

Spaghetti wrist trauma: functional recovery, return to work, and psychological effects. Jaquet JB, van der Jagt I, Kuypers PD, Schreuders TA, Kalmijn AR, Hovius SE. *Plast Reconstr Surg.* 2005 May;115(6):1609-17.

Abstract

BACKGROUND:

Few studies on spaghetti wrist trauma have been published. The study populations have all consisted of small numbers of patients, and most studies have focused on functional recovery. In addition, different definitions of this injury have been used. The objective of this study was to assess outcome for a larger group of patients in terms of functional recovery, return to work potential, and psychological distress, and to compare outcomes between the two most commonly used definitions for spaghetti wrist injury.

METHODS:

The initial study-population consisted of 67 patients. Fifty patients completed a questionnaire package consisting of the Disabilities of Arm, Shoulder, and Hand questionnaire, including the Functional Symptom Score (range, 0 to 100), a questionnaire to evaluate return to work and time off work (range, 0 to 52), and the Impact of Event Scale (range, 0 to 75). Motor recovery and sensory recovery were assessed in an outpatient setting, on average, 10 years (range, 2 to 18) after the operation (n = 43).

RESULTS:

The mean Functional Symptom Score was 15.1 (SD, 16.1; range, 0 to 74) after a mean follow-up of 10.0 years (SD, 4.4; range, 2 to 18). Mean time off work was 34.7 weeks (SD, 17.9; range, 4 to 52), and 45.2 percent of the patients could not return to work within 1 year after the injury. Mean score on the Impact of Event Scale was 26.2 (SD, 19.7; range, 2 to 69). Compared with the unaffected hand, grip and tip pinch strength were decreased with means of 23.5 percent (SD, 22.4; range, 0 to 93) and 33.9 percent (SD, 23.7; range 0 to 83), respectively. Regarding sensory recovery, 12 patients (27.9 percent) had no protective sensation. No statistical differences were found between the two different definitions.

CONCLUSIONS:

This study demonstrated that spaghetti wrist injury can be placed among the severe disabling injuries. Comparison of the two definitions did not reveal any differences in outcome. To complete the evaluation of long-term outcome, a patient-derived assessment of function can be added to the clinical examination, and attention should be paid to psychological distress following the injury.