
Tendinitis of De Quervain

This is an inflammation of the sheath surrounding the long abductor tendons and short extensor tendons of the thumb which pass through the same fibrous tunnel at the external side of the wrist, in contact with the radius. Irritation often begins after an unusual or intensive activity, or a knock. The membranes surrounding the tendons increase in volume, and proceed to rub against the interior of the tunnel, and the mechanism continues of its own accord.

1. DIAGNOSIS :

Diagnosis is made on clinical examination. Pain is predominant on the outer border of the wrist. Sometimes a painful nodule may be detected on palpation of the zone. Some movements, such as the gesture of inclining the wrist to the opposite side and raising the thumb against opposition, may aggravate the pain.

Further examinations are not necessary.

2. TREATMENT :

- **Immobilisation** by splint and an **anti-inflammatory treatment** can sometimes suffice in the early stages of the condition.
- an **infiltration** of a corticoid derivative with localised action combined with immobilisation by splint is usually proposed as a first step in moderate forms of the

condition.

- when the condition is more serious or when medical treatment has failed, a **surgical procedure** may then be proposed.

3.SURGICAL PROCEDURE :

- **Length of hospital stay:** outpatient (in one day)

- **Anaesthetic:** regional

Technique : The procedure consists in opening the tunnel through which the tendons pass so as to enlarge it and to reduce friction.

An incision of two to four centimetres is made on the outer side of the wrist. There is an immobilisation period of two to three weeks which is often followed by a few physiotherapy sessions.

4.AFTER-SURGERY CARE :

Manual activity may be resumed rapidly with the protection provided by the splint and then without splint after two to three weeks.

Resuming sports activities or intensive manual work is not recommended before one month.

5.POSSIBLE COMPLICATIONS :

Pain is possible as an after effect depending on the extent of the lesions and tendons and the evolution of the condition

There may be persistent **swelling** with tingling sensations on the back of the hand which can last several weeks.

Algodystrophy : may develop with extensive swelling, sweating, stiffness and persistent wrist pain that can last several months.

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Last
modification
6/11/08