

## PSEUDO-MADELUNG DEFORMITY

ISABELA DE ANDRADE BASTIANINI<sup>1</sup>, THAIS DE PAIVA GUIMARÃES BARREIRO<sup>2</sup>,  
DANIEL PIRES PENTEADO RIBEIRO<sup>3</sup>, THAÍS NOGUEIRA DANTAS GASTALDI<sup>2</sup>, MÁRCIO L. DUARTE<sup>1,2</sup>

<sup>1</sup>Universidade de Ribeirão Preto - Campus Guarujá, Guarujá (SP), Brazil,  
<sup>2</sup>Diagnósticos da América S/A, São Paulo (SP), Brazil, <sup>3</sup>Affidea Portugal, Lisboa, Portuga

E-mail: marcioluisduarte@gmail.com

A 62-year-old female patient presented with chronic pain and limited wrist extension on her right hand for the past five years, following a gradual worsening of symptoms. The pain initially began over 15 years ago but had significantly worsened recently, impairing daily activities and work performance. She denied previous trauma or surgical history. Physical exam showed pain with wrist extension and flexion, along with restricted supination and pronation. A small bulge was noted on the ulnar side of the wrist. Magnetic resonance imaging revealed negative ulnar variance and marked degenerative changes in the distal radioulnar joint (Fig. 1). The distal ulna articulated with the medial cortex of the distal radial metaphysis, along with

an edematous palmar exostosis of the distal ulna-findings compatible with pseudo-Madelung deformity. The patient was referred for surgical correction.

Pseudo-Madelung deformity is a rare wrist condition that mimics Madelung deformity but differs radiographically. Unlike Madelung deformity, which shows shortening and bowing of the radius with dorsal subluxation of the distal ulna, pseudo-Madelung is characterized by negative ulnar variance. Causes include trauma, dysplastic conditions, or endocrine disorders. Patients typically present with chronic pain and limited wrist mobility. Imaging is essential for diagnosis. Selected cases benefit from surgery.

Figure 1 |

