Common Hand & Wrist Conditions for GPs

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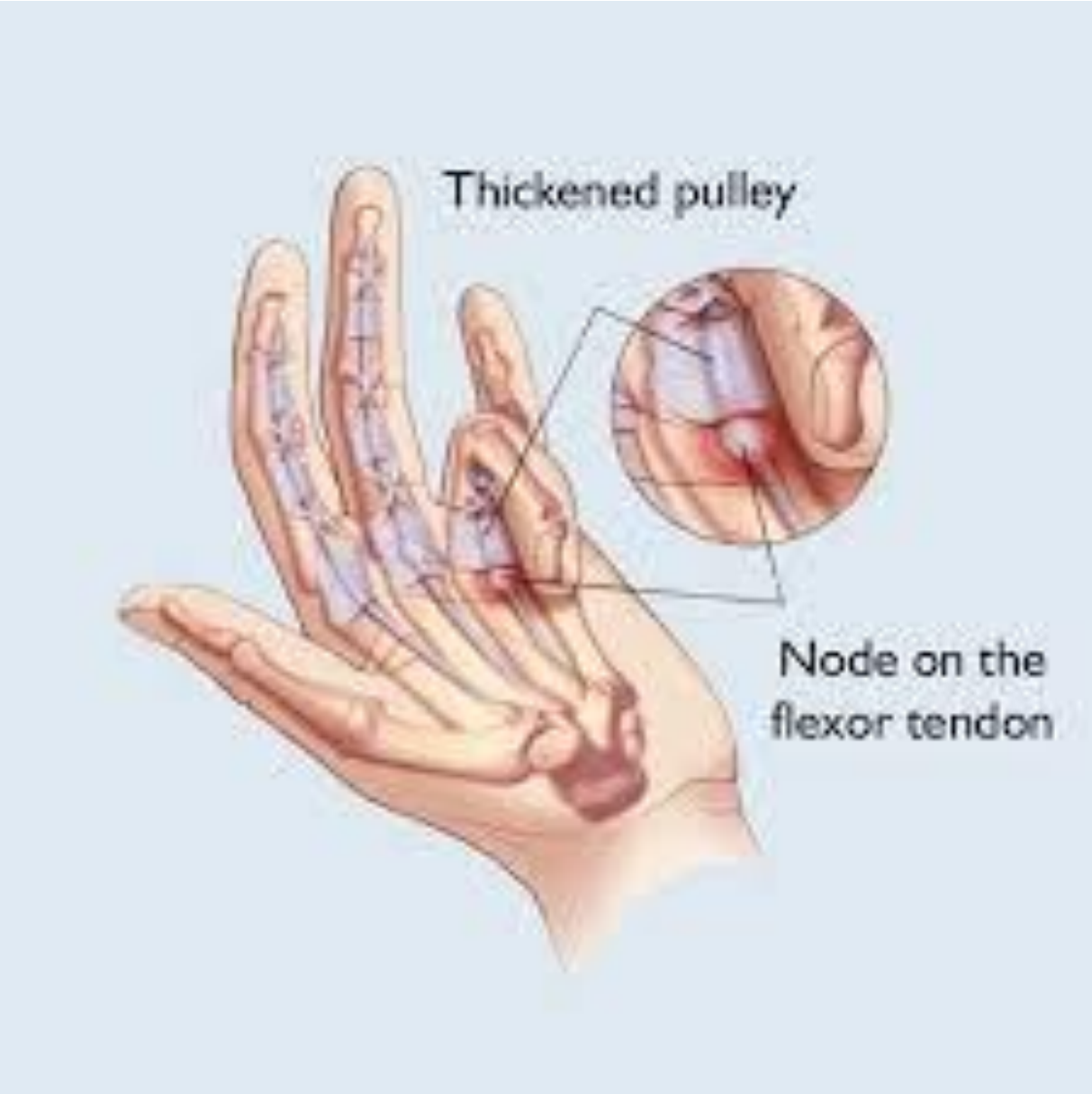
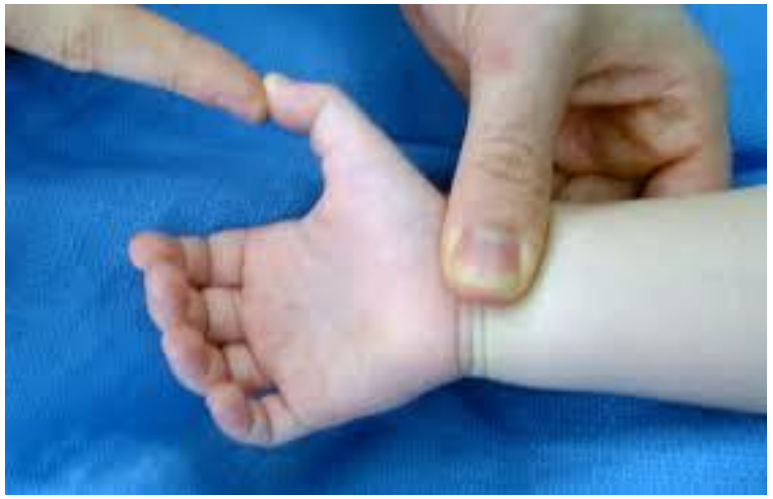
Objectives

Trigger Finger



Useful Facts

- Often misdiagnosed
  - PIPJ problem, dislocation, dupuytrens disease, dystonia, hysteria
- Secondary trigger more likely to fail non-operative management.
  - Diabetes, Gout, CRF, RA
- <u>Paediatric trigger finger is very different!</u>



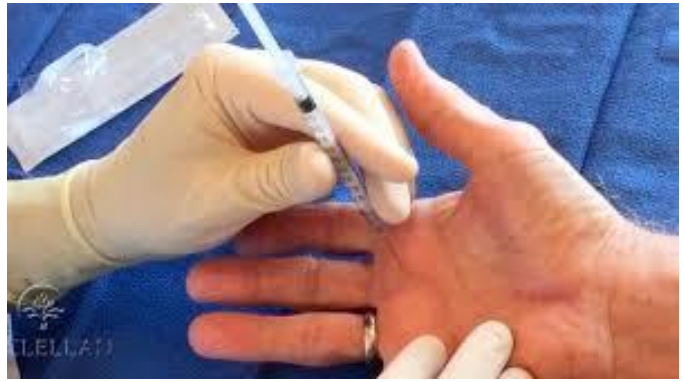
History and Examination

- History
  - Pain / Catching / Stuck finger
  - Idiopathic vs associated
- Examination
  - Feel for catching / lump at A1 pulley
  - Test each finger in isolation
    - Multiple triggering common

