

MISCELLANEOUS MUSCULOSKELTON AFFECTIONS

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de Quervain's disease stenosing tenovaginitis

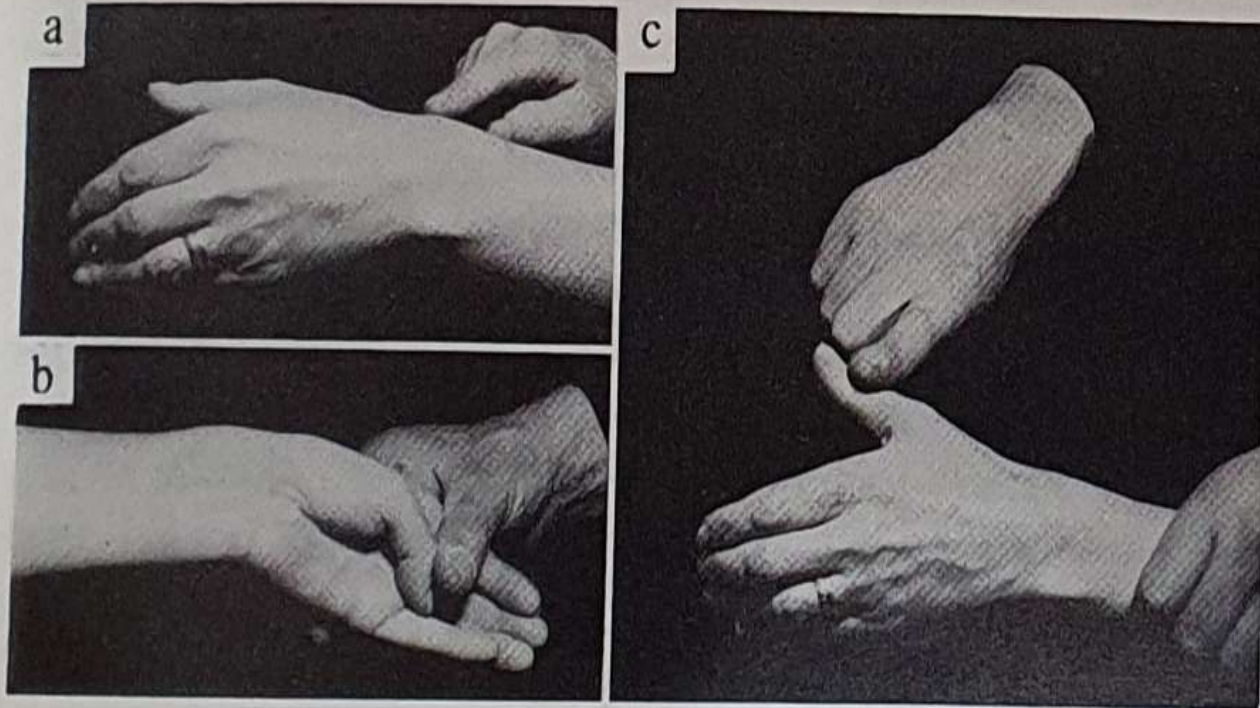
- Painful thickening of tendon sheath of (EPB) extensor pollicis brevis and (APL) abductor pollicis longus
- Due to prolonged friction
- Sheath inflamed
- Tendons are normal

de Quervain's disease

stenosing tenovaginitis

- CLINICAL FEATURES

- Middle aged population mainly females
pain on radial side of wrist
repeated wrist movements like pruning flowers, wringing out clothes etc
visible swelling
tendon sheath feels thick and hard
Finkelstein's test positive



15.15 de Quervain's disease (a) The patient can point to the painful area; (b) forced adduction is painful; (c) pain on active extension against resistance.

