

de Quervain's Disease:

de Quervain's disease is a condition of swelling and thickening of the sheath that surrounds the tendons in the first dorsal compartment of the wrist. The tendons contained within the first dorsal compartment are the abductor pollicis longus and extensor pollicis brevis tendons. The inflammation and swelling in this area results in constriction of the tendons as they glide through the sheath. This causes the affected individual to experience pain, swelling in the area which can lead to eventual locking/sticking of the tendons as the individual tries to move the thumb.

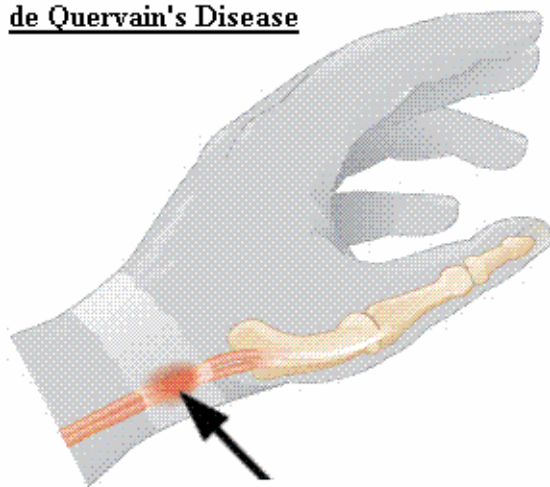
Prevalence:

de Quervain's is more common in women and symptoms are often preceded by a period of repetitive thumb use.

Symptoms:

Pain and swelling over the radial styloid at the base of the thumb. The pain increases with attempts to move the thumb or make a fist.

de Quervain's Disease



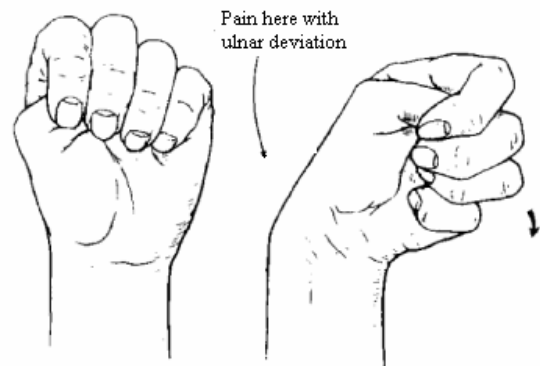
Inflamed EPB/APL tendons of the first dorsal compartment

Diagnosis:

Diagnosis is made based on patient history of

complaints and by physical exam in office. Examination reveals swelling over the 1st dorsal compartment that is tender to palpation. Pain is elicited with the Finkelstein test, which comprises having the patient make a fist with the thumb in the palm and the wrist is passively ulnarly deviated. A positive Finkelstein test is diagnostic for de Quervain's tenosynovitis. On occasion your health care provider may order radiographs of the affected extremity to rule out any bony abnormalities or osteoarthritis as a cause of the patient's pain.

Finkelstein's test for diagnosis of de Quervain's



Treatment:

Non-surgical treatment: In acute cases, immobilization in and off the shelf brace, a steroid injection into the tendon sheath and use of NSAID's may provided the needed relief of symptoms. Immobilization is often for a period of 3 weeks. If symptoms are unresolved after the initial period of immobilization and single corticosteroid injection a second injection can be performed. If the patient continues to have problems after a series of two steroid injections they become a candidate for surgical treatment.



Surgical treatment: Surgical treatment of de Quervain's is performed in the operative room under sterile conditions. The procedure is usually performed with only local anesthesia. However if a patient is very anxious intravenous sedation can also be given to facilitate the procedure. A tourniquet is used on the upper arm to provide a bloodless surgical field. A 2cm transverse or longitudinal incision is made over the first dorsal compartment and under high powered magnification nerves/blood vessels are identified and retracted from the surgical site. The exposed sheath covering the compartment is sharply incised to free the tendons. Any inflamed synovium is removed. The site is cleaned and wound margins are closed with absorbable or non-absorbable sutures. A light dressing is placed. Of note, every surgical procedure has a risk for infection and damage to local nerves and vessels and you should talk to your surgeon about these concerns.

Aftercare:

The surgical site needs to be kept clean and dry until your follow up visit in office in 10-14 days. The only limitations you may have after surgery and lifting restrictions, i.e. no more than 10lbs for two weeks the return to normal activity.