

De Quervain's Tenosynovitis



What is De Quervain's Tenosynovitis?

It is a painful condition of the hand named after a Swiss surgeon Fritz de Quervain. The tendons of the two main muscles that move the thumb [abductor pollicis longus (APL) and extensor pollicis brevis (EPB)] pass to the thumb under tunnel-like sheath on the thumb side of the wrist. This sheath has a gliding surface that allows the tendons to move smoothly within it. In patients with De Quervain's Tenosynovitis, the sheath is thickened and inflamed, preventing the smooth gliding of the tendons, and causing pain when patients attempt to move the thumb.

What are the common symptoms?

It can present as sharp pain that is exacerbated by movement of the wrist or the thumb and makes it difficult to move the thumb and wrist. It can also lead to grip weakness. The diagnosis is based mainly on the history and examination of the area.

What are the treatment options?

Conservative treatment:

Rest from heavy use of the hand with splinting, analgesia, and advice on activity modification by the occupational therapist. However, the results of this treatment is unpredictable and may not be effective for everyone. To feel significant recovery with this treatment it can take up to 3 months and results vary with many factors including the stage of the inflammation.



Steroid injection:

Is a reliable way to lessen the pain and discomfort. A steroid injection comprises a mixture of local anaesthetic and a steroid. It is a simple procedure which can be performed in the clinic and administered in a sterile fashion. The efficacy of the injection is 60-70%.

Risks of a steroid injection

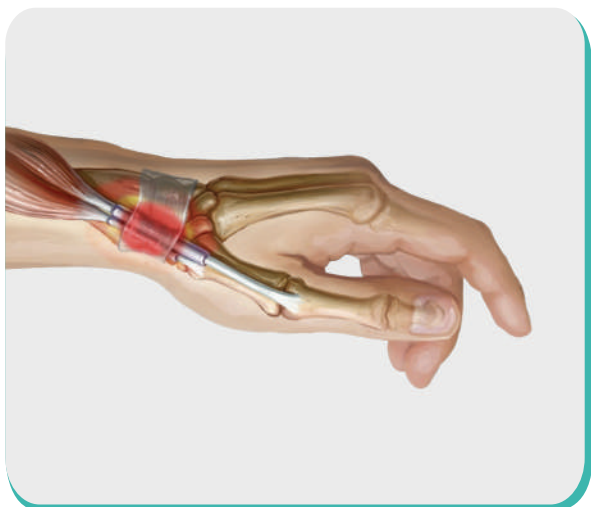
- Infection
- Bleeding
- Steroid flare (30%)
- Hypopigmentation (skin whitening)
- Fat atrophy
- Injury in the nerves and vessels
- Recurrence (30%-40%)
- Tendon injury rupture
- Transient rise in blood sugar for diabetic patients
- Potential decreased milk production in lactating women

What to expect?

The injection will be administered in the clinic. A dressing will be placed over the site of the injection, and you can remove it after 3 hours. Please do not get your hand wet prior to removal of the dressing.

Your thumb will also be numb for about 3 hours after the injection. The effects of the injection are usually seen between 2-3 weeks after the injection. Pain medication or local steroid injection may be prescribed to relieve pain and swelling.





Surgery:

It offers a curative solution to the problem. It is indicated when the symptoms persist despite- nonsurgical treatment and when recurrence occurs after steroid injection. Surgical release of the extensor sheath is a day surgical procedure that is performed under local anaesthesia. The procedure itself takes about 30 minutes.

Risks:

- Allergic reaction to local anaesthesia
- Infection
- Tendon injury
- Scar formation
- Stiffness
- Incomplete release
- Injury to nerves and vessels

Post-surgery recovery:

Your wound will be dressed for about 2 weeks before the stitches are removed. After surgery you will be able to move your finger without restriction and driving is also possible. Some patients may be referred to hand therapy after surgery to improve on range of motion and joint stiffness.