

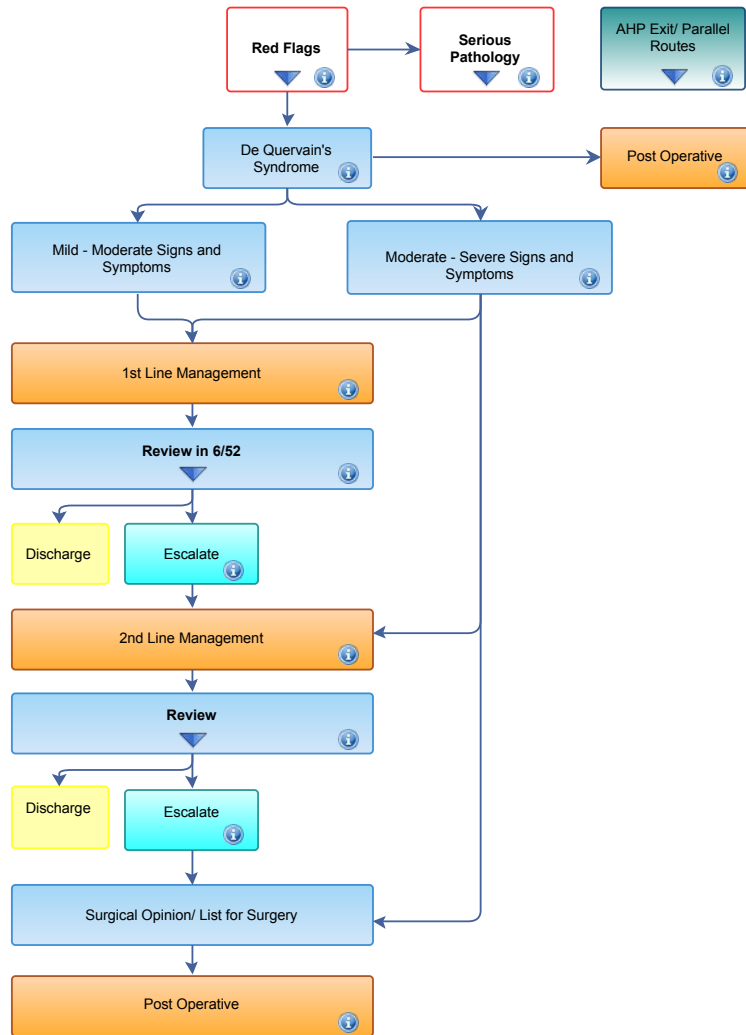


DE QUERVIAN'S GUIDANCE

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DE QUERVIAN'S GUIDANCE



Key ⓘ More Information ⓘ Decision ⓘ Discharge ⓘ Intervention ⓘ Red Flag ⓘ Self-Management ⓘ Default

GENERAL RELATED INFORMATION FOR PATHWAY

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SPECIFIC RELATED INFORMATION FOR PATHWAY SECTIONS

RED FLAGS

Pathways

Related pathway: [MSK Foot and Ankle Red Flags NHSGGC](#)

SERIOUS PATHOLOGY

Pathways

Related pathway: [Serious Pathology](#)

AHP EXIT/ PARALLEL ROUTES

Pathways

Related pathway: [exit routes x 6](#)

DE QUERVAIN'S SYNDROME

Information

Description

De Quervain's syndrome is stenosing tenosynovial inflammation of the 1st dorsal compartment. This impairs gliding of the abductor pollicis longus (APL) and extensor pollicis brevis (EPB) tendons and thumb function, and causes pain on the radial (thumb) side of the wrist.

Diagnosis

History; Patients suffering from De Quervain's syndrome experience pain and tenderness at the base of the thumb area near the first extensor compartment. Movement of the thumb and/or the wrist can provoke the pain. The pain may appear suddenly or may increase over time. Often, there is

also swelling over the first extensor compartment. Its prevalence is 0.5% for men and 1.3% for women among adults of working age in the general population. It is also common in new mothers.