Investigations and local treatment

- Investigations
  - None routinely recommended

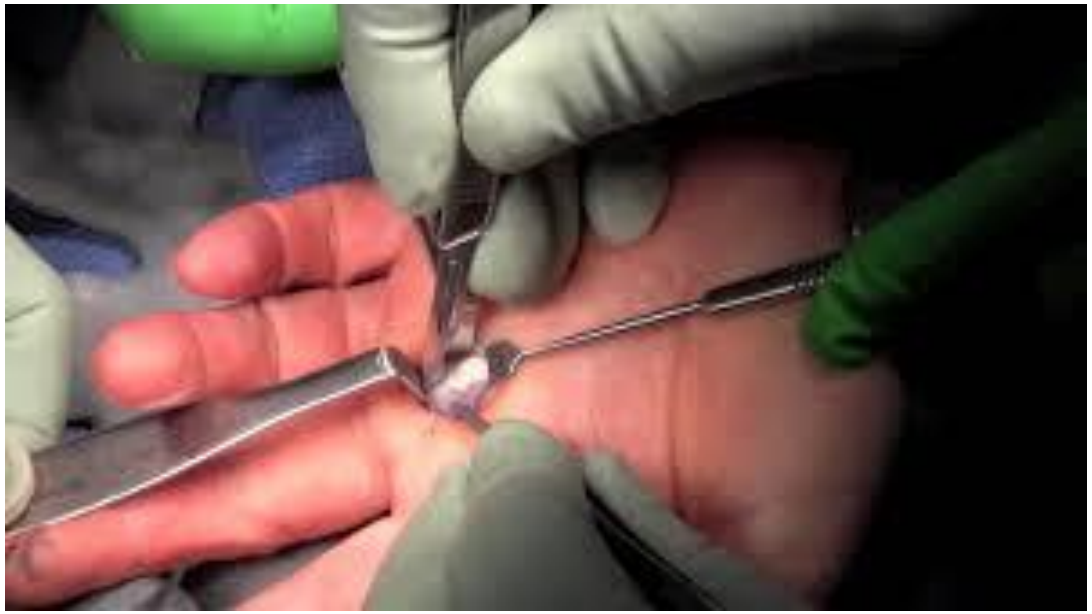
- Local Treatment
  - Splinting
    - Reasonable but less effective than steroid.
    - Numerous regimes
  - Steroid injection
    - 1ml lignocaine (0.1 ml bicarb) + soluble steroid (20-40mg)
    - Up to 3 inj spaced 1 month apart



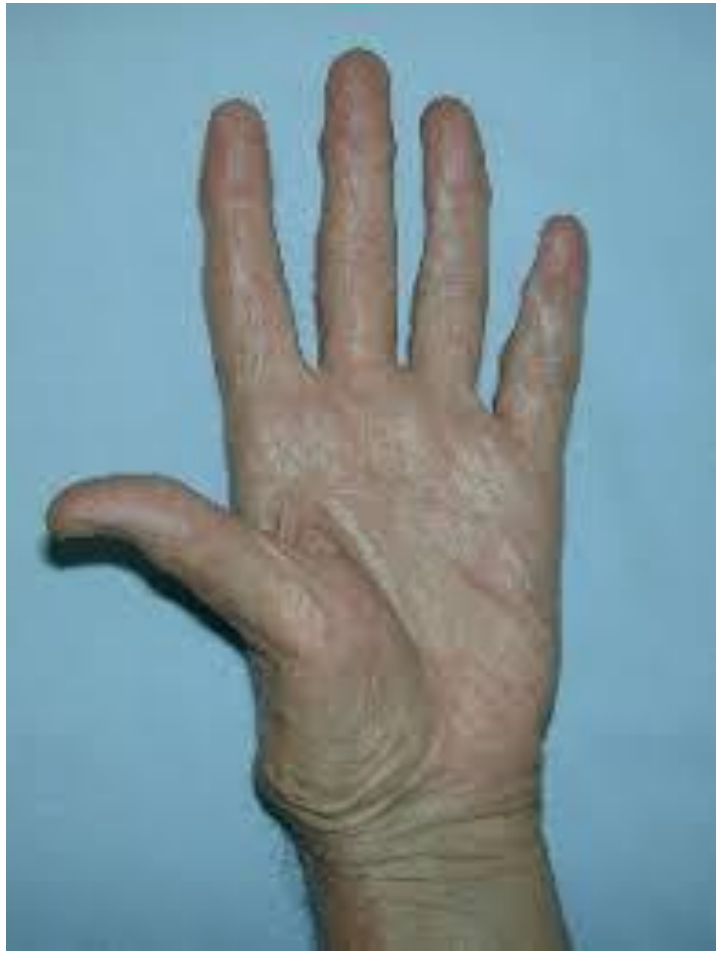
When to refer and what patients should expect

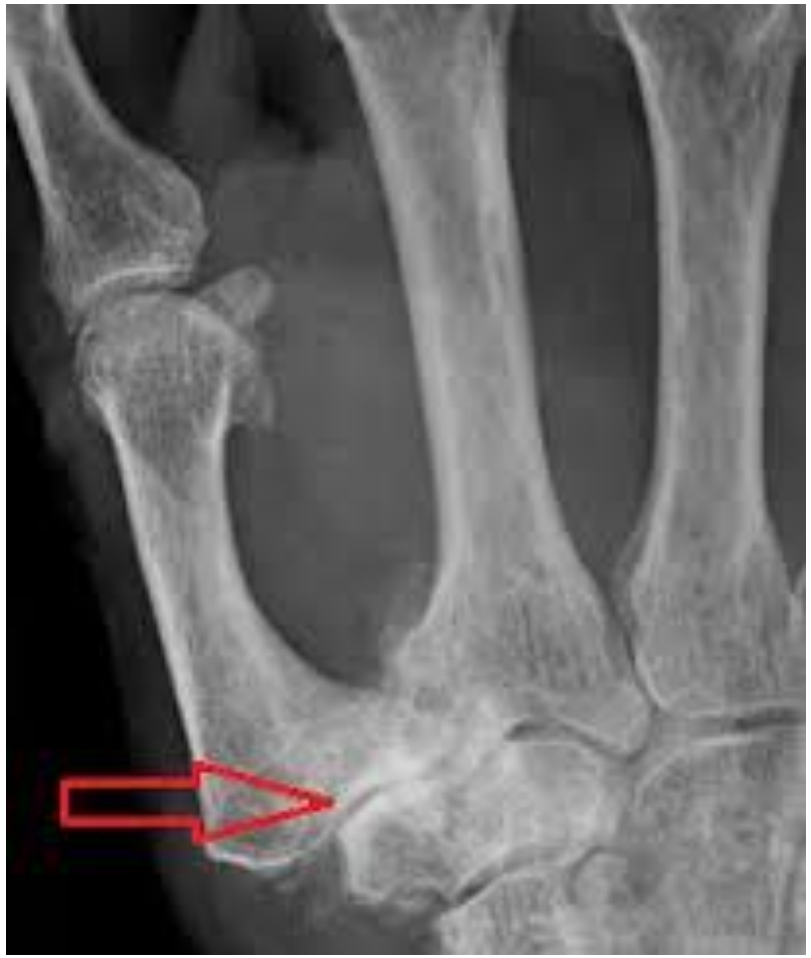
- Referral
  - Diagnostic uncertainty / no response to steroid injection / for injection
  - Paediatric trigger fingers

