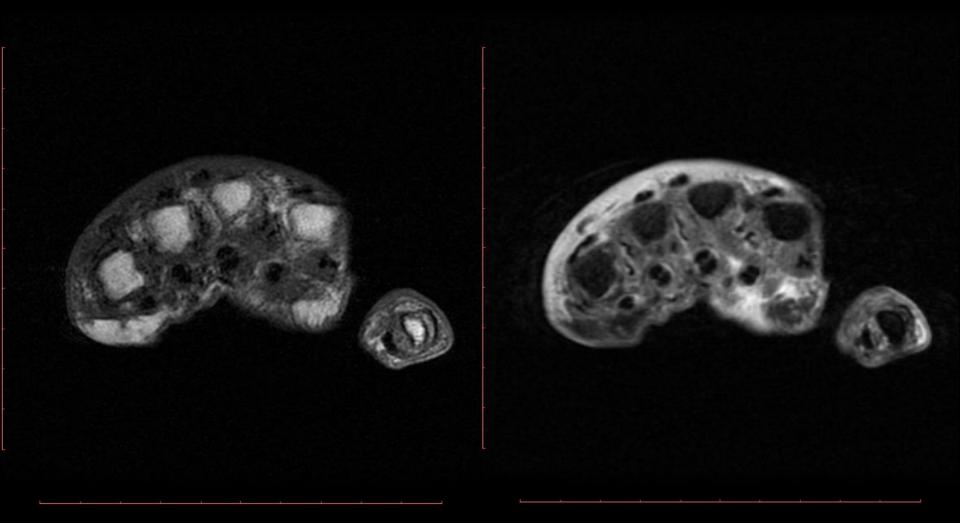
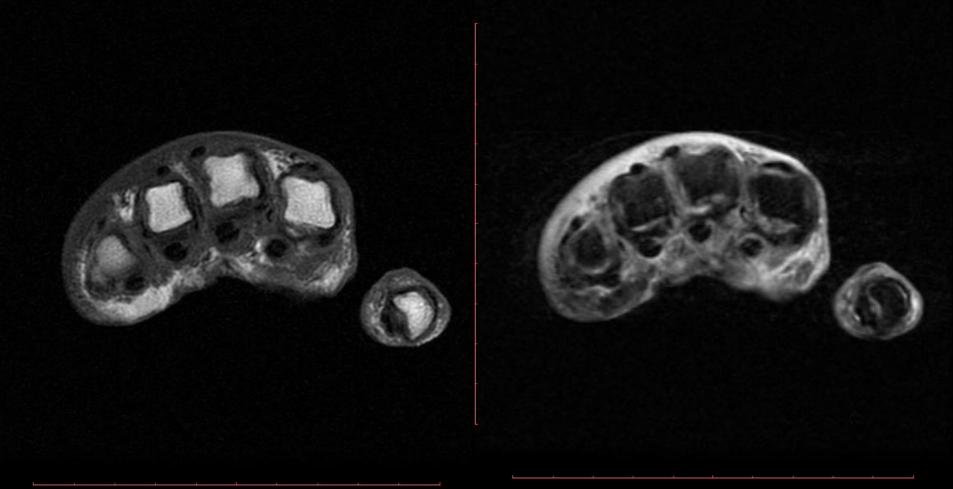
Pain and drooping of middle finger



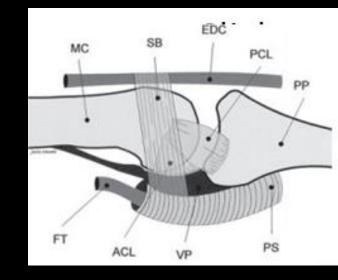


Boxer's knuckle



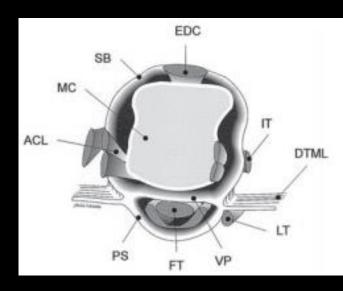
MCP Joint and extensor mechanism anatomy

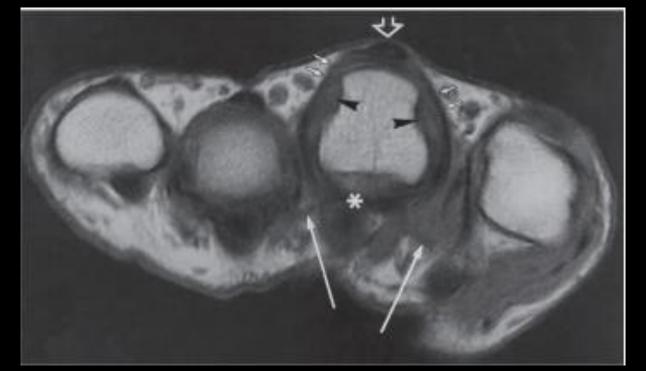
- Collateral ligaments are taut in flexion and lax in extension – allowing abduction and adduction
- Volar plate important stabilizer of the joint and interconnected with adjacent MCP joints by deep transverse metacarpal ligament