Physical Examination

- Pain and/or weakness on resisted thumb abduction and/or extension
- +ve Finkelstein's test - grasps the thumb and ulnar deviate the wrist sharply. Positive response; sharp pain occurs along the distal radius.
<https://www.youtube.com/watch?v=eXn5mr7Hu9E>
- Pain on palpation of APL and EPB tendons
- Swelling on the lateral aspect of the wrist
- Crepitus on the lateral aspect of the wrist on thumb movement

Differential diagnosis

- Osteoarthritis of the carpometacarpal (CMC) joint of the thumb maybe excluded by using the grind test. (See OA thumb section for how to perform)
- Radial nerve compression (to exclude test for a Tinel sign and sensation over the radiodorsal area of the hand).
- Cervical spine/ nerve root
- Scaphoid fracture.
- Intersection syndrome; Check whether the complaints are located at the distal 1/3 of the dorsal radius, where the APL/EPB cross over the extensor carpi radialis longus/brevis (ECRL/ECRB) tendons(4-8 cm proximal to the radial styloid), which could suggest intersection syndrome.
- Peritendinitis.

- Review previous x-rays

POST OPERATIVE

Information

Dependent of local practice, generally no/ limited AHP involvement

MODERATE - SEVERE SIGNS AND SYMPTOMS

Information

Moderate to severe tenderness

Pain during most if not all ADLs

Pain at rest

Swelling over 1st extensor compartment

MILD - MODERATE SIGNS AND SYMPTOMS

Information

- Tenderness over 1st extensor compartment progressing to pain over radial side of wrist
- Discomfort during some ADLs
- No pain at rest
- Swelling over 1st extensor compartment often present

1ST LINE MANAGEMENT

Information

Information on the nature of De Quervain's Syndrome and activity management should be given to the patient. [National Patient Information Leaflet for De Quervain's](#)

Splinting- thumb spika for 6 weeks. To be worn during pain producing activities. For splint to be beneficial it must be of a good fit.

Stretching for 6 weeks. Use clinical judgement to determine appropriateness. In acute stage stretching may aggravate symptoms.

Review appointment within 6 weeks.

Limited evidence for

Acupuncture, ultrasound, heat, cold, local massage, frictions, NSAIDs.

Guidelines

[Handguide Guidelines on management of DeQuervain's](#)

Patient Information

[National De Quervain's Disease Patient Information Leaflet](#)

[NHS Inform - Wrist, hand and finger problems](#)

REVIEW IN 6/52

Pathways

Related pathway: [Reflect Review](#)

DISCHARGE

NO RELATED INFORMATION

ESCALATE

Information

Failure to respond to conservative management

Consult local service for hand injection provision;

- Injection therapist within MSK
- Hand therapist

2ND LINE MANAGEMENT

Information

Corticosteroid injection

Ensure patient has followed conservative management advice.
Guidelines suggest a patient can be offered 1-2 steroid injections.

Literature on the effects of corticosteroid during pregnancy and on lactation

[Osterman 2012](#) states that no specific study has been done with regards to the effects of steroid injections to the health of the unborn child, however evidence does show that steroid use aids surfactant production and lung tissue development in premature babies.

There is limited literature on the effects of corticosteroid injection use during breast feeding. Evidence seems to suggest a temporary suppression to lactation after a corticosteroid injection. If considering discuss with local injection therapist. See Knowledge Network link below to access relevant articles.

Guidelines suggest a steroid injection if conservative management has failed, however if a patient declines an injection then specialist splinting from a hand therapist.

Specialist Splinting

If patient has had a trial of a splint, review use and compliance. Consider fabricating a splint for the patient if previous splint is deemed ineffective for that patient's needs.

Guidelines

[Handguide Guidelines on management of DeQuervain's](#)

Knowledge Network

[Sudden loss of milk supply following high-dose triamcinolone \(Kenacort\) injection](#)

Date Published: 2012

[Effect of corticosteroid use on lactation](#)

[Temporary suppression of lactation after corticosteroid injection for tenosynovitis](#)

Patient Information

[NHS Inform - Wrist, hand and finger problems](#)

[National De Quervain's Disease Patient Information Leaflet](#)

REVIEW

Pathways

Related pathway: [Reflect Review](#)

DISCHARGE

NO RELATED INFORMATION

ESCALATE

Information

- Failure to respond to conservative treatment
- Severe Symptoms
- Unsuitability for CSI

SURGICAL OPINION/ LIST FOR SURGERY

NO RELATED INFORMATION

POST OPERATIVE

Information

Dependent of local practice, generally no/ limited AHP involvement