

correlation with the thoracic data was examined.

【Results】 The thorax was deviated to the left, and the upper and lower thoracic shapes were asymmetrical. The peak valgus moment was significantly larger on the right than on the left. The peak varus moment was significantly larger on the left than on the right. The asymmetrical ratio of the lower thoracic shape was positively correlated with asymmetry in valgus moment, and negatively correlated with asymmetry in varus moment.

【Discussion】 These results suggest that the larger the asymmetry of the lower thoracic shape, the larger the valgus moment of the right ankle and the varus moment of the left ankle are, relative to the contralateral side, respectively.

5-2.

Clinical appearance of stenosing flexor tenosynovitis of the finger with PIP joint fixed flexion deformity

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【Background】 Open release of the A1 pulley is a widely known procedure for the treatment of stenosing tenosynovitis of the finger (Trigger finger), and the postoperative results are usually excellent. However, in some cases symptomatic fixed flexion deformity of the proximal interphalangeal (PIP) joint remains after the operation. We have performed ulnar slip superficialis tendon resection (USSR) and obtained relatively favorable results. The clinical appearance of patients undergoing USSR for Trigger finger with PIP joint fixed flexion deformity is reported.

【Methods】 In this study, 45 Trigger fingers with PIP joint fixed flexion deformity from 41 patients (23 fingers of 21 women and 22 fingers of 20 men, with average age of 69.4 years) who were treated by USSR were retrospectively reviewed. The mean follow-up period was 12 months. We compared the pre and postoperative clinical findings (grip strength, PIP joint flexion and extension angle, DASH scores). In addition, flexor

tendon and proximal phalanx axial area ratios at the levels of proximal 20%, 40%, and 60% from the MP joint were calculated from the CT images and compared with age and sex matched control.

【Results】 Grip strength, PIP joint flexion and extension angles, and DASH score were significantly improved after surgery (<0.05). On CT imaging, the preoperative tendon proximal phalanx axial area ratio was significantly larger than that of control at the level of proximal 20% from the PIP joint (<0.05), but at the level of proximal 40% and 60%, no differences were seen.

【Conclusion】 Larger tendon proximal phalanx axial area ratio at the level of proximal 20% may relate to the cause of the fixed flexion deformity of the Trigger finger.

USSR is considered to be a useful method to treat Trigger finger with PIP joint fixed flexion deformity.

5-3.

Three cases of pressure injuries developed in ACL reconstruction surgery with low risk of pressure injuries

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【Aim】 Length of 6 hours more surgery is the highest risk of developing pressure injury (PI) in OR. We experienced that three PI cases in anterior cruciate ligament (ACL) reconstruction surgery, which is considered to have a low risk of PIs. We report the preventive measures against PIs in ACL and their efficacy after experiencing surgery with PIs.

【Case】 The ages of the three cases were 14, 20, 45 years-old, the BMI was 16.5, 21.6, 19.7, and the length of surgery was 165, 194, 205 minutes (respectively). At the end of surgery, redness was observed in the buttocks on the ACL surgery side in all three cases.

【Discussion】 The cause of PIs may be related to maceration (microclimate) and shear force. In ACL, an arthroscope is used to flex the knee position and widen