



Solbion[®] presents

DISEASE Diary

Topic:

Painful Wrist



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Case Presentation

A 55-year-old housewife has been lifting and carrying a lot of heavy boxes of clothes. Now she has developed progressive pain in the dorsal/radial aspect of the base of her right wrist and radial styloid. This woman has swelling over the dorsoradial aspect of her left wrist. On palpation, she has some palpable thickening in the same region and tenderness over the styloid process of the distal radius. When the patient is asked to make a fist over the thumb and ulna deviate the wrist, she reports increased pain in the region of the radial styloid. She has no neurological or vascular deficits.

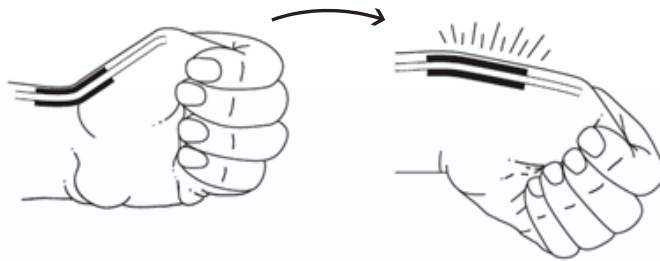


Fig.: The Finkelstein Test

Questions

- ▶ What is the diagnosis and how would you confirm it?
- ▶ What is the differential diagnosis?
- ▶ What do you know about the pathology of this condition?
- ▶ How would you manage this patient?

Case Discussion

This condition is called De Quervain's tenosynovitis, first described in 1895. It is characterized by a history of repetitive strain, and dorsoradial pain exacerbated by ulna deviation of the wrist. There is reactive thickening of the sheath around the first extensor compartment of the wrist. The tendons of the abductor pollicis longus and the extensor pollicis brevis pass through the first dorsal compartment. The first dorsal compartment over the radial styloid becomes thickened and feels bone hard; the area becomes tender. The exact cause of this problem is not clear. Overuse can initiate it, but it can occur spontaneously, particularly in middle-aged women and sometimes during pregnancy.

The classic manoeuvre to diagnose this condition is achieved using the Finkelstein test. This involves making a fist over the thumb and moving the wrist into ulna deviation, as shown in the figure. The pain is reproduced in the region of the radial styloid.

The differential diagnosis includes the following:

- ▶ Arthritis at the base of the thumb. The grind test will be negative in DeQuervain's but positive in degenerative joint disease affecting the carpometacarpal (CMC) joint. The grind test is performed by pushing the thumb against the CMC joint while also rotating it to produce a grinding-type motion. If in doubt, radiographs of the first CMC joint may reveal degenerative changes.
- ▶ Intersection syndrome. This can arise if the tendons of the first wrist compartment cross over the tendons of the second compartment just proximal to the extensor retinaculum. This causes irritation between the tendons just proximal to the wrist joint.
- ▶ Wartenberg's syndrome. This is an isolated neuritis of the superficial radial nerve. These patients have a positive Tinel sign and complain of pain over the dorsoradial aspect of the wrist.

Conservative management initially involves a thumb spica splint, or a cast for a month with a steroid injection into the first extensor compartment sheath. Surgical release of the first extensor tendon sheath with synovectomy is considered for persistent or recurrent De Quervain's disease. Ensure that the abductor pollicis longus and the extensor pollicis brevis are released.

Key Points

- ▶ De Quervain's tenosynovitis involves reactive thickening of the sheath around the first extensor compartment of the wrist. The tendons affected are abductor pollicis longus and the extensor pollicis brevis.
- ▶ A positive Finkelstein test helps to confirm the diagnosis.
- ▶ Initial management involves a splint plus a steroid injection. Surgical treatment in persistent or recurrent cases involves release of the first extensor tendon sheath.

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