مقارنة بين أثنتين من تقنيات الخياطه في إصلاح إصابه الوتر العميق القابض للإصبع في منطقه (٢)

رسالة

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غى جفح بطخة جلك

مقدم من

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٢٠١٣

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

Thesis
Submitted for Partial Fulfillment of M.D. Degree
In Plastic Surgery

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سورة البقرة الآية: ٣٢

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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

*All thanks first and last to **Allah**, as we owe him for his great care, support and guidance in every step in our life. Thanks to **Allah** for blessing this thesis until it has reached to its end.*

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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)***.