Introduction

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Carpal dislocations can be divided into five separate groups: perilunate, radiocarpal, axial, carpometacarpal, and isolated carpal bone dislocations. The most frequent traumatic carpal dislocations are perilunate dislocations or fracture-dislocations. Less common are the radiocarpal, axial, and carpometacarpal dislocations, while isolated pure carpal bone dislocations are the most unusual of wrist injuries. They share many common features: all are rare injuries, most often occurring from high-energy trauma, they are usually seen in young males between their second and fourth decades of life, and they could all be initially missed or underestimated.

Rarely is a wrist surgeon fortunate or unfortunate enough (depends on the perspective), to come across an injured patient who suffers from almost all of the above dislocations or fracture-dislocations simultaneously (Fig. 1.1a–k).

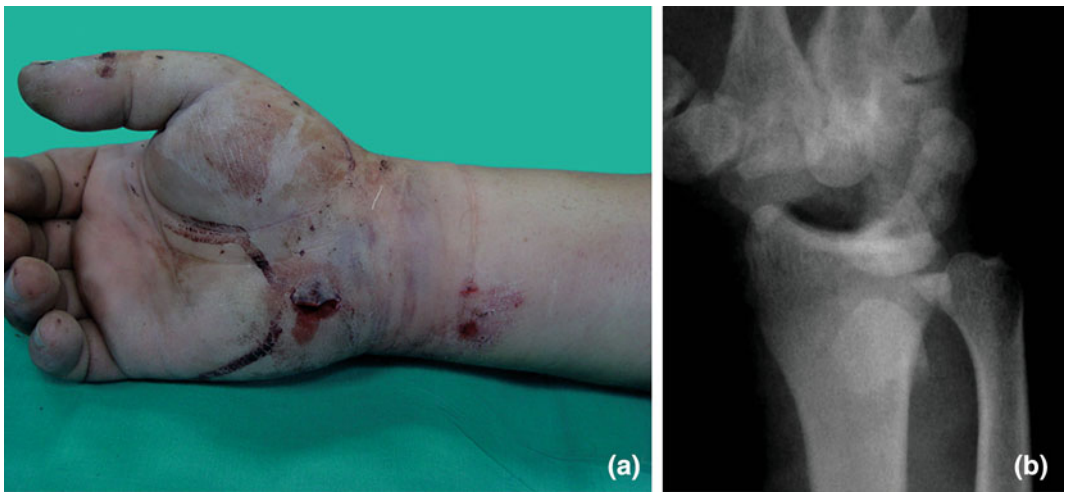

Fig. 1.1 The admitted hand (**a**); the initial X-rays (**b**, **c**); the distraction view (**d**); volar approach, the volarly dislocated capitate and lunate (**e**); the proximal scaphoid remained volarly dislocated after the reduction of lunocapitate complex (*PS* Proximal scaphoid) (**f**); dorsal approach, absence of bones (*H* Hamate, *DS* Distal scaphoid, *R* Radius) (**g**); dorsal approach, comminution of the volar radial rim (**h**); dorsal approach, fracture of the dorsal part of the lunate (*asterisk*) (**i**); postoperative X-rays (**j**, **k**)

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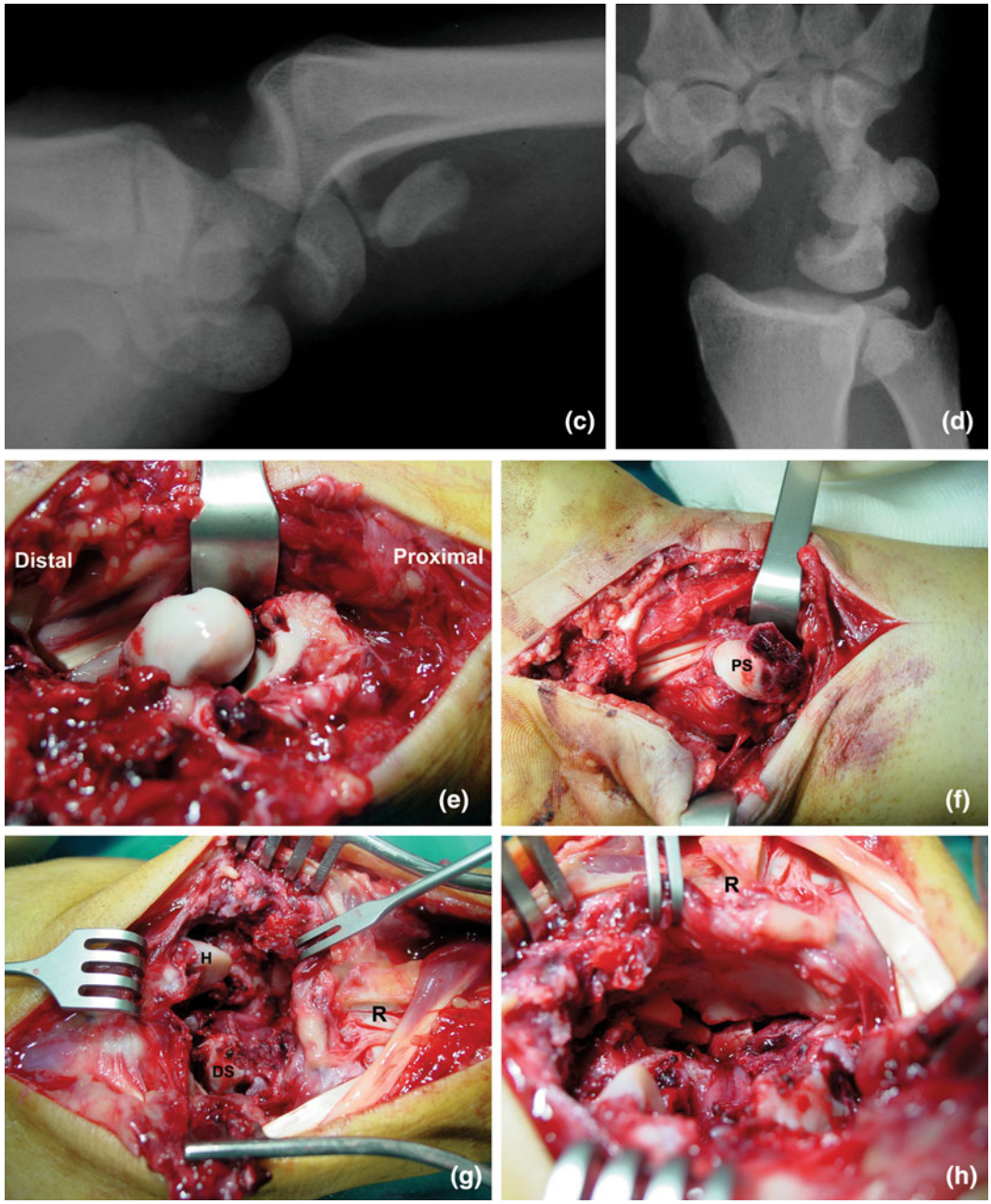

