



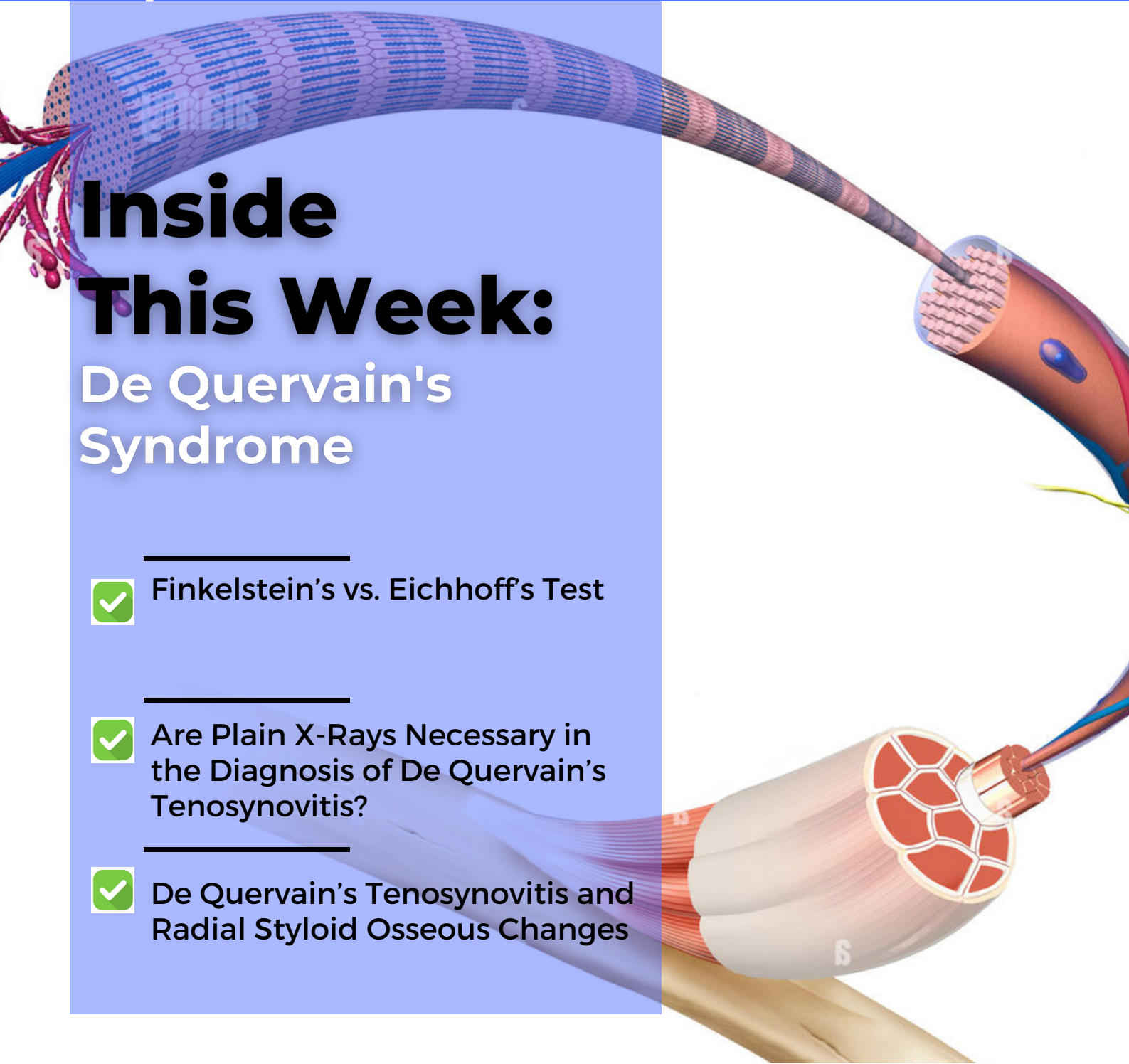
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RAPID RESEARCH

September 2023

Inside This Week: De Quervain's Syndrome

- ✓ Finkelstein's vs. Eichhoff's Test
- ✓ Are Plain X-Rays Necessary in the Diagnosis of De Quervain's Tenosynovitis?
- ✓ De Quervain's Tenosynovitis and Radial Styloid Osseous Changes



FINKELSTEIN'S VS. EICHHOFF'S TEST

SEPTEMBER 2023

[Click for Full Text
\(Wu et al. 2018\)](#)

This study compared Finkelstein's test with Eichhoff's test in asymptomatic individuals.



