



Fractures of the wrist can involve several different bones that surround the joint. The most common type of wrist fracture is through the end of the radius bone of the forearm, called distal radius fractures. Distal radius fractures account for about 1 in 6 broken bones seen in emergency rooms.

About half of distal radius fractures occur in association with **ulnar styloid fractures**.

The ulnar styloid is at the end of the other forearm bone, the ulna. While distal radius fractures usually require casting or surgery, the ulnar styloid is seldom addressed in treatment. Does a ulnar styloid fracture require treatment?

Ulnar styloid fractures seldom require treatment when they occur in association with a distal radius fracture. The major exception is when the joint between these bones, the distal radioulnar joint (or DRUJ), is unstable. When the DRUJ is unstable, the ulnar styloid may require independent treatment.

However, most distal radius fractures with associated ulnar styloid fractures occur *without* DRUJ instability.

A recent study evaluated patients who had distal radius fractures, and found that their prognosis was not affected by the presence or absence of an ulnar styloid fracture.

Non-Union of Ulnar Styloid Fractures

This study also found that even if the ulnar styloid fracture was out of position (displaced), or if the ulnar styloid fracture did not heal (nonunion), it did not affect the patient's prognosis. Again, this is all presuming that the DRUJ was stable.

The results of this study would imply that routine surgical treatment of an ulnar styloid fracture (when occurring with a distal radius fracture) is not necessary. However, your doctor should evaluate your DRUJ for instability, and if that's found to be the case, your ulnar styloid fracture may need to be treated