

DE QUERVAIN'S DISEASE

Tendons pass to the thumb via a tight tunnel (sheath) as they cross the wrist joint. The sheath is formed by a strap-like ligament and is lined by a layer of tissue (tenosynovium) that allows the tendons to glide. De Quervain's tenosynovitis (tenovaginitis) is due to thickening of a localised segment of the sheath, which tightens the tunnel. Despite its name, it is a degenerative rather than inflammatory process.

Its symptoms are pain and tenderness on the side of the wrist, which are particularly aggravated by use or movement of the thumb. Physical signs include swelling, which can extend into the forearm, tenderness and a grating sensation when the thumb is moved. Downward deviation of the wrist, with the thumb held clasped in the palm, typically causes discomfort (Finkelstein's test).

It is commoner in women in whom the peak incidences are at the child-bearing and peri-menopausal ages. Although overuse has been suggested as a cause, the relationship between occupation and De Quervain's disease remains controversial. However, use of the hand at work will cause pain.

There are a number of non-surgical ways of treating the condition, which may be combined. The available evidence shows that steroid injection is the most effective treatment with about 70% of patients responding.

Rest It is important to limit aggravating activities as much as possible to allow the problem to settle whatever other treatment is provided.

NSAID Anti-inflammatory tablets and topical gels can relieve the symptoms but there is no evidence that they speed recovery.

Physiotherapy Treatments such as massage, ultrasound, heat can help symptoms but may not contribute to the speed of recovery.

Splint This can be helpful in reducing discomfort but will only be effective if it passes from above the wrist to the thumb.

Steroid injection Injection of the sheath is very effective in relieving the problem. It has no general side-effects but it can cause thinning and/or discolouration of the skin on the wrist, particularly if repeated. Therefore two injections are the maximum.

Surgery If pain persists despite non-surgical management, the problem can be solved by surgical release of the sheath.

The operation is usually performed under local anaesthetic. The hand will be dressed with a supportive dressing that permits finger movement and light hand use. You will be discharged with specific instructions ("Hand Surgery") relating to hand exercises and wound care. Your stitches will be dissolving by about two weeks after your operation. You can drive a car within days as long as you are comfortable and have regained full finger movements. Timing of your return to work is variable according to your occupation and you should discuss this.

Wound Possible problems include swelling, bruising, bleeding, blood collection under the wound (haematoma), infection and splitting of the wound (dehiscence).

Scar You will have a scar on the wrist, which will be firm to touch and tender for some months. This can be helped by firm massage with the moisturizing cream.

Neuroma Small nerves running in the region can be damaged during the surgery and form a painful spot in the scar (neuroma). This complication is unusual but may require a further operation to correct.

Stiffness Inevitably, the wrist will be stiff after the dressing is removed, however, this will disappear with use after 1-2 weeks.

Regional pain syndrome About 5% (1 in 20) of people are sensitive to hand surgery and their hand may become swollen, painful and stiff after the operation. This problem cannot be predicted, is variable in severity and is principally treated with physiotherapy.

Tendon The operation can sometimes cause the thumb tendons to move from side to side when the wrist is bent. This is usually no more than irritating and does not affect their function.