Fig. 1 Finkelstein's test on the patient.

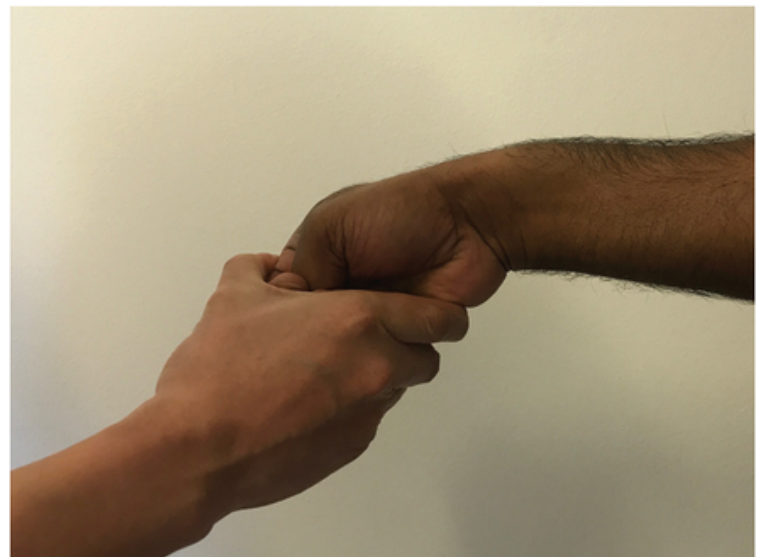


Fig. 2 Eichhoff's test on the patient.

KEY FINDINGS

36 asymptomatic participants (72 wrists) were examined using both Finkelstein's and Eichhoff's tests with a minimum interval of 24 hours between the tests.

Table 1 Test results

	Finkelstein's test	Eichhoff's test
False positives	0	8
Mean VAS	2.6	12.7
Range	0–41	0–87
Specificity	100%	89%

Abbreviation: VAS, visual analogue scale.

MAIN TAKEAWAYS

The results showed that Finkelstein's test was more accurate than Eichhoff's test.

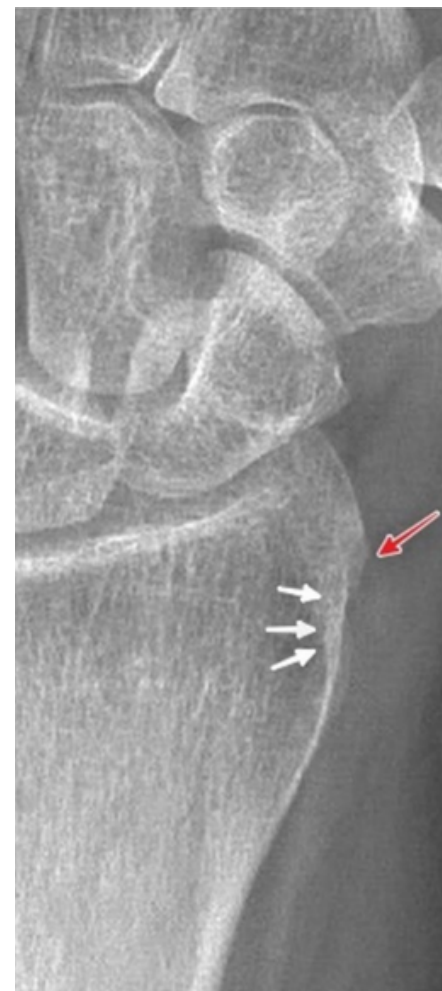
It demonstrated higher specificity, produced significantly fewer numbers of false-positive results, and also caused significantly less discomfort to patients.

Finkelstein's test as the clinical examination of choice for the diagnosis of de Quervain's disease.

ARE PLAIN X-RAYS NECESSARY IN THE DIAGNOSIS OF DE QUERVAIN'S TENOSYNOVITIS?

[Click for Full Text
\(Henry et al. 2020\)](#)

This study evaluated whether plain radiographic findings routinely predict the need for surgery or alter treatment courses in the initial diagnosis of DeQ.



200 patients, received wrist X-rays and had a diagnosis of DeQ were evaluated for radial styloid abnormalities, arthritis, and tendon calcification.

