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Name
Dong Xiaoke

Title
Low amplitude dorsal ulnar cutaneous nerve sensory nerve action potential from cross over innervation. Can nerve ultrasound help?

Purpose
Cross innervation of the ulnar dorsal aspect of the hand by superficial radial cutaneous nerve can cause difficulty in interpreting low amplitude sensory nerve action potential (SNAP) for the dorsal ulnar cutaneous nerve (DCUN) particularly when facing suspected ulnar neuropathy at the elbow. We aim to identify the feasibility of ultrasound for detection of physiological low DCUN SNAP.

Method
In three subjects with low dorsal ulnar cutaneous sensory nerve action potential amplitude due to cross over with the superficial radial nerve, we compared amplitude with nerve circumference and fascicular count as measured by ultrasound.

Results
Dorsal ulnar cutaneous nerve circumference was significantly smaller where there was low sensory nerve action potential amplitude and showed fewer fascicles.

Conclusion
Nerve ultrasonography may be a useful additional test modality to determine if low dorsal ulnar cutaneous nerve amplitude is physiological.
Name
Chung Sze Ryn

Title
Unaugmented versus Augmented Screw Fixation in Scaphoid Fractures treated with Bone Grafting.

Purpose
Previous studies have proposed that an additional Kirschner wire in scaphoid fixation may improve torsional and biomechanical stability. Hence, this study aimed to compare the surgical outcomes between unaugmented (UAS) and augmented screw (AS) fixation in scaphoid fractures treated with bone grafting.

Method
A retrospective review of 48 patients who underwent surgical treatment of scaphoid fracture treated with bone grafting from December 2000 to 2015 was conducted. Surgical outcomes between unaugmented (UAS) (one screw fixation) and augmented (AS) (one screw and one Kirschner wire fixation) were compared. The outcomes included union rate, time to union, and complications.

Results
The patient and fracture demographic data were largely comparable between the AS and UAS groups. The overall union rate was 91.7%. The union rate for the UAS group was 87.1% versus 100% in the AS group (p = 0.28). The median time to union for the UAS group was 4.9 months (interquartile range, 7.9 months) and 5.8 months (interquartile range, 8.7 months) for the AS group (p = 0.78). The overall complication rate in this study was 6.3% (three patients from the UAS group); two patients had screw protrusion and one patient had hypertrophic scarring.

Conclusion
There is no significant difference in union rate, time to union, and complications between UAS and AS group.
Name
Wang Qiao

Title
Trigger finger at wrist caused by degenerative changes of the flexor tendon sheath and carpal tunnel syndrome: A case report

Purpose
To report this rare condition of trigger finger at wrist and a literature review

Method
We reported a 50 year old Chinese female presented with multiple trigger fingers, had trigger release done. Her finger triggering of right middle and ring fingers recurred 7 years later at the carpal tunnel level with symptoms of carpal tunnel syndrome. Ultrasound show that there were linear calcifications related to the middle and ring finger tendon sheath which was the cause of the finger triggering. Her condition resolved after carpal tunnel release.

Results
Patient underwent carpal tunnel release in 2016 and the condition resolved after the surgery.

Conclusion
Trigger finger at wrist is a very rare condition. Careful clinical examination and imaging studies will help with the correct diagnosis and surgical treatment will be necessary to cure the condition.
Nail Bed Granuloma As a Complication of Nail Bed Injuries: A series of 3 cases

Purpose

Three patients presented with nail bed granulomas after sustaining nail bed injuries that were neglected or resulted as a complication of treatment. Our study is the first series presenting this rare complication and discusses the relevant management principles.

Method

We reviewed the clinical records, radiographs and clinical photographs of 3 patients who presented to our unit with nail bed granulomas between 2014 and 2016.

Results

All 3 patients presented with a painful nail bed lump following nail bed injuries. The average timing of presentation was 1 to 2 months after the primary injury. 1 granuloma presented as a nail fold lump with the narrow stalk extending from the nail bed. 2 patients underwent surgical excision and primary repair of the nail bed with excellent outcomes on follow up.

Conclusion

Nail bed granulomas can result as a complication of neglected or poorly managed nail bed injuries. It is important to identify this complication early and surgical management is associated with excellent outcomes.
Title
Systematic review on outcome of free functioning muscle transfers for elbow flexion in brachial plexus injuries

Purpose
To review the literature regarding the clinical outcome of free functioning muscle transfers (FFMT) for elbow flexion in patients with brachial plexus injuries (BPI), and the current types of surgical procedures available.

Method
A systematic review of MEDLINE, EMBASE, Trip, Google Scholar, Cochrane Database of Systematic Reviews and Cochrane Central Register of Controlled Trials databases from inception to April 2016 was conducted for patients with BPI who had undergone FFMT for restoration of elbow flexion. Single case reports and non-English articles were excluded. Data regarding details of surgery as well as outcome measures was extracted and analyzed.

Results
Over a thousand articles met the search criteria. This was narrowed to 60 relevant articles, of which 13 articles met the criteria for inclusion.

There were a total of 194 patients with age up to 60 years old.

FFMTs were most commonly performed in patients with total BPI, and the most common muscle used was the gracilis.

133 patients (68.6%) achieved a Medical Research Council (MRC) muscle grade of M4 and above. Over 28 patients had M3 power, and over 22 patients had less than M3 power. The number discrepancy in latter two categories was due to authors using different ranges of MRC grades to present their results.

Conclusion
In patients with BPI, the use of the gracilis muscle in FFMT is a viable option for restoration of elbow flexion, with almost 70% of patients achieving a useful outcome of M4 or more.
Name
Kang Yong Chiang

Title
Clinical management of Palmar Degloving Injuries

Purpose
Palmar degloving injuries are uncommon, and are often the result of the hand drawn into industrial rollers. They are a special subset of degloving injuries that result in skin loss, stiffness, and disability. Currently there is no consensus on clinical management of these severe disabling injuries.

Method
We describe a series of five cases in two institutions, along with review of literature.

Results
Five cases are described with varied patterns of injury, degree of skin loss, management and outcome. We share insights on pathoanatomy and clinical management to preserve skin and maximize motion.

Conclusion
The outcome of Palmar degloving injuries is difficult to predict, but can be influenced by sound clinical judgement and timely surgical management.
Isolated volar dislocations of the distal radioulnar joint without fracture-dislocation complexes are uncommon injuries and not frequently described in literature. Clinical signs may not be obvious and accurate radiographs depicting the injury can be difficult to obtain, thus this injury is often missed at initial presentation. We discuss the treatment options and identify likely factors that might affect successful closed reductions.

Method

We reviewed nineteen cases reported in the literature and managed three cases of our own. Two of the cases were missed at initial presentation at 8 days and 19 days and were managed surgically; they were followed up for thirteen months on average. The third case was recognized at initial presentation and underwent surgical management, as the reduction was unstable.

Results

While the triangular fibrocartilage complex is the main stabilizer of the distal radioulnar joint, it does not necessarily have to be injured for a volar dislocation to take place. Other structures such as the interosseous membrane, pronator quadratus or the capsule have been found to prevent successful closed reduction or result in unstable reductions. Soft tissue scarring was also observed intra-operatively for both of the cases we managed that were missed.

Conclusion

This injury is more amenable to conservative management if recognized early, which can reduce morbidity in limited pronation. Also, one should also look for lesions in the secondary stabilizers should one consider surgical management.