Background
The purpose of this study is to evaluate the outcome of closed reduction and percutaneous Kirschner wire pinning in acute dorsal fracture-dislocations of the proximal interphalangeal (PIP) joint.

Methods
Eight men and one woman (mean age 29 years) were treated by one orthopaedic surgeon. The entire procedure was carried out using fluoroscopic guidance. In all cases a concentric and congruous reduction was achieved. The PIP joint was then stabilized in 30 - 60 degrees of flexion with a K-wire which was introduced on the dorsum of the base of the middle phalanx, just distal to the insertion of the central extensor slip through the triangular ligament, which was then passed proximally across the PIP joint and into the head or medullary canal of the proximal phalanx. The ring finger was injured in six patients, the small finger in two patients, and the middle finger in one patient. The mean joint surface involvement was 36% (range, 26 - 49%). The Kirschner wires were removed after an average of 28 days (range, 24 - 37 days).

Results
One patient was lost to follow-up. After a mean follow-up of 6.5 months, all patients demonstrated a painless PIP joint. Hereby, they had a concentrically reduced PIP joint with a healed fracture on radiographs. The average flexion of the PIP joint was 106 degrees (range, 80 - 110), and the average extension at the PIP joint was 4 degrees short of full extension (range, 10 hyperextension - 15 flexion contracture). Two patients had radiographic evidence of degenerative changes, but were asymptomatic. One patient developed a superficial pin track infection, which quickly resolved with a short course of antibiotics, and avascular necrosis affecting one of the condyles of the proximal phalanx.

Conclusion
This technique is a minimally invasive and simple technique which appears to give satisfactory outcomes in the short to intermediate term.