- Expectations
  - Injection /s
  - Local anaesthetic day case surgical release



Base of thumb arthritis



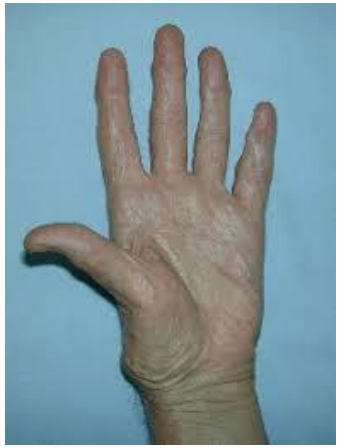


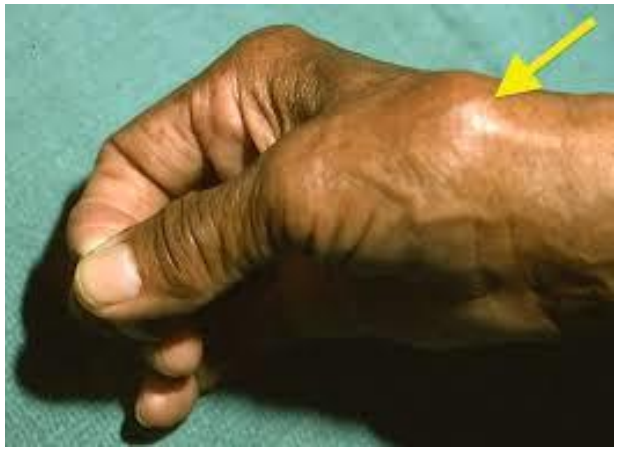
Useful Facts

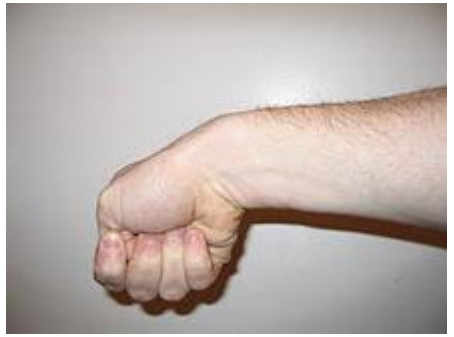
- Normal part of ageing
- Despite many efforts we haven’t found a better treatment in the last 60 years
- Up to 40% chance of co-existing carpal tunnel syndrome

History and Examination

- History
  - C/O throb / burn / ache (non specific)
  - ADLs
  - Night pain
- Examination
  - Prominent base / Z-thumb
  - Grind test / Distraction test
  - CTS provocative tests
  - Modified Eichoff test



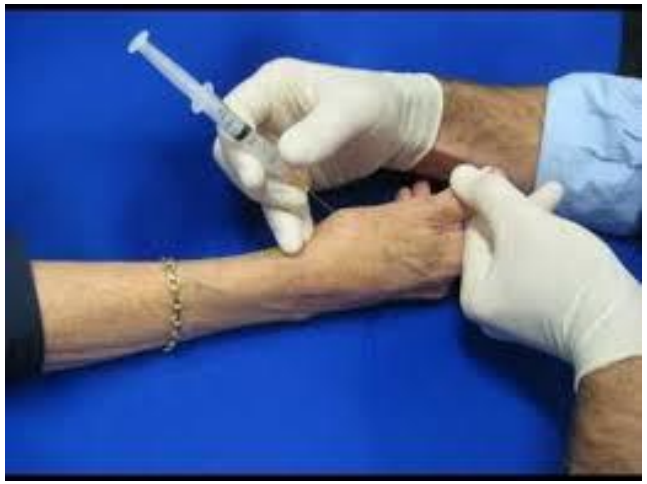




Investigations and local treatment

- Investigations
  - X-Ray

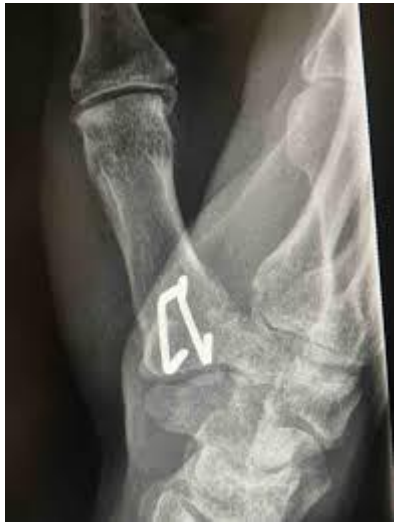
- Local Treatment
  - Advice & simple analgesia (regularly)
  - HT & Splints
  - Injections

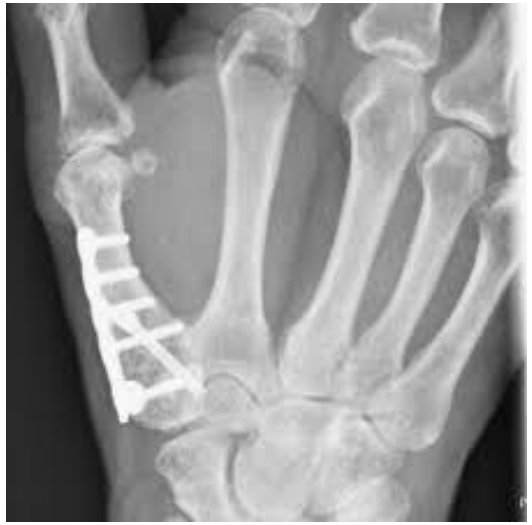


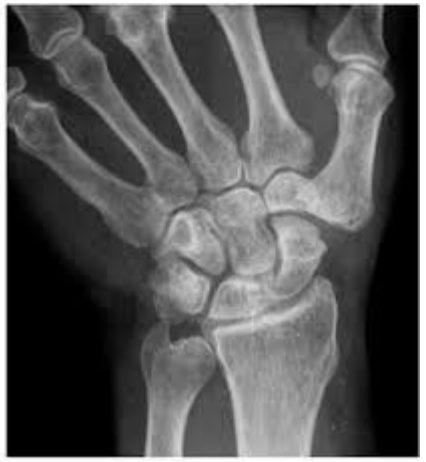
When to refer and what patients should expect

