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## De Quervain's Syndrome

De Quervain's syndrome is a painful condition where the tendons forming one side of the 'anatomical snuffbox' at the side of the wrist on the thumb side are inflamed. Sometimes patients have suffered for a long time before the diagnosis is made.

The pain is worse when using these tendons, for example when giving a 'thumbs-up', or when the thumb is clasped inside the fingers, which stretches the tendons. There is usually tenderness when the tendons are pressed on, and often swelling at the opening of the tendon sheath can be seen (put the hands together to compare the two sides).

The cause of De Quervain's is uncertain, but it is common for mothers with small babies, possibly due to repeated lifting of the baby. It can be aggravated by hand use, gardening, sport or work, but none of these are a definite cause.

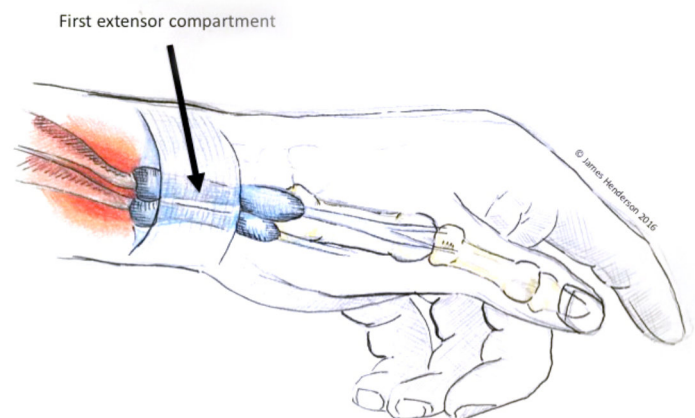
## Treatment

Although DeQuervain's syndrome can be extremely painful, it doesn't usually cause long-term problems.

Simple treatment consists of painkillers and anti-inflammatory medicines, and avoiding exacerbating activities if possible. Physiotherapy can be very helpful, although the process can be painful.

I do not advocate splinting as it can lead to stiffness, but some people find respite with immobilisation of the thumb.

Steroid injection can be performed in the outpatient clinic and is often useful for patients, leading to complete resolution in some, and an improvement in most, although this is not always permanent.



Surgery is extremely reliable for De Quervain's tenosynovitis- this consists of decompressing the tendon tunnel on the side of the wrist. I do this through a longitudinal incision to minimize irritation to the nerves that run just under the skin in this area. The nerves are carefully avoided, or occasionally gently retracted, and the tendon sheath is divided. It heals up again later, but the De Quervain's doesn't seem to come back.

The operation needs to be performed under general or regional (when the whole arm is numbed through injections at the armpit) anaesthesia, as the area affected is usually too tender for injections. The risks of surgery include infection, bleeding or nerve injury, but these occur in less than 1/100 cases. Sometimes patients have some temporary numbness or nerve irritation.

These options will be discussed fully at your consultation.

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