

Boutonniere Deformity, Mallet Finger, Swan Neck Deformity

The extensor tendon mechanism is an array of delicately balanced bands and sheets of fibrous tissue working together in harmony to achieve a level of finger dexterity that is often taken for granted until a cut, a fall, or a baseball, volleyball or football strikes the finger in such a way as to tear apart this amazing but delicate human anatomy. When the central slip to the PIP joint is torn, a boutonniere injury results. A mallet finger may occur when a baseball strikes the tip of the finger suddenly hyperflexing the DIP joint and tearing the terminal tendon. Subsequent regression with volar migration of the lateral bands results in swan neck deformity. These deformities can also be secondary to rheumatoid arthritis.

Treatment may be nonoperative or operative in conjunction with hand therapy depending on many factors including the time interval between injury and treatment, joint mobility, associated injuries, and functional requirements. Longstanding cases may require total joint replacement. It is essential for the patient to strictly adhere to the hand therapy regimen in order to obtain the best possible result. Total joint replacement and rebalancing of tendons may yield excellent results in some cases.



Boutonniere deformity



Swan-neck deformity



Mallet finger