de Quervain's disease

stenosing tenovaginitis

- TREATMENT

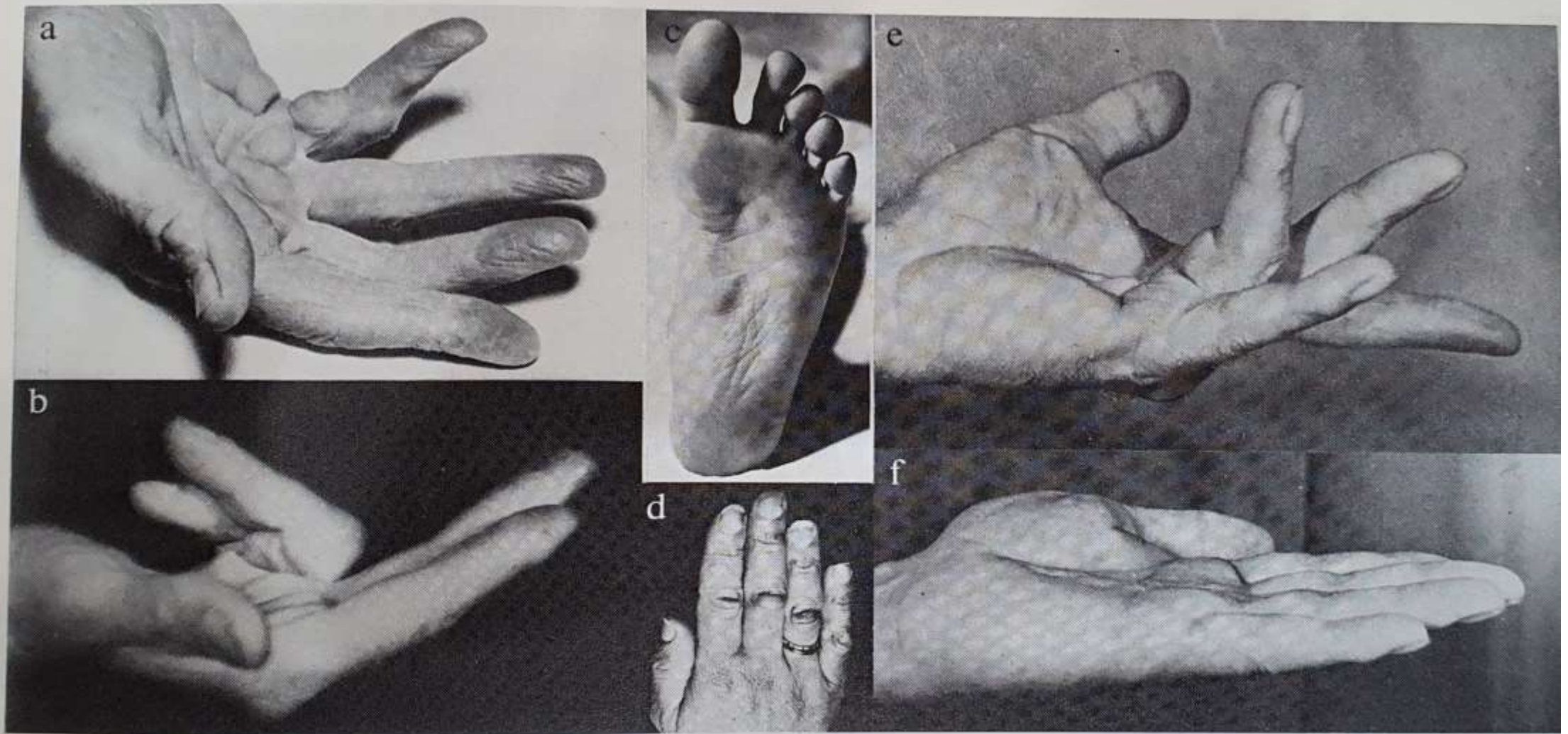
- analgesics
- hot and cold fermentation
- splintage
- corticosteroid infiltration of sheath
- surgical splitting of tendon sheath

DUPUYTREN'S CONTRACTURE

- Contracture and hypertrophy of palmar aponeurosis
- Inherited as an autosomal dominant trait
- Common in European population
- Mostly seen in patients having AIDS, TB, alcoholism, diabetes, phenytoin therapy etc

DUPUYTREN'S CONTRACTURE

- PATHOLOGY
 - Proliferation of immature fibroblasts
 - thickened fascia later shrinks
 - pulls finger in flexion
 - puckering of palmar skin
 - ring finger is mostly involved



16.14 Dupuytren's contracture (a) Moderately severe, with diagnostic nodules and pits; (b) severe contracture. (c) Dupuytren's nodule in the sole; (d) Garrod's pads. (e, f) Before and after subcutaneous fasciotomy.

