
Cortisone finger

To the Editor:

The photograph depicts the attenuated flexor profundus tendon on a patient seen for an apparent 'locked' trigger finger six months after cortisone injection by his family doctor. The hourglass appearance of the tendon is in keeping with the effect of the cortisone on a tendon, which fortunately did not completely rupture.

Cortisone injections are very commonly done for inflammatory conditions, with often a very good response. For trigger finger (stenosing tenosynovitis), treatment can be quite effective if done at an early stage. With the resolution of the inflammation at the origin of the tendon sheath, the nodules that have formed on the tendons secondary to friction will once more glide through the A-1 pulley. It is well known that cortisone injections should never be given into a tendon, or on too many occasions, because there is a risk of structural damage to the tendon, even to the point of rupture.

In this situation, the patient did not improve particularly in terms of the mobility of his finger although he admits that his discomfort was improved. He had an additional problem of a progressive carpal tunnel syndrome, which is associated with trigger fingers in approximately 15% of cases.

When he was first seen upon referral from his family doctor he had very little flexion of his small finger, and clinically it was thought that there was an element of locking present.

On release of the A-1 pulley, it was evident that the tendons had in fact become attenuated and lengthened, and his inability to fully flex his finger was on that basis rather than an entrapment.



Hourglass appearance of the attenuated flexor profundus tendon six months after cortisone injection

It was decided to do no further intervention because the prospect of a tendon reconstruction in a 64-year-old diabetic man with thick fingers and arthritic joints was inappropriate.

The photograph demonstrates rather graphically the downside of injecting perhaps too much cortisone too close, too frequently, or even into flexor tendons.

*Yours sincerely,
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