

DeQuervain's Tenosynovitis

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What is it: Inflammation of the tendons of the thumb

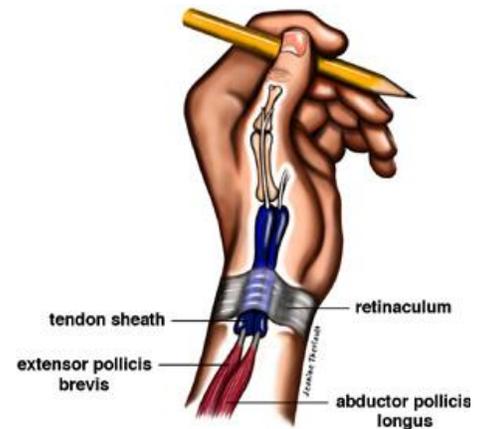
Cause

The most common cause of DeQuervain's is chronic overuse of the wrist and thumb, which results in cumulative trauma. Movements such as grip, grasp, clench, pinch or wringing utilize the two tendons associated with DeQuervain's. Prolonged or repetitive motions such as those listed above day after day may irritate the sheath around the two tendons, causing a thickening that restricts the movement of the tendons.

Other causes include scar tissue limiting motion, inflammatory arthritis, and direct injury. This can also be a common diagnosis for caregivers of young children due to increased stress to this area when picking up small children.

Symptoms

- Pain at the base of the thumb or wrist.
- Swelling may be present at the base of the thumb or wrist.
- Pain may be worsened with movement of the thumb.
- Moving the thumb and wrist may be more difficult than before or when compared with the other hand.
- Difficulty performing activities involving grasping and pinching.



Anatomy Involved

Two muscles responsible for moving the thumb run from the forearm and their tendons run along the side of the wrist. The muscles are called extensor pollicis brevis and abductor pollicis longus, as shown above. These tendons are encased in a tendon sheath as shown above.

This tendon sheath, as well as the tendons, may become irritated and inflamed, resulting in pain and loss of motion.

Treatment

Non Operative Management

Activity Modification → Minimizing how often you perform activities that irritate the tendons and tendon sheath is suggested to help decrease symptoms and allow healing. This can include adapted or alternative equipment such as ergonomic keyboards, tools with a pistol grip, or a key holder. This may also include the use of an orthosis during aggravating activities to limit the effect on the tendons.

Orthosis → Physician may suggest wearing an orthosis, or a splint, in order to immobilize the affected tendons and allow them to rest. An orthosis is often suggestion in addition to an injection, as described below.

Injection → Physician may suggest a corticosteroid injection prior to surgical intervention to help reduce swelling.

Anti-inflammatories → Some patients may not be able to have an injection. In these cases, anti-inflammatory medications, such as ibuprofen or advil, may be suggested.

Operative Management

If conservative management of the condition does not help, your physician may suggest surgery. This typically consists of the surgeon inspecting the tendon sheath and opening it to release the pressure and restore normal movement.

After surgery, the wrist and thumb will be immobilized. Typically, after 2-3 weeks, sutures will be removed and gentle range of motion and light strengthening exercises will be prescribed by the physician and an occupational therapist. Progress will be monitored throughout recovery. You may need to attend regular therapy if progress slows too much.



References

Mayo Clinic Staff. (2012, August 1). De Quervain's tenosynovitis. Retrieved December 16, 2014, from <http://www.mayoclinic.org/diseases-conditions/de-quervains-tenosynovitis/basics/definition/con-20027238>

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