DUPUYTREN'S CONTRACTURE

- CLINICAL FEATURES

- Middle aged person
- nodular thickening in palm
- gradually extending to ring finger
- subcutaneous cord extends to finger and produces flexion deformity

DUPUYTREN'S CONTRACTURE

- TREATMENT

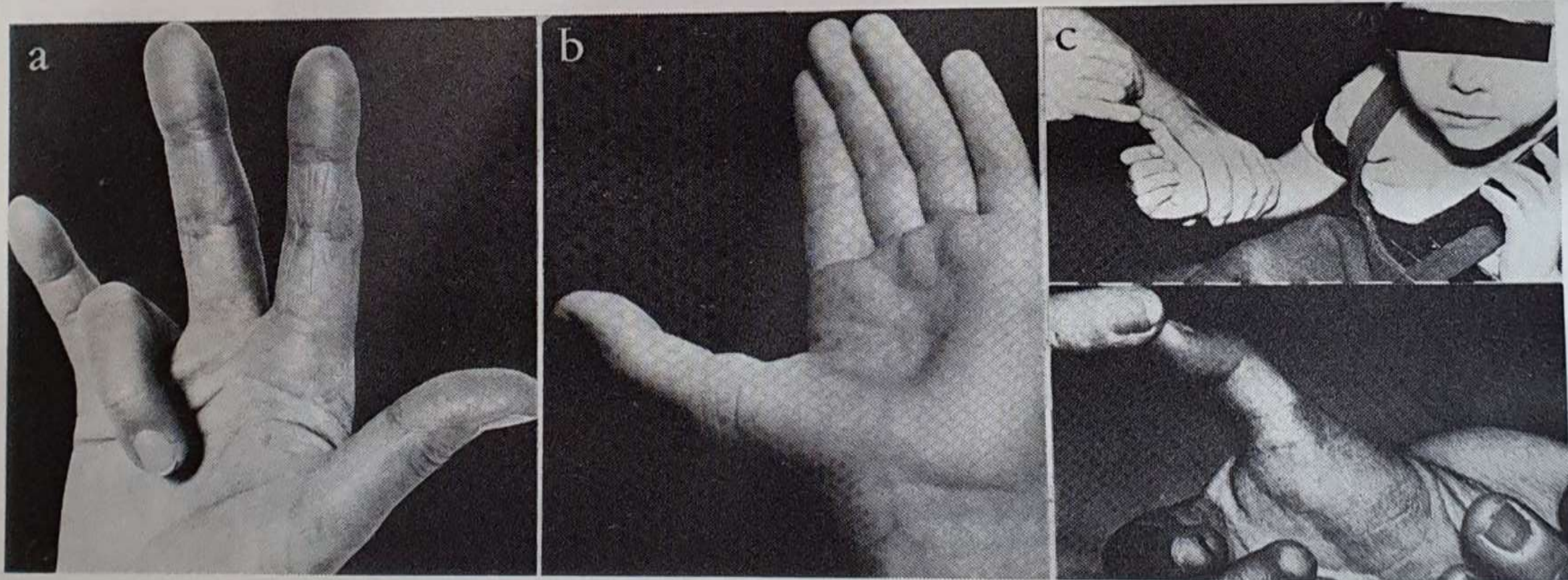
- excision of fibrous cord by multiple Z - plasty incisions
- splintage for three to six weeks and intermittent physio therapy
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- in severe case fasciotomy or amputation may be required

TRIGGER FINGER/ THUMB (DIGITAL TENOVAGINITIS)

- Flexor tendon trapped at the of its sheath
- On forceful extension tendon disengage with snap(triggering)
- Cause is thickening of fibrous tendon sheath because of repeated trauma
- Similar hold-up is seen in Rheumatoid tenosynovitis

TRIGGER FINGER/ THUMB (DIGITAL TENOVAGINITIS)

- CLINICAL FEATURES
 - any digit may be affected
 - digit clicks on flexing and remain flexed on further efforts suddenly straightens with a snap
 - a tender nodule palpable in front of affected sheath
- INFANT trigger thumb: some times babies develop trigger thumb in early infancy and is missed later on thumb is permanently bend at DIP joint



16.15 Stenosing tenovaginitis (a) Trigger finger; (b) trigger thumb – the only variety which occurs in children, in whom (c) the thumb may be stuck bent.

