## Causes

1. **Soft Tissue Disorders:** - Tendon disorders, ligament sprains, Dupuytren's Contacture, Ganglions
2. **Joint Disease**
3. **Bone Disorders** - Osteochondritis of the lunate
4. **Nerve Entrapments** - Median, ulnar Nerve, Bowler's Thumb

**Referred Pain, Vascular Causes**

## DeQuervain's Tenosynovitis

- Involves repetitive strain of the adductor pollicis longus and extensor pollicis brevis
- Women between 30 and 50yo
- Associated with: RA, Psoriatic Arthritis, Trauma, Pregnancy

## Hx

- Insidious Wrist pain (radial side + 1st metacarpal sharp pain)

Pain can radiate up wrist and forearm

Worse with thumb and wrist movements

Better with rest, heat or cold

## Exam

Minor swelling over distal radius

Tenderness over involved tendons

AROM + RROM of wrist and thumb extension painful - pt describes it as "squeaky"

Pain worse with grasping, abduction of the thumb and ulnar deviation

RROM WNL or weakness due to pain

+ve Finkelsteins (pain on lateral wrist)

## DDx

RA or OA

Cx radiculopathy (C5,C6)

Intersection Syndrome

CTS, Ganglion Cyst

Scaphoid fracture

Keinbock's disease



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## Management

Resting and avoiding triggering cause

Ice @ Radial styloid

Ultrasound with hydrocortisine gel

Buddy taping of thumb to base of first finger

Chronic cases - stretching exercises into the palm - sets of 20 , held for 5 seconds

Electrical stimulation along tensons

NSAIDs advice

Refer to GP - Corticosteroid injection if not responding

## Dorsal Wrist Syndrome

- Mild injury to the scapholunate ligament , dorsal wrist ganglion

## Exam

- Tenderness over the dorsal aspect of the wrist in the region of the scapholunate joint
- Pain on passive extension of the wrist
- Pain on finger extension test
- Clunking on Watson's test
- No physical findings of rotary subluxation of the scaphoid , absence of abnormality on wrist x-ray

## Management

- Steroid injection into the wrist , if that fails, consider surgery

## Dupuytren's contracture

- Hypertrophic nodular fibroplasia of the palmar fascia
- Flexion deformity of MCP and PIP
- Affects more white males at 60-70 yo
- 4th and 5th digit most affected
- Hereditary, chronic alcoholism, epilepsy and diabetes

## Management

- Passive stretching of flexor tendons after massage
- Surgery for advanced cases

## Gamekeeper's Thumb AKA Skier's thumb

- Sprain/ rupture of UCL of MCP joint of the thumb
- Valgus force on abducted 1st MCP/ FOOSH

**Hx:** Pain over UCL of 1st MCP joint (starts immediately, pt hears snapping/popping)
Valgus trauma , pt describes it as I jammed my thumb/my thumb got bent back
Weakness in punch grip strength. Rupture = unable to pinch at all!



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## Exam

Swelling + bruising over ulnar aspect of MCP joint

TTP over UCL, soft mass = retracted, ruptured UCL , hard mass = avulsion, MFTP over forearm + thumb muscles

AROM + PROM shows hyperextension/hyperabduction, RROM weak due to pain

Median/radial nerve involvement possible

+ve valgus stress test

+ Empty end feel/excessive motion = Grade III sprain

## DDx

- MCP Joint dislocation

- Phalangeal f#

- Congenital 1st MCP hypermobility

- Torn RCL of thumb (rare)

## Management

4-6 weeks of thumb spica cast immobilisation

Refer to GP/A&E

## Ganglion

- Fluid filled benign lump that comes from tendon shealth/joint capsule

- Usually on the dorsum of the hand

**Hx:** Painless mass on wrist - can be painful
Usually insidious but can be caused by minor/major trauma
If painful, pain usually comes and goes - comes on with excessive wrist use
Can limit ROM/decrease grip strength
Cyst can impinge on neurological structures

**Exam:** Visible mass on wrist
TTP, soft + rigid
Joint cysts = larger + soft
Tendon cysts = smaller and hard
+Ve Finger extension test
Allen's test if pressing on vascular structures

**DDx:** Infection (red, swollen, painful)
Tenosynovitis
Sarcoma
Lunate/carpal dislocation
Lipoma
RA

**Management:** PRICE, Aspiration (if causing symptoms), NSAIDs

Consider US



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