- Referral
  - Diagnostic uncertainty
  - Referral for HT / injection
  - Pain/stiffness/loss of function significantly impacting quality of life and refractory to non-surgical treatment

- Expectations
  - Operations only considered after exhausting all other options
  - Many different operations - what is right for 1 patient may not be for another





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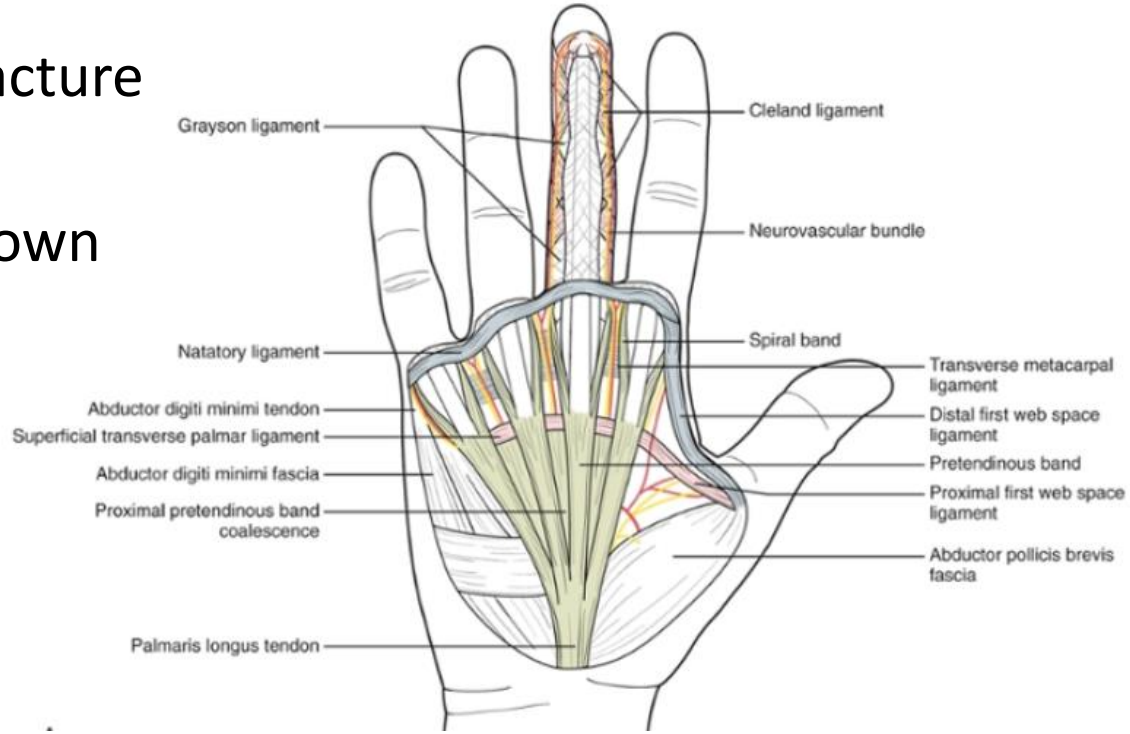
Dupuytrens Disease

Useful Facts

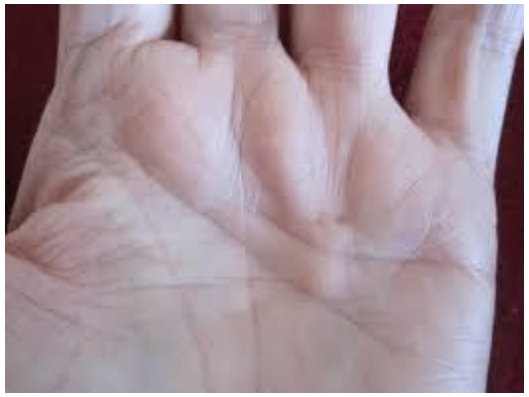
- Genetic + common
- It does not involve tendons
- Many unsolved issues
    1. Core biology represents wound contracture
    2. Anatomy is distorted
    3. Optimum timing of treatment is unknown
- Chronic but not always progressive



History and Examination

- History
  - How aggressive?
    - Progression / ectopic sites
  - **<u>Functional impact</u>**

- Examination
  - Pitting / Nodules / Cords / Contractures



Investigations and local treatment

- Investigations
  - None

- Local Treatment
  - Education

When to refer and what patients should expect

- Referral
  - Contracture / Loss of function
  - ? Pain

- Expectations
  - Interventions;
    - Break the cord
    - Cut out the cord
    - Cut out the cord and skin

Wrist Ganglia

Useful Facts

- Benign, common, mucin filled cyst
- Symptoms are due to a pressure effect
- 80% will resolve in 1 yr in children
- 50% will spontaneously resolve within 2 years in adults

History and Examination

- History
  - ICE
  - Fluctuating lump / bump
  - Pain on forced wrist extension
  - Pain on prolonged writing

- Examination
  - Firm, well demarcated lesion
  - No attachments to skin or underlying structures
  - Trans-illuminates
  - Pulsatile?

