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**Literature search results**

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**Search details**

Acute De Quervain Tenosynovitis misdiagnosed as scaphoid fractures.

**Resources searched**

National Library of Guidelines/NHS Evidence - Trauma and Orthopaedics, Cochrane Database of Systematic Reviews, Embase, Medline, TRIP, Bandolier, SIGN,

**Summary**

**Guidelines**

De Quervain Tenosynovitis (Overview) updated 2009.


**Evidence based reviews**

**Published research**
1. **Application of mechanical diagnosis and therapy to a patient diagnosed with de Quervain's disease: a case study.**

   **Author(s):** Kaneko S, Takasaki H, May S

   **Citation:** Journal of Hand Therapy, July 2009, vol./is. 22/3(278-83; quiz 284), 0894-1130;0894-1130 (2009 Jul-Sep)

   **Publication Date:** July 2009

   **Abstract:** STUDY DESIGN: Single case report. INTRODUCTION: Mechanical diagnosis and therapy (MDT) is widely used in the management of both spinal disorders and extremity problems. However, there is no study that has introduced the application of this concept to hand therapy. PURPOSE OF THE STUDY: To demonstrate the application of MDT to a patient with a thumb problem, which was diagnosed as de Quervain's disease. METHODS: According to MDT principles, the thumb pain was assessed and treated. RESULTS: Radio carpal joint distraction with thumb metathalangeal flexion combined with wrist ulnar deviation was found as the directional preference, which abolished the thumb pain. After the repeated movements Finkelstein test and tenderness to pressure became negative. CONCLUSIONS: A patient apparently presenting with de Quervain's disease was classified as derangement syndrome using MDT. The pain was rapidly and successfully treated with self-management exercises. LEVEL OF EVIDENCE: 4.

   **Source:** MEDLINE

2. **De quervain disease: Ibri technique to avoid superficial radial nerve injury.**

   **Author(s):** Suresh SS, Zaki H

   **Citation:** Techniques in Hand & Upper Extremity Surgery, June 2009, vol./is. 13/2(113-5), 1089-3393;1531-6572 (2009 Jun)

   **Publication Date:** June 2009

   **Abstract:** Tenosynovitis of the first dorsal compartment of the wrist, commonly known as de Quervain disease, is most of the time amenable to conservative treatment in form of splinting and injection of steroids into the compartment. Resistant cases need surgical release of the compartment but with high incidence of incomplete release owing to tendon anomalies and damage to the superficial branch of the radial nerve (SBRN). Many techniques evolved for a period of years, techniques using longitudinal, transverse, and oblique incisions, but damage to SBRN still remains unsolved. The authors describe a technique they have been using since 2004 and, so far, operated on 17 wrists without a single incidence of damage to the SBRN.

   **Source:** MEDLINE
3. **Spectrum of normal and pathologic findings in the region of the first extensor compartment of the wrist: Sonographic findings and correlations with dissections**

**Author(s):** De Maeseneer M., Marcelis S., Jager T., Girard C., Gest T., Jamadar D.

**Citation:** Journal of Ultrasound in Medicine, June 2009, vol./is. 28/6(779-786), 0278-4297 (01 Jun 2009)

**Publication Date:** June 2009

**Abstract:** Objective. The purpose of this presentation is to review pathologic conditions that lead to pain at the radial aspect of the distal radius and to address anatomic variations of the first extensor compartment that exist and may have diagnostic and therapeutic implications. Methods. Our presentation is based on a review of cases from teaching files and observations made in anatomic specimens. Results. The discussed conditions include de Quervain tenosynovitis, intersection syndrome, and Wartenberg syndrome. Sonographic diagnosis of these conditions is addressed, and correlations are provided with anatomic specimens. Conclusions. Sonography is able to depict and differentiate between these conditions. copyright 2009 by the American Institute of Ultrasound in Medicine.

**Source:** EMBASE

4. **De Quervain disease caused by abductor pollicis longus tenosynovitis: a report of three cases.**

**Author(s):** Maruyama M, Takahara M, Kikuchi N, Ito K, Watanabe T, Ogino T

**Citation:** Hand Surgery, 2009, vol./is. 14/1(43-7), 0218-8104;0218-8104 (2009)

**Publication Date:** 2009

**Abstract:** De Quervain disease is caused by a stenosing tenosynovitis in the first dorsal compartment, and the main aetiology is extensor pollicis brevis (EPB) tenosynovitis. We encountered three cases in which EPB tenosynovitis was absent and abductor pollicis longus (APL) tenosynovitis was confirmed during operation. In the treatment of de Quervain disease, APL tenosynovitis should be paid as much attention as EPB tenosynovitis.

