

EXTENSOR TENDON INJURY (MALLET FINGER)

The tendon that straightens the tip of your finger has been damaged. This causes the finger to “droop” across the joint at the end of the finger (DIPJoint). This is called a “mallet” deformity. If the injury is not corrected, the tendon will not heal and you will not be able to straighten the tip of that finger again. The injury may be “open” due to a cut or “closed” due to the tip of the finger being stubbed or crushed.

Open The injury is likely to have passed through the tendon into the joint. The cut will be explored and washed out with saline under local anaesthetic. The tendon is stitched together and the joint pinned straight to support the repair for up to six weeks followed by a period of further splinting.

Closed The tendon is usually pulled cleanly off the bone. These injuries are best treated by splinting, the results of which are generally better than surgery with fewer complications. The tendon should heal if kept in the right position for 6-8 weeks.

You will be provided with a splint by the Occupational Therapists, which must be worn continuously for six weeks. If the splint is removed and finger is allowed to droop during this time, the snapped area will re-open. If you wish to remove the splint in order to wash the finger, support the tip of the finger on a surface as is shown in the photographs.

During this time, whilst you are wearing the splint, you can continue to use the hand normally. It is important not to let the central joint (PIPJ) get stiff and this should be actively exercised each day. If the splint prevents this joint moving, if it uncomfortable or loose, it must be refitted.

After six weeks, you can begin to exercise the DIPJoint. Four-times each day, the splint should be gently removed and the finger-tip wiggled. This is safe as long as the tip is not forced down with the other hand (which would strain the tendon). If you notice any return of the “droop”, the healing area may be stretching. Go back to continuous splinting and let the doctor know at the next appointment. The rehabilitation program will be modified.

After eight weeks, you can leave the splint off unless you feel the finger is vulnerable (e.g. a crowded shopping centre, sporting activities). After twelve weeks, the tendon will be solidly healed and you should be able to throw away the splint!

This form of non-surgical treatment is not always successful. It is quite common to be left with (i) a slight loss of the ability to straighten the finger-tip and (ii) slight stiffness at the DIPJoint compared with the other fingers. In general, the more conscientious you are about following this program, the more likely it is you will have a good result. A minority of patients require an operation if the tendon fails to heal with splinting.

Fractures A small fragment of bone pulled off with the tendon is usually ignored and treated by splinting. Bigger and/or more complicated fractures damage the joint surface and can cause translation (slippage) of the phalanx bone. This can lead to persistent deformity and later arthritis but fracture fixation surgery is fiddly and has a high complication rate (infection, stiffness, nail damage, persistent mallet deformity, failure of the bone to heal, arthritis). Open fractures are best dealt with when the wound is stitched but the treatment of closed fractures requires careful assessment and discussion.