Investigations and local treatment

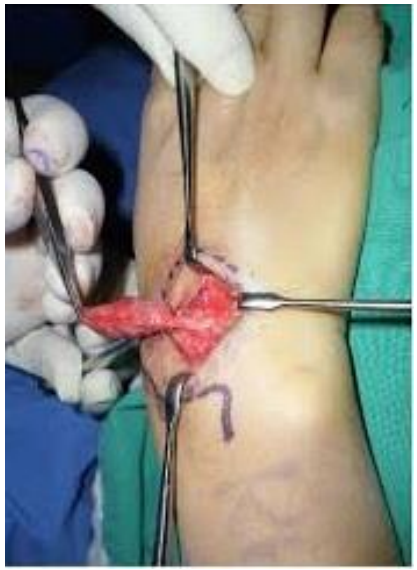
- Investigations
  - Investigations not required

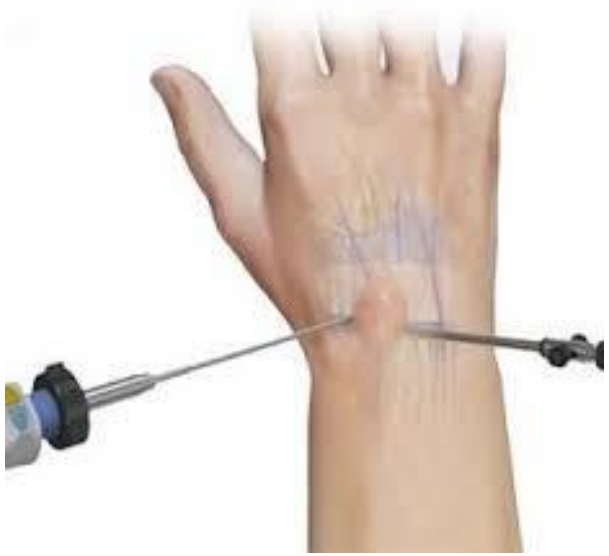
- Local Treatment
  - Reassurance!
  - Aspiration (no kenalog)

When to refer and what patients should expect

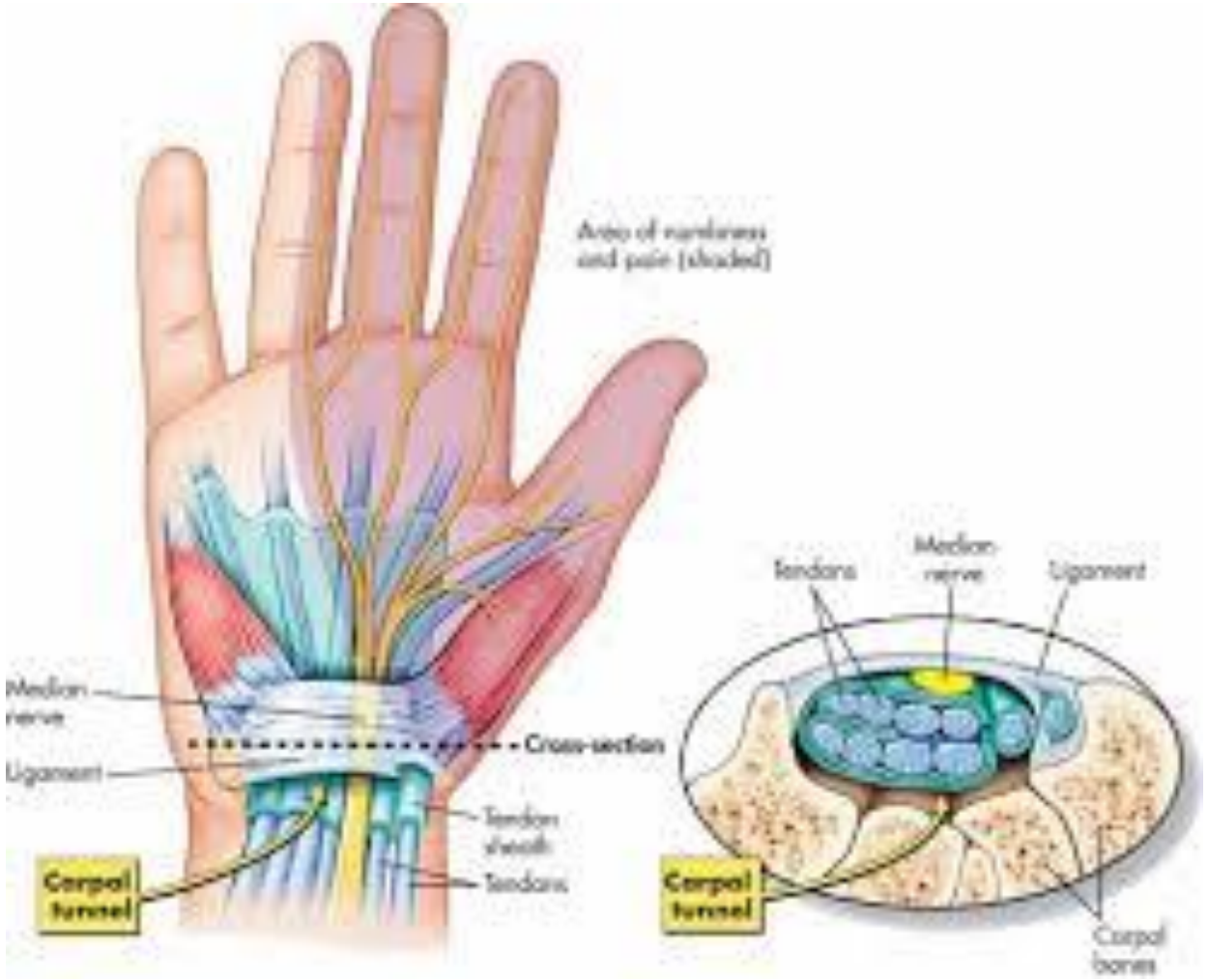
- Referral
  - Pain > cosmesis > further advice

- Expectations
  - Open / arthroscopic excision
    - 10% recurrence rate
    - Scar





Carpal Tunnel Syndrome



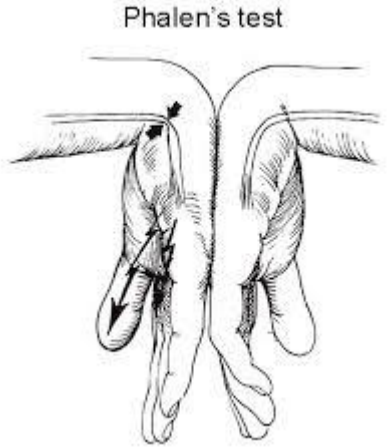
Useful Facts

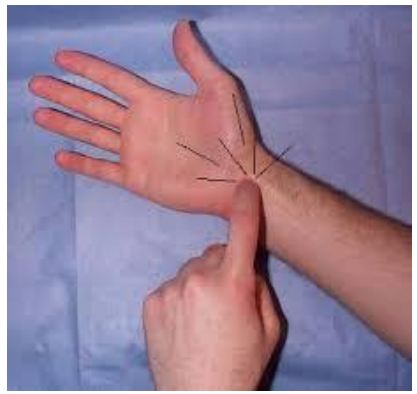
- Extends from forearm to hand
- Nocturnal paraesthesia almost pathognomonic
- Classically occur during fixed wrist activities
- Can predict successes of non-op MX
  - >50yr, >10/12, constant paraesthesia, APB atrophy, +ve provoc signs

