

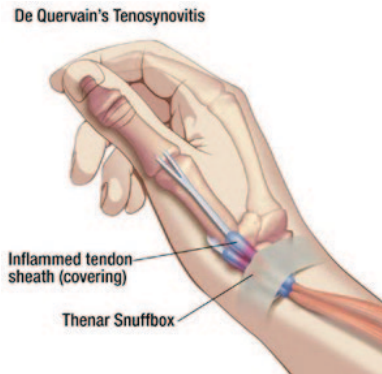


Patient Pathway for De Quervain's Disease

What is De Quervain's tenosynovitis?

De Quervain's tenosynovitis is inflammation of tendons on the side of the wrist at the base of the thumb. These tendons include the extensor pollicis brevis and the abductor pollicis longus tendons.

De Quervain's tenosynovitis can be brought on by simple strain injury to the extensor pollicis longus tendon. Typical causes include stresses such as lifting young children into car seats, lifting heavy grocery bags by the loops, and lifting gardening pots up and into place.



What are symptoms of De Quervain's tenosynovitis?

De Quervain's tenosynovitis causes pain and tenderness at the side of the wrist beneath the base of the thumb. Sometimes there is slight swelling and redness in the area.

How is De Quervain's tenosynovitis diagnosed?

De Quervain's tenosynovitis is diagnosed based on the typical appearance, location of pain, and tenderness of the affected wrist. De Quervain's tenosynovitis is usually associated with pain when the thumb is folded across the palm and the fingers are flexed over the thumb as the hand is pulled away from the involved wrist area. (This is referred to as the Finkelstein's manoeuvre.)

How is De Quervain's tenosynovitis treated?

The treatment for De Quervain's tenosynovitis can include any combination of rest, splinting, ice, antiinflammatory medication, and/or cortisone injection. Cortisone injection is extremely effective and is generally the optimal treatment. Normal activity may be resumed within three weeks after an injection. Surgery is only rarely necessary and usually reserved for persisting inflammation after failure of at least one cortisone injection.

What is the outlook (prognosis) with De Quervain's tenosynovitis?

The outcome is generally good and the patient can generally return to full function after the inflammation settles with treatment. Sometimes bracing is required for future activities that involve repetitive wrist motion.