Findings and Treatments:

141 (69.1%) cases had at least one positive radiographic finding.
Carpometacarpal joint (CMC) arthritis was the most common finding (30.9%).

Of all patients:

141 (69.1%) were treated with corticosteroid injection only
54 (26.5%) with corticosteroid injection and ultimately surgery
9 (4.4%) with surgery alone.
No significant differences in the rates of surgery with positive X-ray findings.
No cases in which radiographic findings resulted in a change in management.

MAIN TAKEAWAYS

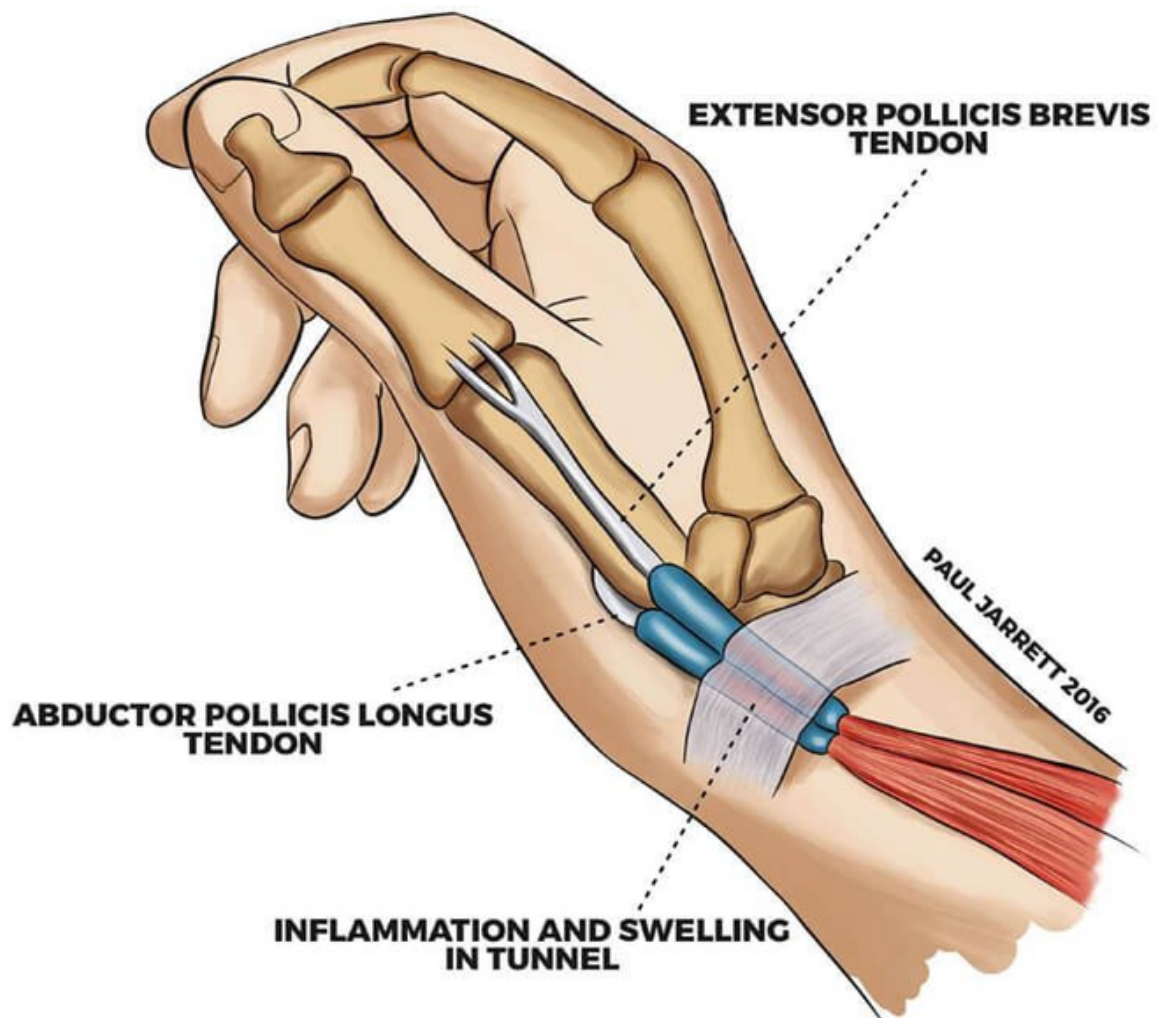
Despite the high proportion of positive findings on X-ray, no radiographic findings altered the course of treatment in patients with isolated DeQ.

