International Journal of Orthopaedics Research
orthopaedicsjournal.in
E-ISSN: 2663-0923, P-ISSN: 2663-0915
Received Date: 09-11-2018 Accepted Date: 10-12-2018; Published: 17-12-2019
Volume 1; Issue 1; 2019; Page No. 29-30

Selfie-related fall leading to coronal fracture of hamate: A case report

Ganesh Singh Dharmshaktu
Associate Professor, Department of Orthopaedics, Government Medical College, Haldwani, Uttarakhand, India

Abstract
Selfie related accidents are increasingly becoming common and often reported in media platforms. The true incidence and pattern of this relatively new phenomenon require robust literature support. Anecdotal reports of musculoskeletal fractures are described and one such report of a coronal fracture of body of hamate bone following a fall during selfie taking is described here that was managed conservatively leading to good outcome.

Keywords: selfie, trauma, injury, dangerous selfie, selfie complication

Introduction

Selfie injuries are a cause of concern in recent times. The worrisome fact is that most of the affected cases are youths or younger adults as described in a study based incidents published in various media resources. Most of the cases are reported from India followed by United States and Russia [1]. A Google search and Wikipedia confirmation study regarding selfie-related injuries from 2014 to 2016 revealed that most of the cases are young with mean age of 23.3 years with India topping the list [2]. Fall from height, drowning and rail accidents are some of key modes of injuries. The proper documentation and evaluation of incidence and patterns of these injuries is warranted to better understand this new age problem associated with newer technology.

Case Report

A 28-year-old male patient presented with fall during one of the attempt of selfie taking one day back. He fell on ground with wrist hyper-extended along with the phone. There was minimal swelling and pain which he ignored. The pain over next day increased and more so over wrist flexion movement. He consulted local practitioner and was advised wrist immobiliser brace following the wrist radiographs appearing normal. He continued the treatment for five days and consulted us with pain s to ulnar aspect of wrist. On clinical evaluation, tenderness was present adjacent to the region below ulnar styloid. Suspecting carpal fractures a Computerised tomogram (CT) scan of the wrist was advised. The CT scan revealed an un displaced fracture of the body of hamate while the hook of the hamate was intact (Fig.1). There was no associated injury of carpals and metacarpals was noted. He was managed with below elbow plaster slab for five days that was changed to cast Thereafter for six weeks. Physiotherapy of the wrist was initiated after that whereas the first get movements were encouraged since the slab application. The radiograph of the wrist appeared normal, however, the hamate is not accurately visible in routine views and requires special views like carpal tunnel view which at early stage was not possible due to early stiffness of the wrist. The fluoroscopic view, after three months when wrist movements were regained, showed healed hamate bone. There was no complication noted till the follow up of ten months.

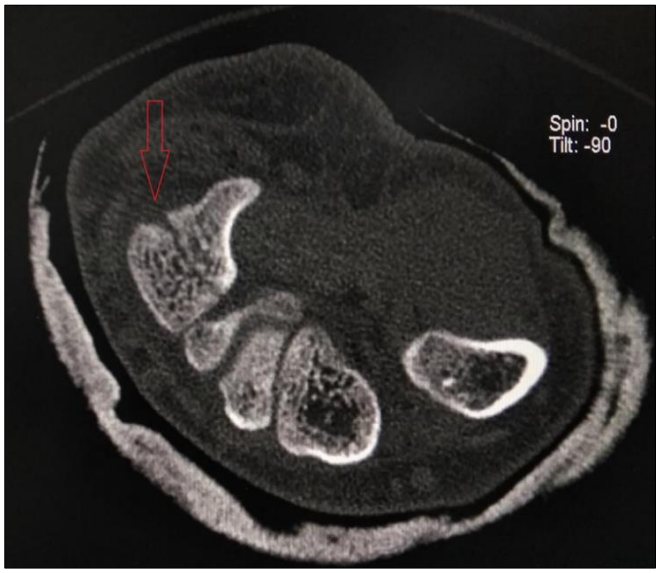

Fig 1: The CT scan axial images reveal minimal displaced fracture (arrow) of body of hamate bone not apreciated in normal radiographs.

Discussion

Selfie taken at dangerous places like cliff, boat, amid traffic etc result in higher risks. Promotional and educational initiatives are advocated for safer travelling or selfie taking behaviour [4]. Various patterns of dangerous selfie on social media are categorised and the state intervention is advocated by some workers [5]. Distraction provided by smartphone have a potential for serious accidents. Fracture of pisiform bone has been described due to distraction offered by smartphone use like texting while walking [6]. Only one recent short report describing a series of 4 cases of predominantly distal radius fracture each following selfie related trauma was reported as per the literature search by authors [7]. This short case snippet is described here for educative potential of this uncommon and often misdiagnosed case in the setting of a popular lifestyle activity.

Conclusion

The knowledge of selfie related injuries is important for their comprehensive management and future research. A collection of cases of selfie related fractures is critical in the times of wode spread selfie taking activities though better understanding of their incidence and patterns require better studies.

References

1. Dokur M, Pelekkay E, Karadag M. Media-based clinical research on selfie-related injuries and death. Ulus Travma Acil Cerrahi Derg. 2018; 24(2):129-135.
2. Jain MJ, Mavani KJ. A comprehensive study of worldwide selfie-related accidental mortality: a growing problem of the modern society. Int J Inj Contr Saf Promot. 2017; 24(4):544-549.
3. MJ Mavani KJ. A comprehensive study of worldwide selfie-related accidental mortality: a growing problem of the modern society. Int J Inj Contr Saf Promot. 2017; 24(4):44-549.
4. Flaherty GT, Choi J. The "selfie" phenomenon: reducing the risk of harm while using smartphone during international travel. J Travel Med. 2016; 23(2):tav026.
5. Kurniawan Y, Habsari SK. Selfie culture: Investigating the patterns and various expressions of dangerous selfies and the possibility of government's I intervention. The 2nd Journal of Government and Politics, 2013, 324.
6. Dharmshaktu GS, Singhal A, Singh P. Pisiform fracture following a texting-related fall - a case report. Hand Microsurg. 2016; 5(3):152-155.
7. Lyons RF, Jelly JC, Murphy CG. The selfie wrist- Selfie induced trauma. Irish Med J. 2017; 10(6):589.