

Cycle 1 – Hand and Wrist
2105 - DeQuervain's Syndrome
SCRIPT

(1)

NEIL HARNESS, MD:

If your pain is localized to the side of the wrist or base of the thumb, there's one specific maneuver we could try to differentiate the two. If you take your thumb and you place it in the palm, and then wrap your fingers over it, then move your hand towards the floor. If this brings on pain on the side of the wrist, this could be De Quervain's tenosynovitis.

(2)

BRETT PETERSON, MD:

There's two tendons in general that go out, that cross from the wrist onto the thumb. And they sometimes become inflamed. And with doing activities such as gripping or lifting, some people call that new mom's disease, where they're lifting an infant, and they'll get a tendonitis right there.

(3)

SARAH LEWIS, MD:

If you look at these two tendons, they're covered by a nice connective sheath, meaning something lays on top of the tendons to keep them in their track so that they can move the thumb easily. If that connective sheath gets really thick, you can imagine the friction that's caused.

(4)

BRETT PETERSON, MD:

The initial treatment for it, De Quervain's, is rest. So we give the patient for this, a splint during the day is helpful.

(5)

BRETT PETERSON, MD:

Most of the time it's gonna get better with conservative treatment. And a lot of times, they come to me when they've already tried a splint and some rest. They've taken an anti-inflammatory. And then it's a lot of times the first thing I'll try is a steroid injection.

(6)

SARAH LEWIS, MD:

We can inject a steroid into that sheath where the tendons are. It calms everything down and for most people, it'll take it away, and that's it. But if the injection doesn't work, the benefit is we know that the surgery is great at relieving the pain and the risk of injuring that nerve is very minimal.

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