History and Examination

- History
  - Consider known (treatable) causes
    - DM, B12, Thy

- Examination
  - Provocation Tests
    - 1 min, symptoms reproduced in appropriate neural distribution.
    - 1 nerve per test
      - CTS – flex or extend and apply pressure just proximal to CT
      - Prox Entrapment – extended elbow, full supination, pressure over PT
      - Cub tunnel – elbow flexion, neutral wrist and forearm, pressure prox to CT
      - Rad Sens nerve – WF, Pro, UD, pressure over BR
      - TOS = arms above head – symp in hands
      - Spurlings – Extend and lat flex neck, apply axial compression - 'spray = positive

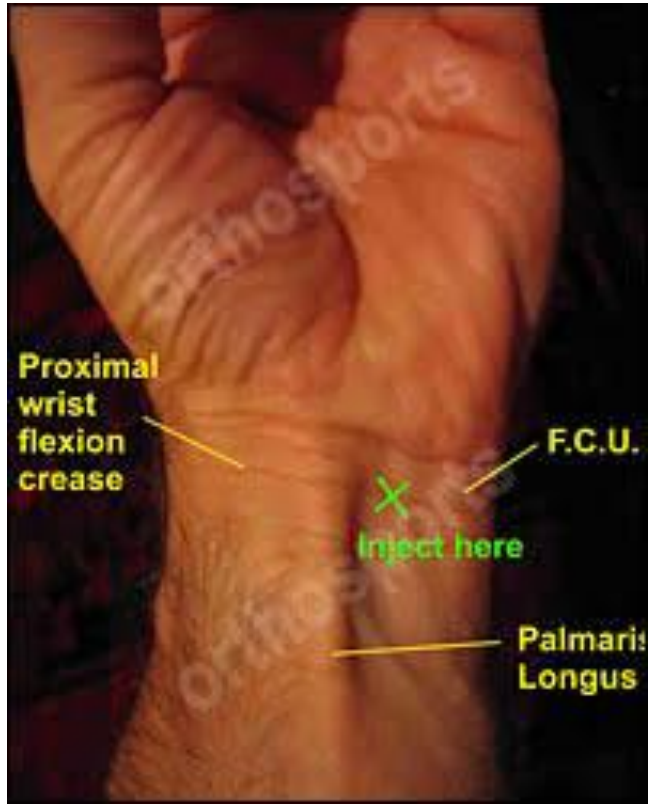




Investigations & Local Treatment

- Investigations
  - NCS
    - No need to perform for suspected carpal tunnel.
    - Always in cubital tunnel syndrome.

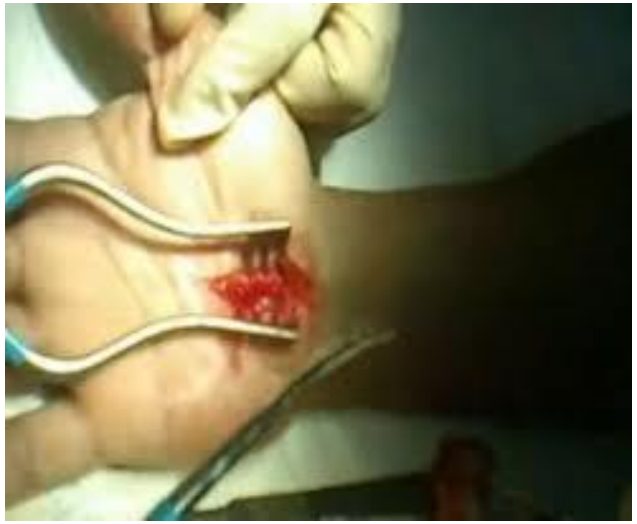
- Local Treatment
  - Splint
    - Must be neutral
  - Anti-inflamm
    - Varied reports – I don't use
  - Steroid
    - Well proven, temporary, diagnostic, predictive
  - Nerve Gliding Exercises
    - Mild to mod



When to refer and what patients should expect

- Refer
  - Permanent symptoms, loss of muscle, numbness, > 6months
  - 2+ RF

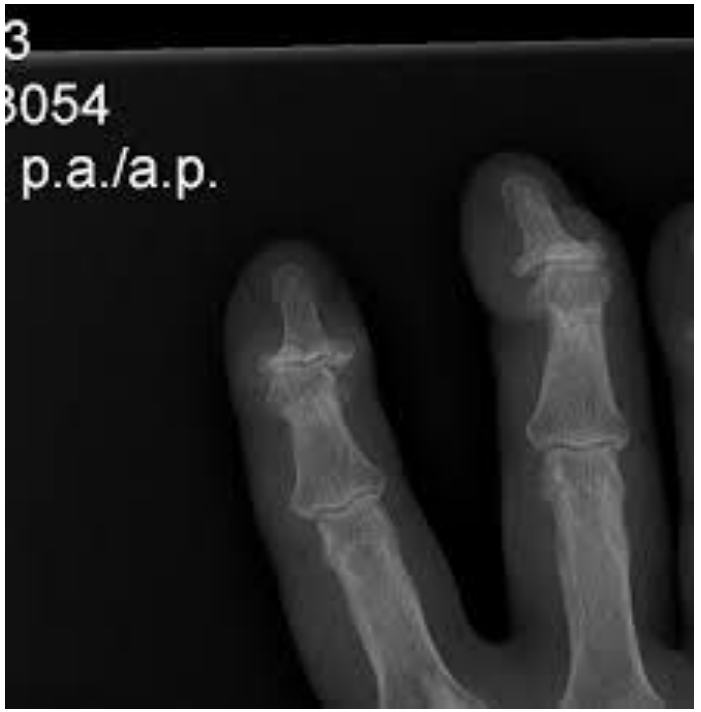
- Expectations
  - Possible further tests
  - Decompression
    - LA, 5-10 min, Return to driving 2 weeks, Manual work 1-3 weeks.