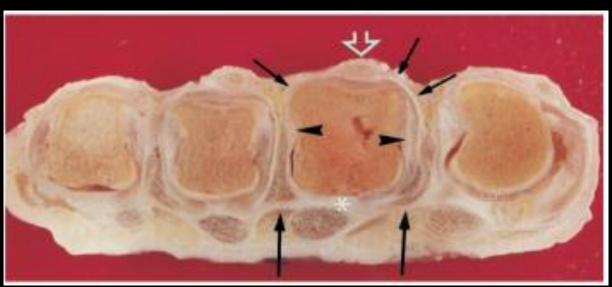


 Extensor hood (including its sagittal bands)— stabilizes extensor tendon at this level and contributes to stability of the joint

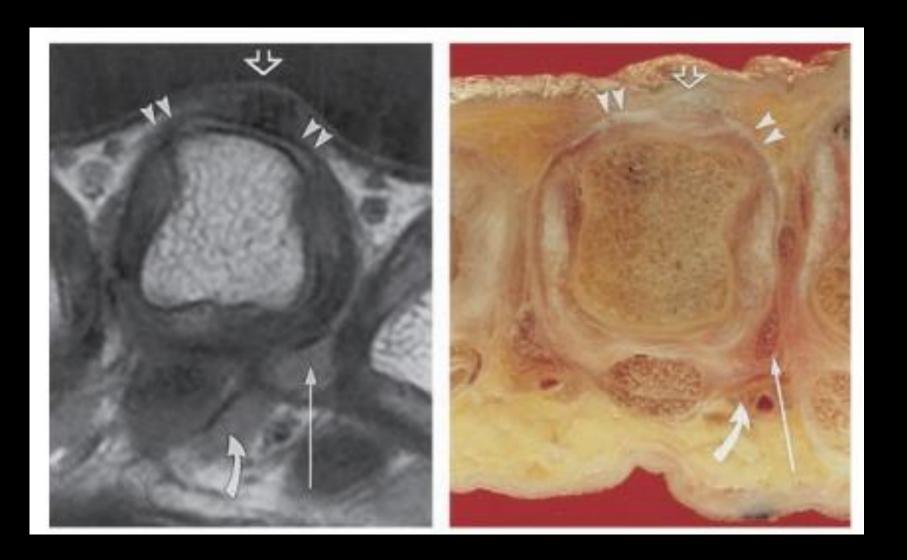
- Extensor tendons
 - Extrinsic (originate in forearm and elbow):
 - · extensor digitorum communis
 - extensor indicis proprius
 - extensor digiti quinti minimi
 - Intrinsic (originate in hand): interosseous and lumbrical muscles
- Extensor tendons reach the hand by passing through fibro-osseus tunnels or dorsal compartments in the wrist
- At MCP joint the extrinsic tendons are stabilized over the dorsum of the metacarpal head by the extensor hood
- Sagittal bands are main component of extensor hood, which starts at the volar plate and has a dorsal tendinous point of insertion





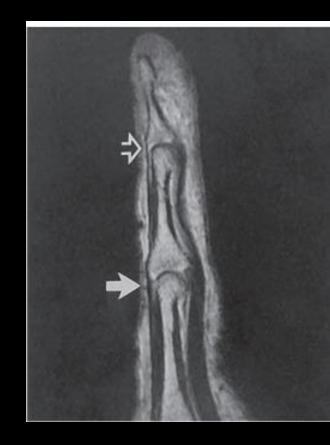


Clavero JA, Alomar X, Monill JM, et al. MR imaging of ligament and tendon injuries of the fingers. RadioGraphics 2002; 22:237–256