Obtaining plain radiographs for isolated DeQ represents a significant cost and should be reserved for cases in which the results are preemptively deemed likely to influence the treatment course.

DE QUERVAIN'S TENOSYNOVITIS AND RADIAL STYLOID OSSEOUS CHANGES

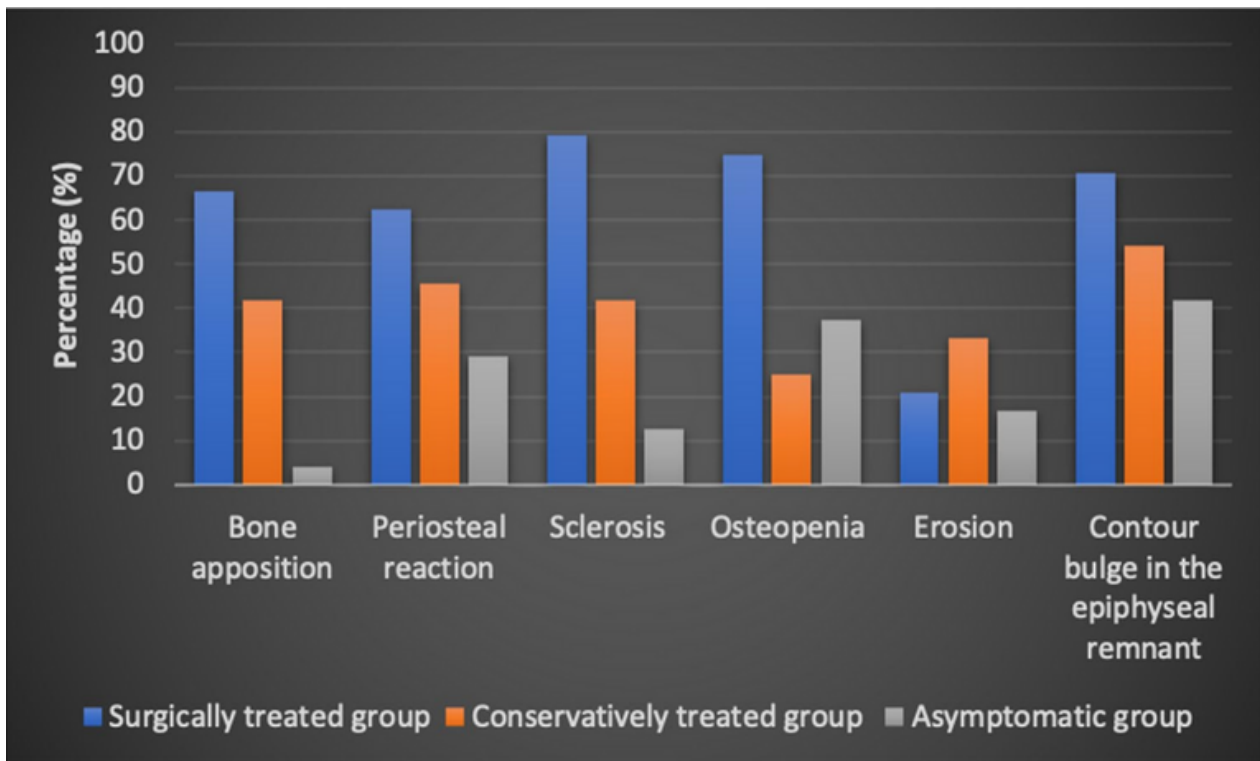
[Click for Full Text
\(Akdag et al. 2022\)](#)

This study determined the radial styloid osseous changes observed on postero-anterior wrist radiographs of patients with de Quervain's tenosynovitis who required surgery or conservative treatment.



KEY FINDINGS

24 patients with De Quervain's tenosynovitis had incidences of abnormal radiographic findings compared between 3 groups.



MAIN TAKEAWAYS

A variable incidence with abnormal radiographic evidence of the radial styloid was found in patients with de Quervain's tenosynovitis.

Based on previous and the present results, changes in the adjacent bone are real and objective.

The presence of bone apposition indicates de Quervain's tenosynovitis.

Sclerosis and osteopenia of the radial styloid may predict patients who may not respond to conservative treatment and need surgical intervention.

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