DIPJ Ganglion (mucous cyst)

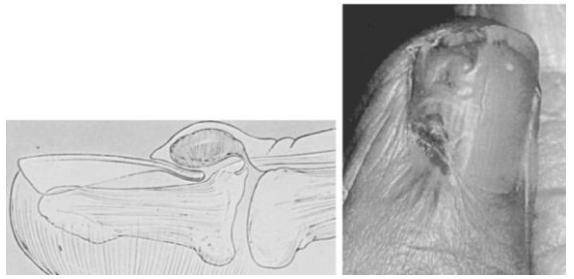
Useful Facts

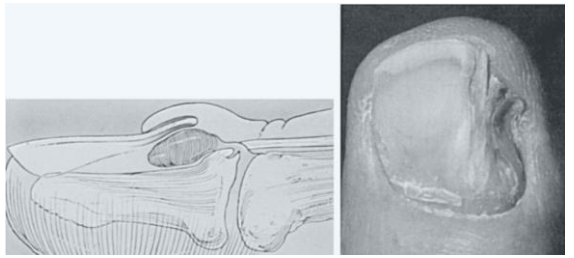
- Benign cyst arising from the DIPJ typically at the site of an osteophyte
  - External sign of underlying arthritis
- No.1 cause of atraumatic nail abnormalities
- No absolute requirement for treatment



History and Examination

- History
  - Cosmesis
  - Pain – superficial v deep
  - Discharge / Infection / Inflammation
- Examination
  - Heberden nodes
  - Sinus
  - Nail abnormality





Investigations and local treatment

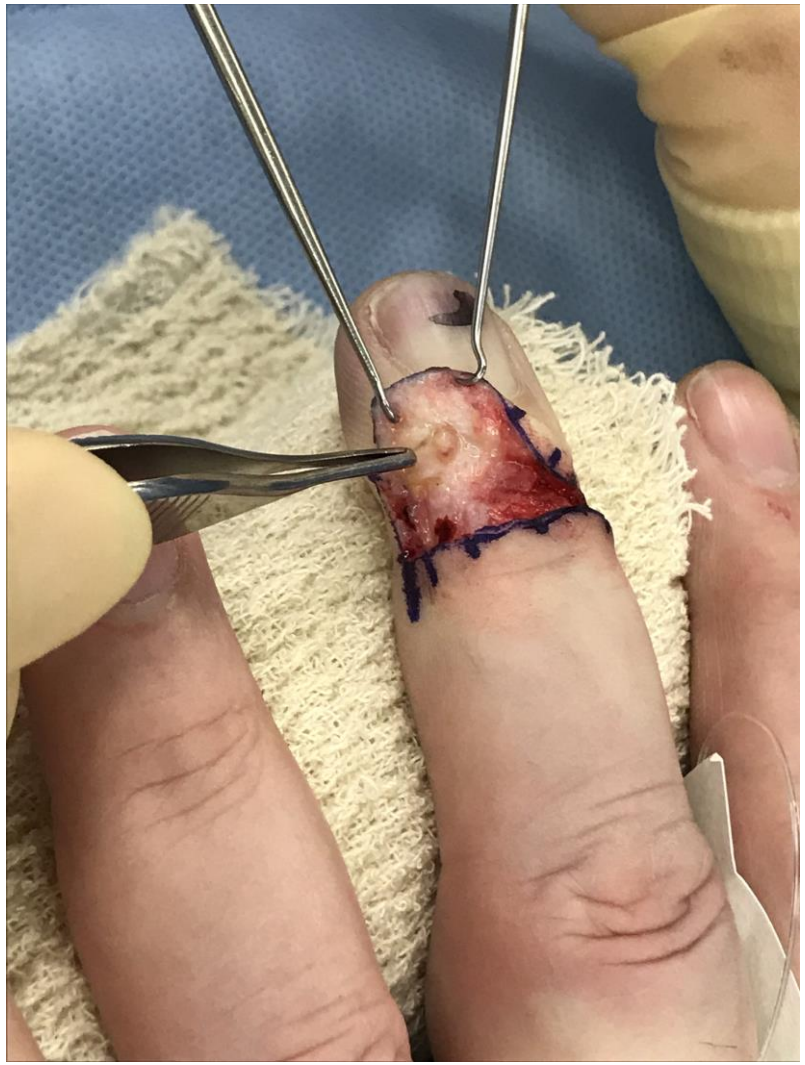
- Investigations
  - None routinely recommended
  - XR?

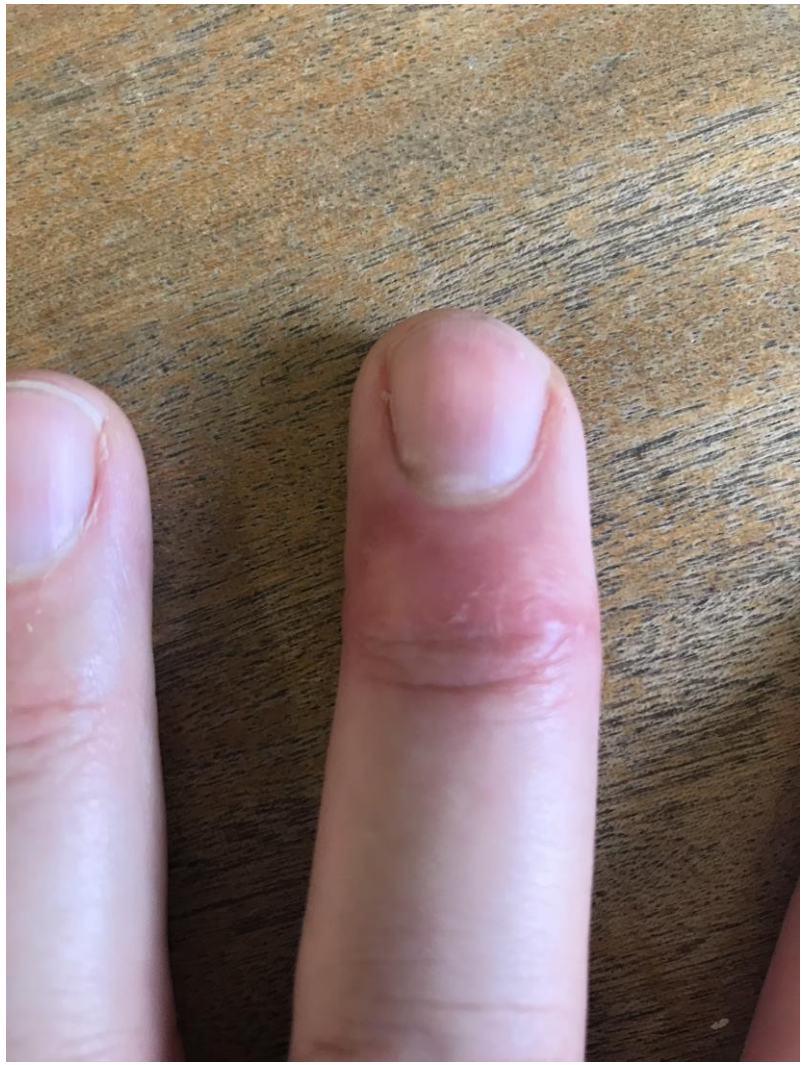
- Local Treatment
  - Reassure and educate
  - Treat infections with oral antibiotics
  - Aspiration?

