de Quervain's tenosynovitis

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DESCRIPTION

A 53-year-old woman presented with a 2-month history of radial side pain in her right wrist. Physical examination revealed that the pain was worsened by right thumb flexion and on Finkelstein's test. On wrist ultrasonography, the first extensor compartment revealed extensor pollicis brevis (EPB) tendon and tendon sheath thickening in her right hand as opposed to in her left hand (figures 1 and 2). The patient was diagnosed with de Quervain's tenosynovitis and treated with analgesics.

de Quervain's tenosynovitis refers to entrapment tendinitis or tenosynovitis of the abductor pollicis longus (APL) and EPB tendons at the styloid process of the radius. It is often attributed to overuse or repetitive movements of the wrist or thumb. The diagnosis of de Quervain's tenosynovitis is usually based on clinical findings.¹ Ultrasonography and MRI are useful tools for evaluating joints and tendons.² In particular, ultrasonography can be performed quickly in many facilities. In these patients, ultrasonography shows thickening of the extensor retinaculum and tendons of the APL and EPB, especially the EPB tendon.² For the detection of the presence of any abnormality in patients with de Quervain's tenosynovitis, ultrasonography had a sensitivity of 93%.³

Figure 1 First extensor compartment on wrist ultrasonography shows thickening of the extensor pollicis brevis (EPB) tendon and tendon sheath with low echoic lesion around EPB tendon (arrow: EPB tendon and tendon sheath; arrow head: abductor pollicis longus (APL) tendon; square: radial artery).

Figure 2 The other unaffected side (arrow: extensor pollicis brevis (EPB) tendon; arrow head: abductor pollicis longus (APL) tendon; square: radial artery).

Learning points

- ▶ Radial pain in the wrist needs for de Quervain's tenosynovitis to be differentiated.
- ▶ Ultrasonography is an useful tool for diagnosing de Quervain's tenosynovitis.

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