A Survey of the Management of Kienböck’s Disease

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Objective

Hypothesis: Hand surgeons have widely varying strategies in their approaches to treating Kienböck’s disease.

Methods

An online survey was created, with a generic young male patient diagnosed with Kienböck’s disease (Figure 1). Multiple choice questions were presented to 2,100 members of the AASH.

Demographics

• 375 participants from a wide variety of backgrounds, as noted in Figure 2
• No statistically significant differences in treatment choices found between demographic groups

Results

• Consensus reached for stages I, IIIa w/(-) ulnar variance, IIIb, and IV but opinion divided on Stage III a w/(+) ulnar variance (Figure 3)

Conclusions

Non-operative treatment
• Limited choices, mainly restricted to immobilization, but less-commonly referenced approaches included steroid injections and arthroscopic debridement

Surgical approach: Stage I
• Surgical, with a consensus preference for radial shortening osteotomy

Surgical approach: Stages IIIb to IV
• Largely salvage operations, though without a consensus for a single operation

Lichtman classification
• Used by the vast majority (90%) of surgeons to guide management

Imaging and ulnar deviation
• Though not part of the Lichtman classification, MRIs were commonly requested, especially for Stage I or II disease, as was the ulnar deviation for all stages

Response to digital online media
• The online format allowed for a more personalized experience
• Nearly 10% of responses were completed on a handheld device

Figure 1: the online survey, with a generic male patient

Figure 2: a summary of participant demographics

Figure 3: a summary of results by stage (above) categorized by management strategy