

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.