Fig. 1.1 (continued)

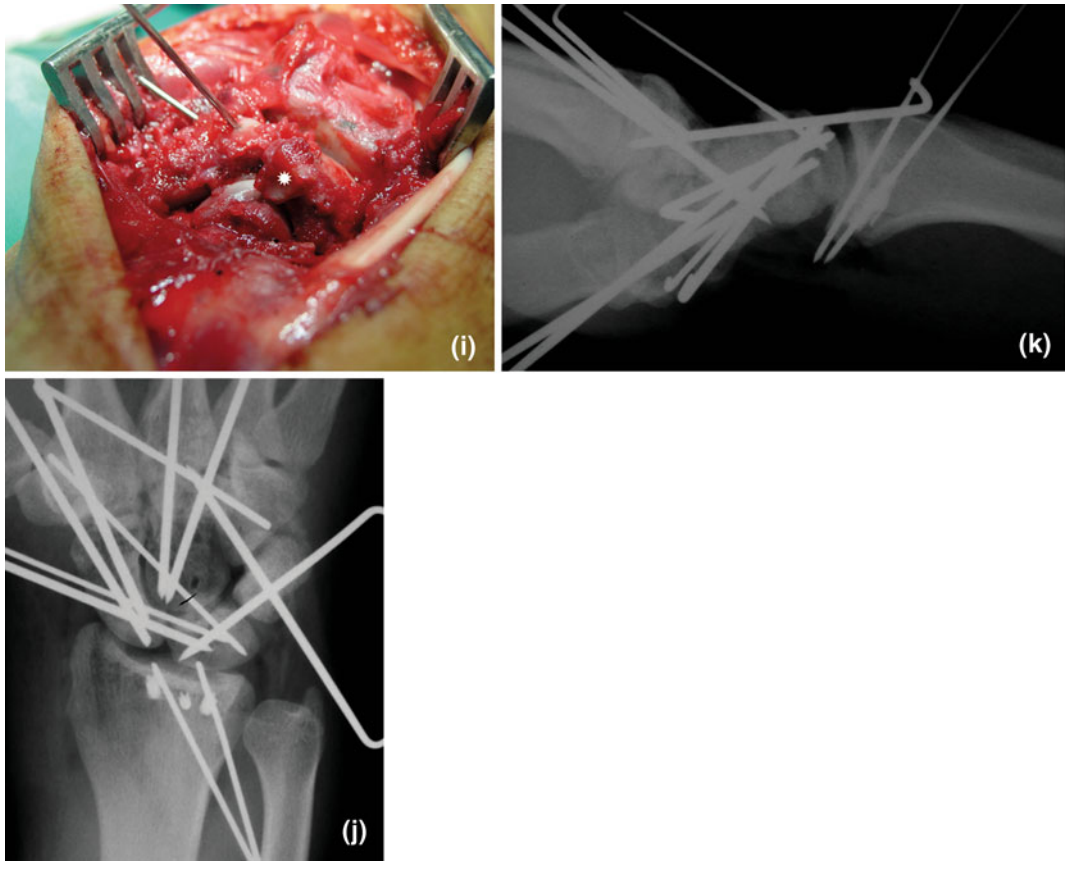

Fig. 1.1 (continued)