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Ultrasound-guided steroid injection: A scintillating dimension in managing de Quervain's tenosynovitis

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Introduction: de Quervain's tenosynovitis is a stenosing tenosynovitis of the first extensor compartment of the wrist and leads to wrist pain along with impaired function of the wrist and hand. Local steroid injection and surgical release forms the mainstay treatment in the conservative and surgical line of treatment respectively till date. This study aims to bring out the effectiveness of local steroid injection given accurately under ultrasound guidance making it comparable to surgical release in the short-term period, thereby emerging as an immediate and cost – effective line of management.

Materials and Methods: Twenty-three patients diagnosed with de Quervain's tenosynovitis were included in this study whom did not show any relief of symptoms when conservative mode was used namely rest, analgesics and splinting in certain cases.

Clinically patients were assessed using DASH (Disabilities of the Arm, the Shoulder and the Hand) score based on the severity of condition before the procedure and after the procedure. A mixture of 1 ml of triamcinolone and 1 ml of 1% lidocaine hydrochloride was taken under aseptic precautions and was injected into the involved compartment under expert guidance with help of ultrasound imaging. Clinical improvement was later evaluated by analyzing the pre procedural and post procedural DASH (Disabilities of the Arm, the Shoulder and the Hand) score indexes comparing it to surgical release.

Results: 22 patients (96% were symptom-free) out of the 23 patients that were included, after the 1st injection at two weeks. At the end 6 months 22 (96%) patients were symptom free and were fully satisfied with the gratifying outcome. No recurrence in these patients after a 1 year of follow-up was recorded. The one failed patient underwent surgery for release of the first extensor compartment and was symptom-free at the 2 weeks post –op after assessment. Adverse reaction of the steroids was incidentally seen in 2/23 (16%) of the patients, which eventually subsided in 20 weeks. Incidence of nerve injury, infection, or tendon rupture did not occur.

Conclusion: We draw to close that selective infiltration of steroids in the common sheath of the EPB and APL under Ultrasound-guidance provides an evocative improvement of pain and function in greater number of patients with de Quervain's Syndrome thereby avoiding a possible surgery.

Biography

Ashish Mathew is dedicated in improving the health and wellbeing of financially indigent patients. His open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare for patients who find it difficult in affording surgical management of certain orthopaedic pathologies. Ultrasound-guided injections have emanated as an option in the management of de Quervain's disease as a less invasive and cost-effective modality compared to surgical release. This would thereby encourage patients to opt for a less invasive procedure.

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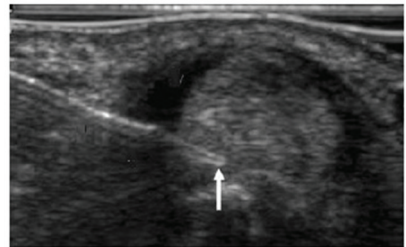


Fig. 2: Ultrasound image, at the time of delivery of injection into the 1st extensor compartment