28 M footballer – presents with post-traumatic Boutonniere deformity

MRI Findings:

- Thickening, hyperintensity and delamination of the extensor sheath just proximal to the central tendon insertion
- Proximal splitting of the extensor hood with small fluid-filled defect
- Small joint effusion
- No chondral injury
- Incidental volar plate injury, but no displacement



Sagittal PD SPAIR:

The red arrow shows the tendon injury to the central slip.



Axial PD SPAIR: Axial imaging through the plane of the central tendon shows absence of the central tendon insertion, consistent with tear. Part of the saggital band remains intact.



Ultrasound Correlation: Central tendon injury, with surrounding fluid, haematoma, granulation tissue



Revision of the extensor mechanism of the finge (surgical anatomy)r: Image above shows the extensor mechanism of the finger from both a dorsal and saggital view. Image taken from Netter's Anatomy, 2002; doi:10.1371/journal.pone.0094533.g001

Discussion

- > Creation of Boutonniere finger secondary to rupture of the central tendon slip of the extensor hood
 - Characteristic PIP flexion, DIP extension deformity
 - Is secondary to the complex finger anatomical relationships
- Rapid overview of normal extensor mechanism
 - Extensor digitorum communis tendon insterts as central slip on dorsal base of middle phalanx and PIP capsule
 - EDC also gives 2 lateral slips which fuse to adjacent lateral bands of interossei/lumbricals to form conjoined tendons
 - Lateral bands of EDC insert into dorsal distal phalanx, banded together by triangular ligament to avoid lateral subluxation
 - Extensor mechanism held in place at level of MCP by sagittal bands (attached to volar plate) to stop lateral EDC subluxation
- Boutonniere deformity
 - Central slip rupture → lack of PIP extension
 - Lateral bands sublux volar and lateral due to unopposed pull of lumbricals → PIP flexion, DIP extension
 - Volar plate injury may represent sagittal band injury



Boutonniere Deformity – anatomical relationships causing classic appearance. Image taken from Rentschler et al, J. Med Devices, 2010, medicaldevices.asmedigitalcollection.asme.orgarti cle.aspx?articleid=1474024>

Further Reading:

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