TRIGGER FINGER/ THUMB (DIGITAL TENOVAGINITIS)

- TREATMENT

in early cases injecting methylprednisolone at entrance of sheath is sufficient

Refractory cases require resection
of tendon sheath

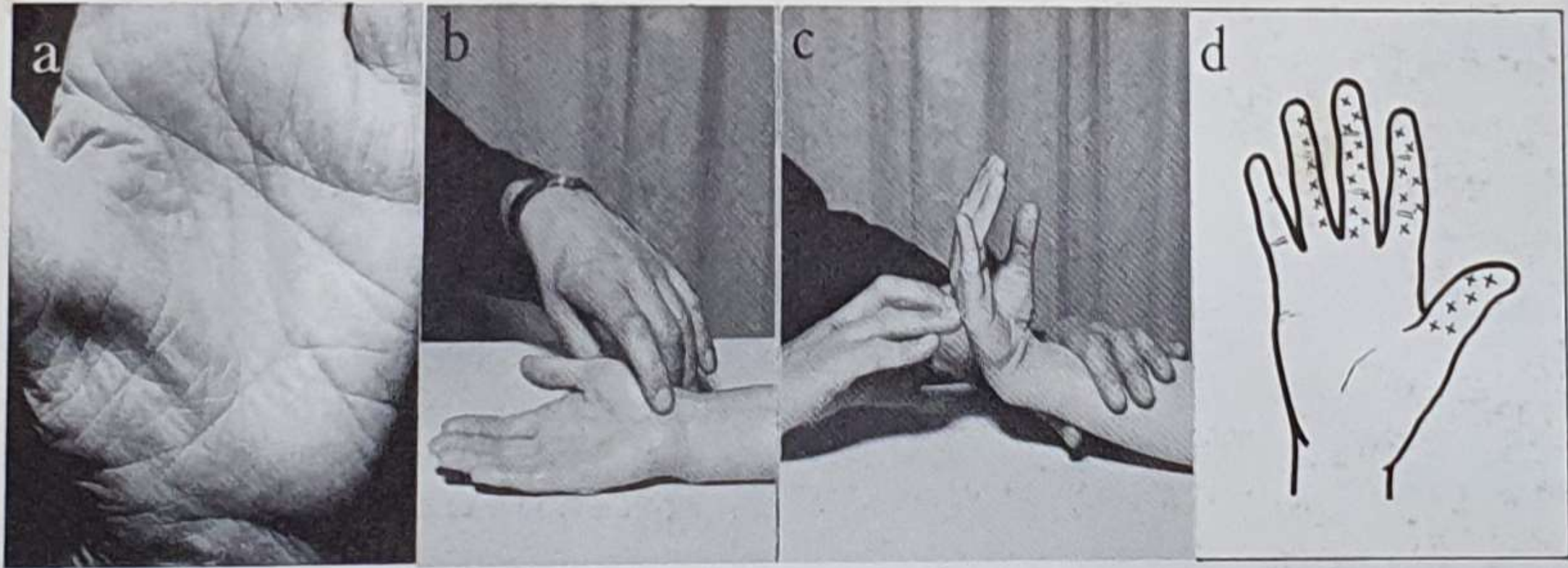
CARPAL TUNNEL SYNDROME

- Compression of median nerve in carpal tunnel leads to sensory symptoms in area supplied in hand
- Symptoms common at
 - menopause
 - pregnancy
 - myxoedema
 - rheumatoid arthritis
 - post fractures around wrist

CARPAL TUNNEL SYNDROME

- CLINICAL FEATURES

- pain and paraesthesia in lateral three and half fingers
- burning, tingling and numbness mainly during night
- symptoms worsens on bending wrist
- symptoms relived on extension and shaking of wrist
- some times cervical symptoms mimic CTS



