

De Quervain Tenosynovitis



PLAY PICMONIC

Inflammation of the Sheath

Sword Sheath in Flames

De Quervain tenosynovitis is an inflammation of the sheath that surrounds the tendons of the extensor pollicis brevis and abductor pollicis longus.

Extensor Pollicis Brevis

Extension-cord Police in Briefs

One of the tendons that gets inflamed in De Quervain Tenosynovitis is one from the extensor pollicis brevis.

Abductor Pollicis Longus

Abs Police in Long-johns

The other tendon involved in the pathophysiology of De Quervain Tenosynovitis is the one from the abductor pollicis longus.

Styloid Process of the Radius

Stylus Radio

The inflammation of the sheath occurs when the abductor pollicis longus and extensor pollicis brevis tendons pass through the styloid process of the radius.

Progressive Stenosis

Progressing Stenosis-Stone

As the tendons get inflamed, and this process progresses, the tendons get progressively compressed, causing pain.

CLINICAL FEATURES

Radial Styloid Process Pain

Radio Stylus Pain-bolt

As stenosis progresses, the compression of the tendons causes progressive and increasing pain in the styloid process of the radius that may radiate to the thumb or elbow.

Movement and Object Grasping Increase Pain

Dancing-character Grasping Object with Up-arrow Pain-bolt

In De Quervain Tenosynovitis, movement, as well as grasping of objects, increases pain.



Risk Groups

New Mothers

Mother with Newborn

There are some groups with a higher propensity to develop this disease. New mothers are at risk of this disease.

Golfers and Tennis Players

Golfer Playing Tennis

Tennis players and golfers are also at increased risk of developing this disease.

"Thumb" Texters

Thumb Text

Thumb texters are also at risk of developing De Quervain Tenosynovitis.

DIAGNOSIS

Finkelstein Maneuver

Frankenstein

Diagnosis of De Quervain Tenosynovitis is clinical. The examination involves the Finkelstein maneuver, which consists of asking the patient to hold the thumb in a fist while the examiner performs an ulnar deviation, eliciting pain.

TREATMENT

Conservative

Conservative Reagan

Initial treatment is conservative: it consists of NSAIDs and other analgesics, physical therapy, splintage, and steroid injections.

If conservative therapy fails, surgery can be performed. This surgery involves the surgical release of the tendons through an incision in the extensor retinaculum.