# picmonic

# **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. <br/>



# **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. <br/>

#### TREATMENT

#### Conservative

# Conservative Reagan

Initial treatment is conservative: it consists of NSAIDs and other analgesics, physical therapy, splintage, and steroid injections.<br>threapy fails, surgery can be performed. This surgery involves the surgical release of the tendons through an incision in the extensor retinaculum. <br/> <br/>