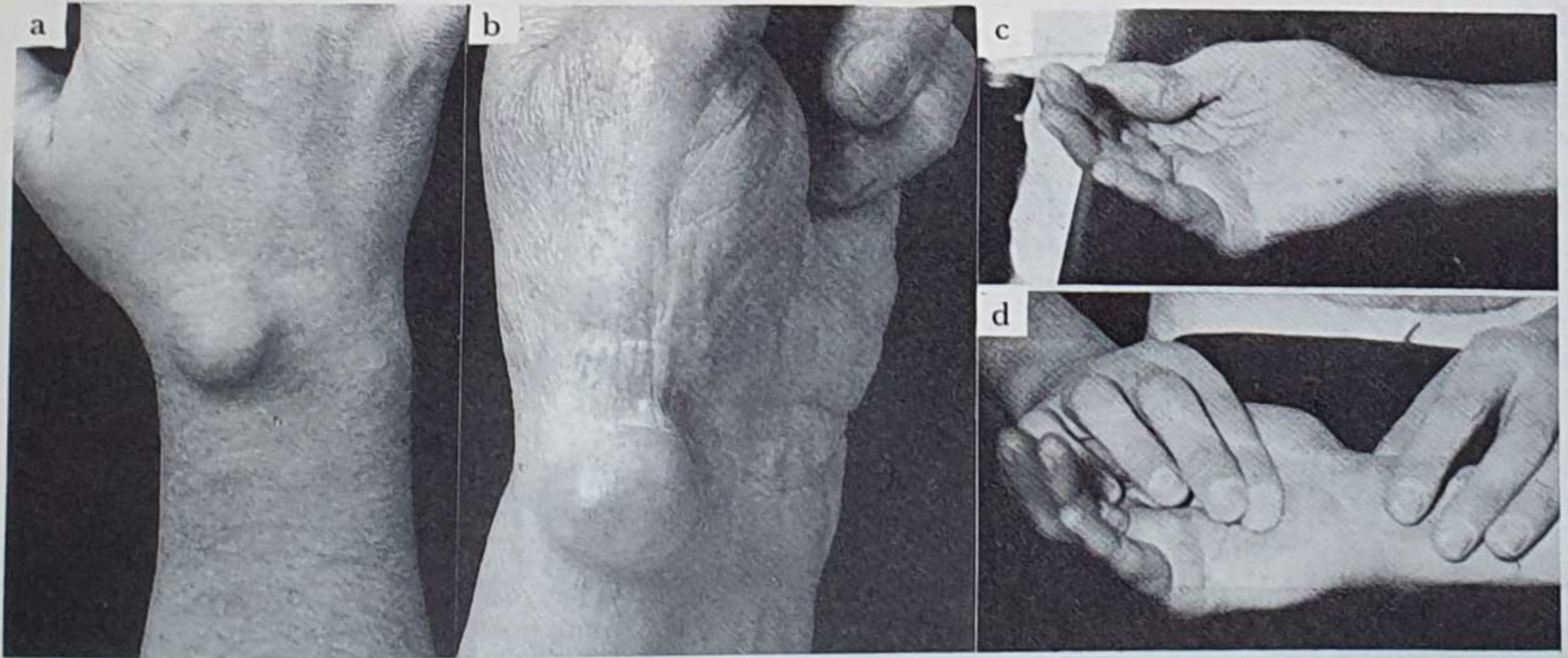
15.14 Carpal tunnel syndrome (a) Wasting of the thenar eminence is seldom obvious and rarely as marked as in this patient. (b) Pressure on the tunnel or (c) forced palmarflexion may induce pain or tingling. (d) The 'map test' – asking the patient to mark out the affected area – may show that it corresponds to the sensory distribution of the median nerve.

CARPAL TUNNEL SYNDROME

- TREATMENT
 - night splints in extension of wrist
 - analgesic
 - hot/ cold fermentation
- resection of flexor retinaculum decompresses median nerve and is permanent solution

PALMAR GANGLION

- Ganglions are synovial herniations from joint or tendon sheath
- Presents as distended cyst filled with glary viscus fluid
- Pain less and present on dorsal aspect and some times on volar
- Treatment aims at breaking ganglion by dissect pressure
- Re - occurrence is common
- Surgery rarely required



