REPEAT RADIOCARPAL CORTICOSTEROID INJECTIONS VS TOTAL WRIST ARTHRODESIS AFTER PROXIMAL ROW CARPECTOMY FOR SLAC WRIST : A CLINICAL DILEMNA

Karen Luna, MD; Uzoma Ahiarakwe, MD, Josiah King, MS; John Damon Allen, DO, MSPT
Eastern Virginia Medical School at Old Dominion University, Physical Medicine and Rehabilitation
Norfolk, Virginia

INTRODUCTION

Scapholunate advanced collapse (SLAC) wrist can cause progressive pain, loss of function, and radiocarpal degeneration. Proximal row carpectomy (PRC) is a motion-preserving surgical treatment, however, progressive arthritis and recurrent pain may ultimately necessitate total wrist arthrodesis, Management becomes challenging when patients wish to preserve motion and avoid fusion. We present a patient with progressively painful SLAC wrist after PRC in whom repeat corticosteroid injections, platelet plasma (PRP) and total wrist arthrodesis represented competing management strategies

PATIENT BACKGROUND

69-year-old female with a 25-year history of traumatic hyperextension, prior scaphoidectomy, and subsequent PRC presenting with severe (7 to 10/10) right wrist pain that limits daily activities.

SYMPTOMS & FUNCTIONAL IMPACT

Constant aching/stabbing pain, rated 7/10 and reaching 10/10. Symptoms worsened with wrist motion, gripping, writing, household tasks, and activities of daily living. Bracing, rest, acetaminophen, and ibuprofen provided incomplete relief.

IMAGING



Xray : right wrist arthritis between the capitate and the radius

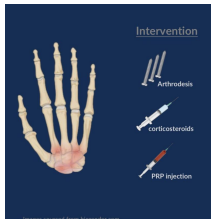


MRI : Prior proximal row carpectomy with advanced radius/capitate pseudoarthrosis

PATIENT TIMELINE

2000
- Traumatic Hyperextension injury
- Scaphoidectomy

2010
- Post-traumatic arthritis
- Proximal Row Carpectomy (PRC)



Progression
- Failed options: Rest, brace, PT, NSIADs
- Imaging show radiocarpal narrowing + lunate cystic change

,February 2025
- Radiocarpal corticosteroid injections: 100% immediate relief, No durable Benefit

March 2026
- Repeat radiocarpal injection , Excellent diagnostic response
- PRP recommended but denied by insurance

June 2026
- Repeat radiocarpal injection (Triamcinolone 40 mg + Lidocaine 1%) providing 100% relief, no complication

SURGICAL DECISION-MAKING

With progressive post-PRC pain, hand surgery discussed conversion to total wrist arthrodesis. The patient preferred to preserve wrist motion and defer fusion.

MOTION-PRESERVING STRATEGY / OUTCOME

Reproducible short-term response to radiocarpal injections supported the radiocarpal joint as a major pain generator and provided temporary symptom control while arthrodesis was deferred.

PRP/regenerative treatment was considered as an additional motion-preserving strategy; however, pursuit was limited by insurance authorization, and the patient was seeking evaluation through another healthcare system.

DISCUSSION

Progressive radiocarpal degeneration after PRC creates a difficult balance between pain control and preservation of wrist motion. Total wrist arthrodesis may provide definitive treatment but sacrifices motion, while repeated corticosteroid injections may provide temporary relief without addressing structural progression. PRP represents another potential motion-preserving strategy, although evidence, cost, and insurance coverage may limit accessibility. This case highlights shared decision-making when treatment durability, functional priorities, procedural risks, and healthcare access influence the choice between repeated intervention and definitive surgery.

REFERENCES

1. Watson HK, Ballet FL. The SLAC wrist... J Hand Surg Am. 1984;9(3):358-65.
2. Mulford JS, et al. Proximal row carpectomy vs four-corner fusion... J Hand Surg Eur Vol. 2009;34(2):256-63.
3. Saltzman BM, et al. Clinical outcomes of proximal row carpectomy... J Wrist Surg. 2015;4(2):141-8.
4. Wall LB, et al. Proximal row carpectomy: minimum 20-year follow-up. J Hand Surg Am. 2013;38(8):1498-504.