**Source:** MEDLINE

5. **The de Quervain's screening tool: validity and reliability of a measure to support clinical diagnosis and management.**

**Author(s):** Batteson R, Hammond A, Burke F, Sinha S
Abstract: BACKGROUND: Studies into the effectiveness of interventions for upper limb soft tissue disorders have been hampered by a lack of consistently used diagnostic criteria, meaning that comparison of research results is a problem. To aid homogeneous recruitment into a study of de Quervain's disease, a de Quervain's screening tool (DQST) was developed. This could also be used to facilitate clinical diagnosis and management in practice. AIMS: To provide evidence for the content and construct validity and test-retest and inter-rater reliability of the DQST. METHOD: The study was conducted in an acute care, outpatient hand unit in a district general hospital. Three convenience samples of: 59 people with de Quervain's disease; 18 with carpal tunnel syndrome (CTS) and 16 with osteoarthritis (OA) of the carpometacarpal (CMC) joint were recruited. The DQST diagnostic criteria were initially generated from a literature review. Content validity was then established by expert doctors with an interest in upper limb musculoskeletal disorders (n = 7) rating the relevance of the seven items included. The DQST was then tested in people either already diagnosed with, or reported as having some of the symptoms of, de Quervain's disease. Construct validity was tested with people with CTS or OA of the CMC joint. RESULTS: The median DQST score was 5 (Interquartile range IQR = 4-6) out of a possible seven diagnostic criteria. Inter-rater reliability was excellent (Intra-class coefficient [ICC] = 0.85; 95% confidence interval [CI] = 0.75, 0.91). Test retest reliability was good (ICC = 0.64; 95% CI = 0.20, 0.87). Sensitivity (Se) and specificity (Sp) testing (Se = 1.00; Sp = 1.00) demonstrated that the DQST discriminated between people with de Quervain's disease, CTS or OA of the CMC joint. CONCLUSIONS: The DQST is a valid, reliable tool which could be of assistance in aiding correct diagnosis for recruitment to clinical trials and in clinical practice. Future research is recommended to further examine retest reliability with a larger sample size and to identify the commonest diagnostic criteria required for inclusion. (c) 2008 John Wiley & Sons, Ltd.

Source: MEDLINE
wrist is more common in women than men. Diagnosis may be made on physical examination. Radiographs are helpful in ruling out offending bony pathology. Nonsurgical management, consisting of corticosteroid injections and supportive thumb spica splinting, is usually successful. In resistant cases, surgical release of the first dorsal compartment is done, taking care to protect the radial sensory nerve and identify all accessory compartments. Repair of the extensor retinaculum by step-cut lengthening or other techniques is rarely required.

Source: MEDLINE

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7.

7. The scintigraphic appearance of de Quervain tenosynovitis.

Author(s): Leslie WD

Citation: Clinical Nuclear Medicine, October 2006, vol./is. 31/10(602-4), 0363-9762;0363-9762 (2006 Oct)

Publication Date: October 2006

Abstract: PURPOSE: The purpose of this study is to describe the scintigraphic pattern of de Quervain tenosynovitis, a common inflammatory condition of the thumb tendon sheaths related to repetitive use. MATERIALS AND METHODS: The author conducted a retrospective audit of consecutive cases with independent clinical validation of the final diagnosis. RESULTS: There were 7 cases of clinically confirmed de Quervain tenosynovitis. The typical scintigraphic finding was a focal area of superficial linear hyperemia and skeletal uptake along the radial aspect of the distal radius corresponding to the anatomic location of the abductor pollicis longus and extensor pollicis brevis. All cases showed an abnormality on at least one phase of the bone scan. CONCLUSIONS: Bone scanning appears to be of value in the differential diagnosis of dorsolateral wrist pain when clinical findings are nondiagnostic. The scintigraphic appearance of de Quervain tenosynovitis can help to confirm the diagnosis while excluding other causes of wrist pain. Determining the sensitivity and specificity of this pattern will require further research.

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