When to refer and what patients should expect

- Referral
  - Pain, recurrent rupture / infection, concerning nail deformity, unacceptable cosmesis

- Expectations
  - Local anaesthetic procedure
  - Discussion of treatment of underlying OA (injections/fusion)





De Quervains Tenosynovitis

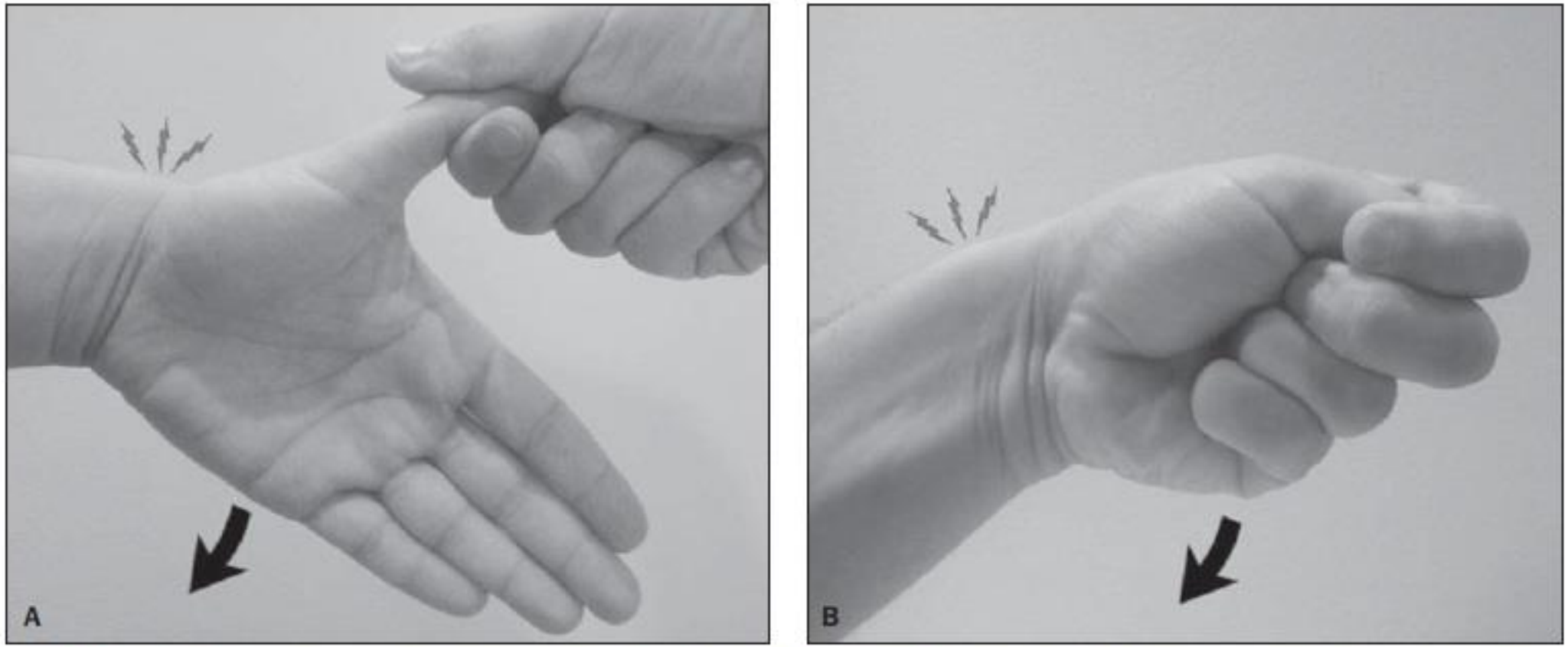
Useful Facts

- ‘1893 - Washerwomens Sprain’
- Discovered by a Thyroid expert!
- ‘Thumb pain’
  - Intersection syndrome
  - Trigger thumb
  - Base of thumb arthritis
- Likely a self limiting condition

History and Examination

- History
  - Weeks to months of mechanical thumb pain +/- swelling

- Examination
  - Focal tenderness & swelling prox to radial styloid
  - Positive provocative tests
  - Consider differentials


A
B

Investigations and local treatment

- Investigations
  - None recommended
  - USS / XR

- Local Treatment
  - NSAIDs
  - Splint
  - Steroid

When to refer and what patients should expect

- Referral
  - Injection
  - Failure of injection
- Expectations
  - Injections or surgery
  - Rarely a chronic problem

Small Joint Arthritis

Useful Facts

- OA affects the hands more than any other location in the body
- Handedness does not influence development of arthritis of the hand
- Now we can replace most joints

History and Examination

- History
  - Pain, stiffness, swelling
- Examination
  - MCPJ
  - PIPJ
  - DIPJ
  - Always check tendons

Investigations and local treatment

- Investigations
  - 3 view hand XR + dedicated finger views
- Local Treatment
  - No rush
  - Analgesia (topical / oral)
  - Hand therapy

When to refer and what patients should expect

- Referral
  - Injection
  - Failure of non-operative treatments
- Expectations
  - Injections or surgery
  - Joint replacement v fusion

Cubital Tunnel Syndrome

Useful Facts

- Common
- Normally idiopathic
- Space within the cubital tunnel decreases 55% during elbow flexion

History and Examination

- History
  - Paraesthesia / numbness ring & little finger
  - Medical elbow / forearm ache

- Examination
- Flexion compression > Tinel
- Clawing / Wasting / +ve Froments & Wartenberg escape

Investigations and local treatment

- Investigations
- Local Treatment

When to refer and what patients should expect

- Referral
- Expectations

Intersection Syndrome

Useful Facts

- Rowers & weightlifters
- Repetitive extension activities
- Muscle bellies of 1st EC tendons crossing tendons of 2nd comp

History and Examination

- History
  - Pain & swelling on activitiy

- Examination
  - Crepitus on active thumb extension with resisted wrist extension

Investigations and local treatment

- Investigations
  - MRI to confirm when unclear
- Local Treatment
  - Activity modification / rest
  - Splint

When to refer and what patients should expect

- Referral
  - Injection
  - Failure of non-operative treatments

- Expectations
  - Injections or surgery

Questions?

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