15.16 Wrist swellings (a, b) Common sites of simple ganglion. (c, d) Compound palmar ganglion with cross-fluctuation.

TENIS ELBOW-LATERAL EPICONDYLITIS

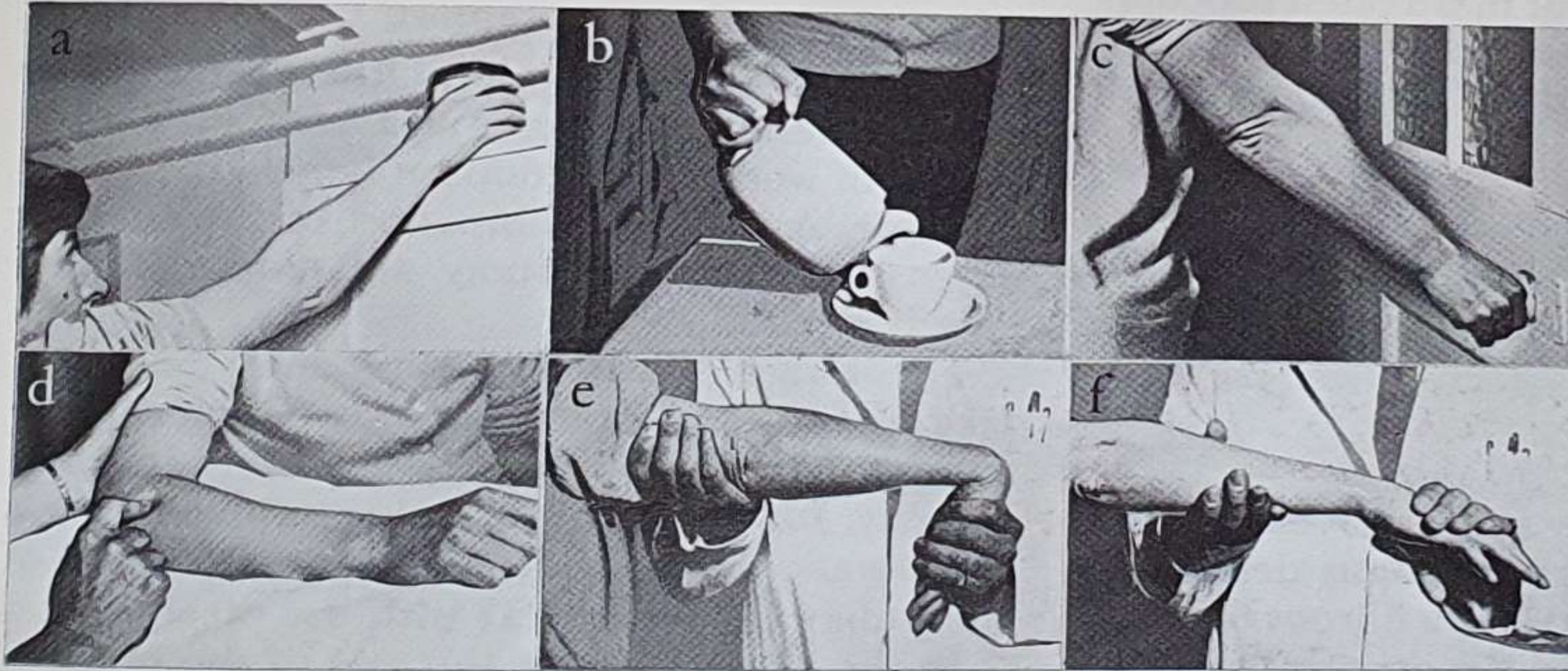
- Pain and tenderness on lateral humoral condyle at origin of common flexor origin
- Commonly seen in Tennis players but more in general population
- Condition is a mixture of tear, fibrocartilaginous metaplasia, micro calcification and vascular reaction

TENIS ELBOW

- CLINICAL FEATURES

- localised and severe pain on shaking hand and loading of elbow
- Unloaded elbow appears normal
- Local pressure on lateral epicondyle is extremely tender

X-ray is normal occasionally small calcification of tendon is seen



14.13 Tennis elbow Symptoms: (a, b, c) movements that cause pain – in all three the extensor carpi radialis brevis is in action.

Signs: (d) localized tenderness; (e) pain on passive stretching; (f) pain on resisted dorsiflexion.

TENIS ELBOW

- TREATMENT

- rest to part
 - anti-inflammatory drugs
 - physiotherapy- ultrasonic message
 - Steroid injection
 - platelet rich plasma injection
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- surgery rarely indicated where extensor origin is debrided and reattached to lateral epicondyle following drilling tunnel