**Citation:**

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**AIM:**

* The aim of the study is to identify the best management for acute proximal interphalangeal joint fracture-dislocation.
* Also, determines the outcomes of the surgical and non-surgical interventions for PIP joint fracture-dislocations.

**Method:**

* These following databases were used to identify articles that report treatment of acute proximal interphalangeal joint fracture-dislocation: Medline, Embase, Cinahl and Pubmed and the Cochrane Library.
* Out of 66 articles, only four meet the inclusion criteria to be included in this systematic review

**Outcomes measured:**

1. Active range of motion (ROM)
2. Pain and grip strength expressed as percentage of the contralateral side
3. Patient satisfaction or return to work.

Different technique to manage acute fracture dislocations of proximal interphalangeal joints:

Non-operative management

* Extension blocking splints
* Mini-invasive (closed reduction and K-wire fixation)

 Operative management

* Open reduction internal fixation (ORIF)
* Volar plate arthroplasty
* Hemi-hamate arthroplasty

**Results**:

* Incidence of secondary arthritic changes was higher in the closed treatment group (p < 0.001) and that complications such as recurrent subluxations were more frequent in the closed group (p 1⁄4 0.02)
* The best results were recorded after ORIF using lag screws and a temporary K-wire stabilization of PIP joint, whilst the poorest ROM was noted after ORIF with mini-hook plates
* Excellent ROM achieved after volar plate and hemi-hamate arthroplasty in acute PIP joint fracture dislocation was possible due to early active rehabilitation allowed by strong and stable bone fixation

**Conclusion:**

The author concludes, there is insufficient evidence to make an evidence-based recommendation for the management of acute PIP joint fracture/dislocations. For the primary outcome, range of motion, all the independent techniques lead to similar ROM so there were no significant differences. However it appears that closed reduction techniques have more complications and a higher incidence of radiographic arthritis compared to ORIF. Based on this systematic review, operative management should be considered for acute PIP joint fracture because of low profile of complications such as pain, grip strength and patient satisfaction or return to work.