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أد / عبده محمد عبد الله درويش آزة تدم في زخزل جفح بكة جلك - تكي بكس ا- جلع بك لعيد

د. / أحمد محروس محمد آزةتد لزدُعج جفح بطهم جند مطف في مطهة جليك - في بطف ا - جدلع بطك الميد

د. حسام محمد أبو العطا آزة د لزدع جف بطهة جلك تي بطس ا- جدلع عي م سد ز

> كلية الطب جامعة عين شمس ٢٠١٣

Comparison Between Two Techniques in Repair of Flexor Digitorum Profundus Tendon Injury in Zone (II)

Thesis
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In Plastic Surgery

By
Amr Nabil Abd-El Galil Kotb
M.B.B.CH., M.Sc.

Under Supervision Of

Prof. Mostafa Abd-El Rahman Awad

Prof. of Plastic & Reconstructive Surgery Faculty of Medicine - Ain Shams University

Prof. Abdou Mohamed Abdallah Darwish

Prof. and head of the Plastic & Reconstructive Surgery Depart.
Faculty of Medicine - Minia University

Dr. Ahmed Mahrous Mohamed

Ass. Prof. of Maxillofacial & Plastic Surgery Faculty of Medicine - Minia University

Dr. Hossam Mohamed Abo El-Atta

Ass. Prof. of Plastic & Reconstructive Surgery Faculty of Medicine - Ain Shams University

Faculty of Medicine Ain Shams University 2013



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Dedication

This work is dedicated to

My Father

My Mother

My Wife

My Daughters

Hala & Farah

for being the light of my life and encourage me all the time to produce this work in this form



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List Of Abbreviations

5-FU	5-fluorouracil
A pulley	Anular pulley
b-FGF	Basic fibroblast growth factor
BMP	Bone morphogenetic proteins
C	Cervical
C pulley	Cruciate pulley
DIP joint	Distal inter phalengeal joint
DNA	Deoxyribonucleic acid
FDP	Flexor digitorum profundus
FDS	Flexor digitorum superficialis
FPL	Flexor pollicis longus
ICF	International Classification of Functioning
IGF	Insulin-like growth factor
IP joint	Inter phalangeal joint
MCP joint	Metacarpo phalangeal joint
MSCs	Mesenchymal stem cells
N	Neaten
PA	Palmar aponeurosis
PDGF	Platelet-derived growth factor
PDS	Polydioxanone
PIP joint	Proximal inter phalengeal joint
RAM	Range of motion
T	Thoracic
TGF-b	Transforming growth factor beta
VBP	Vinculum brevis profundus
VBS	Vinculum brevis superficialis
VLP	Vinculum longum profundus
VLS	Vinculum longum superficialis
WHO	World health organization

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INTRODUCTION

The functional biomechanics of the flexor tendons depend on a number of factors, including an intact pulley system, synovial fluid, supple joints, and tendon excursion. An intact pulley system prevents flexor tendon bowstringing. The synovial fluid not only provides nutrients to the tendons but also is a constant source of lubrication, permitting frictionless gliding between the tendons. Adhesions between the tendons and other tissues restrict excursion. Stiff joints limit motion and function despite a normal tendon system (Manske, 2005).

The zone (II) of the flexor tendons lies within the digital fibro-osseous tunnel and has always been difficult to repair satisfactorily because the healing tendon tends to adhere to its fibro-osseous tunnel. It has been termed "no man's land" by Bunnell because of the poor outcome in range of motion following tendon repair (*Chan et al.*, 2006).

The initial strength of the repair depends on the material properties and knot security of the sutures as well as on the holding capacity of the suture grip of the tendon. Postoperatively tenomalacia may develop at the suture-tendon junction decreasing initial repair strength (*McDowell et al.*, 2002).