Deceptive appearance of Scaphoid anatomical variants in teenage Patient.
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Introduction
The acute scaphoid bone injury is known to cause diagnostic challenges even at expert centres, which in part is attributable to its unique anatomy and vascular supply. The peak incidence of scaphoid fractures in children and adult is between late teens and mid twenties, scaphoid fractures are extremely rare during the first decade of life. The peak period for scaphoid fractures in skeletally immature children is about 15 years of age which parallels the evolving ossification of scaphoid.

Scaphoid Development
• The Scaphoid has a single ossification centre. Ossification begins around the 4th year.
• Very rarely it can develop from two ossification centres, spectrum of anatomical variants occur due to incomplete fusion of two ossification centres.

Scaphoid developmental variations
Congenital bipartite scaphoid was first described by T. Gerre published in orthopaedic clinics of university of Lund in 1951, postulated to arise from 02 ossification centres
Still debated whether it is congenital or pseudo arthrosis?

Diagnostic pitfall
The anatomical variants can easily cause diagnostic confusion with fractures in acute settings.

Suspect developmental variation
• MRI is the investigation of choice if in doubt.
• Contralateral xrays are useful as variations are bilaterally symmetrical.

Useful learning points
Our case highlights the importance of anatomical variants in Scaphoid bone in teenage, which might pose a diagnostic challenge and the need for appropriate management plan and reassurance to avoid unnecessary anxiety.

References
8. Stuart HC, Idell S, Caor