The diagnosis is based on an anteroposterior and lateral radiograph of the wrist. Stress views should be taken to look for any additional instability. However this may be difficult due to pain and swelling. A computed tomography scan can also be done to look for any evidence of avulsion or intra-articular extension. Magnetic resonance imaging can be used to assess the extent of the ligaments and soft tissue injuries.  

Management includes reduction of the radio-carpal dislocation without delay to avoid permanent soft tissue injury including the median nerve. Failure of a closed reduction warrants an open reduction of the dislocation. Both the volar and dorsal approach has been described to rectify the ligamentous injury. Repair of the radio-lunate and radio-scapo-capitate ligament is important to treat the palmar instability. Use of K-wire (Kirchner) and spanning external fixator can be performed to keep the joint in place until healing occurs. Carpal tunnel releases should also be performed if there is evidence of median nerve involvement. If the presentation is delayed with an established carpal instability, selective or wrist arthrodesis can be done to relieve the pain and maintain the hand function.

REFERENCES