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NORTH SHORE
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Mallet Finger

Summary

Mallet finger is a separation of the extensor tendon at the most distal joint of the finger, the distal interphalangeal (DIP) joint. It gives the end of the finger the typical mallet shape as the DIP joint droops down and you are unable to actively straighten it.

Causes

It can happen with very minor trauma such as catching it on a bed sheet. Higher energy injuries, such as sport, may be associated with a fracture (break) in the bone.

Symptoms

- Pain, but this can be very mild;
- Deformity with typical droopy finger tip, or extension lag;
- Inability to actively straighten the finger tip;

Diagnosis

An x-ray should always be done because if the fragment of bone is large it may need surgery to reattach it.

Treatment

Depends if it is a bony or non-bony mallet.

Bony mallet:

- When a fragment of bone has been pulled off with the extensor tendon;
- If the fragment is small, splinting the fingertip straight for 6 weeks has a high success rate with very few complications. The splint is then weaned for a further 4 weeks.
- If the fragment is large, splinting for 6 weeks may still be an option, but if there is malalignment (subluxation) of the joint then surgery may be required. X-rays should be repeated for at least two weeks to make sure subluxation has not occurred.

Non-bony mallet:

- When just the tendon has pulled off the bone;
- Splinting is required for 8 weeks before weaning for a further 4.