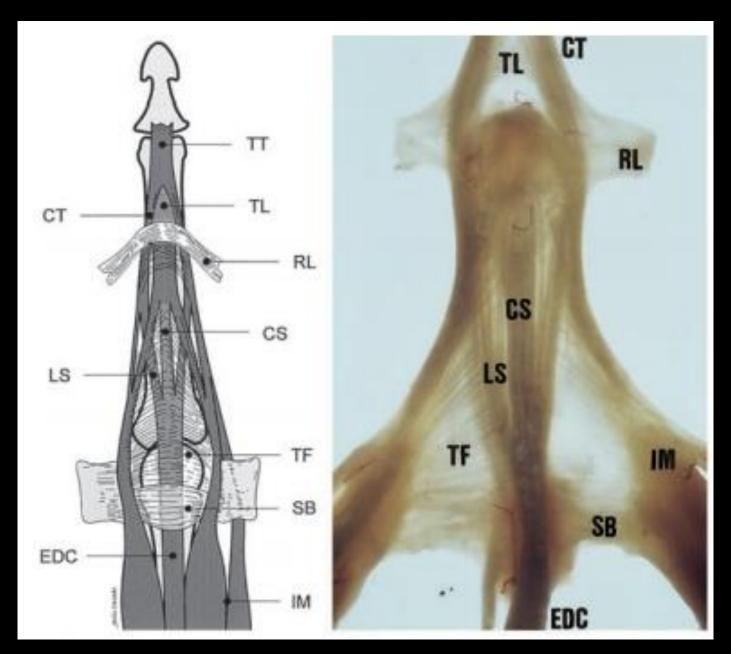
Clavero JA, Alomar X, Monill JM, et al. MR imaging of ligament and tendon injuries of the fingers. RadioGraphics 2002; 22:237–256

- Distal to the sagittal bands, the transverse fibers of the intrinsic tendons contribute to the anatomy of the extensor hood
- Distal to the MCP joint, the extrinsic and intrinsic tendons blend into the dorsal apparatus and are circumferentially distributed over the dorsum of the fingers.
- The extrinsic extensor tendon continues in the central and lateral slips
- Central slip (also receive fibers from intrinsic tendons) inserts on base of middle phalanx

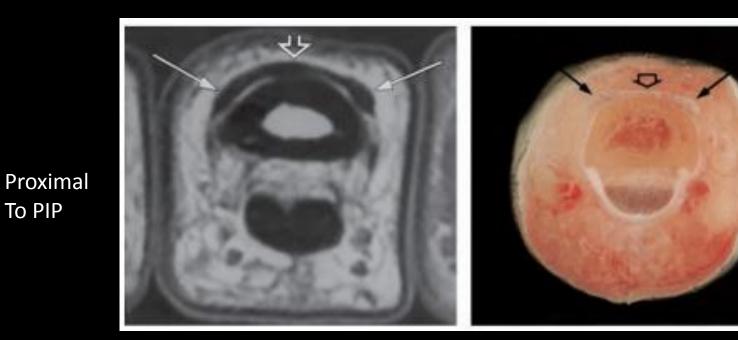


Intrinsic tendons contribute to form the lateral slips — conjoint tendons

 conjoint tendons converge distally to form the terminal tendon which inserts on base of distal phalanx

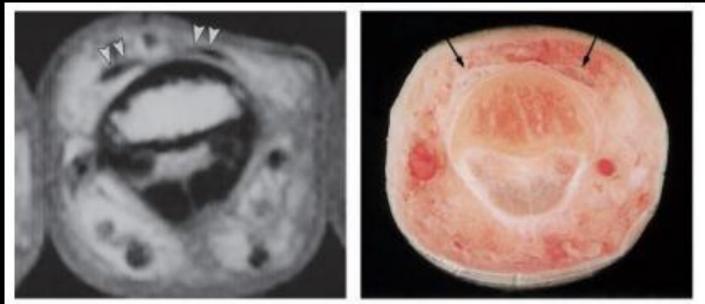


Clavero JA, Alomar X, Monill JM, et al. MR imaging of ligament and tendon injuries of the fingers. RadioGraphics 2002; 22:237–256



At middle phalanx

To PIP



Clavero JA, Alomar X, Monill JM, et al. MR imaging of ligament and tendon injuries of the fingers. RadioGraphics 2002; 22:237–256

Boxer's Knuckle

- Subluxation or dislocation of the extensor digitorum communis tendon at the MCP joint
- Occurs as a result of tearing of the sagittal bands
- Usually due to a direct blow forcing the finger into flexion or of forced flexion and ulnar deviation
- Ulnar subluxation is more common and usually affects the middle finger
- Radial subluxation is unusual but can occur with forced valgus injury
- On exam the patient has pain and swelling over MCP joint
- Usually inability to completely extend the MCP joint
- If untreated can have a history of multiple episodes of pain and swelling over the MCP joint with a snapping sensation in the finger

Imaging

Dislocation of the tendon best depicted on axial images

 Morphologic and signal intensity abnormalities within and around the extensor hood components (especially the sagittal bands) with poor definition, focal discontinuity and focal thickening

Treatment

 In acute phase, conservative treatment with splinting of the MCP joint in extension

Surgical correction is necessary in chronic symptomatic cases

References

 Clavero JA, Alomar X, Monill JM, et al. MR imaging of ligament and tendon injuries of the fingers. RadioGraphics 2002; 22:237–256

 Clavero JA, Golano P, Farinaas O, Alomar, X, Monill JM, Esplugas, M. Extensor Mechanism of the Fingers: MR Imaging - Anatomic Correlation. Radiographics 2003; 23:593-611