

De Quervain's Tenosynovitis



Anatomy of the thumb tendons affected in De Quervain's — abductor pollicis longus and extensor pollicis brevis as they cross the wrist.

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What you're feeling

You likely feel pain on the thumb side of your wrist. This area is called the radial styloid. The pain often starts after an injury or develops slowly over time. You might notice it flares up after using your hand for daily tasks. Simple actions like reaching behind your back to fasten a bra or tucking in a shirt can become difficult.

Your symptoms may feel worse when you grip things or lift objects. Many patients report that pain increases after activity and can linger into the night. Some find it hard to sleep on the side of the affected arm. Pregnancy is a known risk factor that can increase your odds of developing these symptoms. If you have diabetes, you might find that a single treatment works less effectively for you than for others.

Sometimes the pain is not just in the wrist but feels like it is coming from the thumb itself. You might experience a sensation of catching or triggering in your thumb. This happens when the tendon sheath becomes inflamed. While most cases start with nonsurgical care, persistent pain can lead to surgery. If your pain does not improve, your surgeon will discuss the best path forward for your specific needs.

What's actually happening

Your thumb moves in and out of a tight tunnel called the first extensor compartment. Inside this tunnel, a rope-like tendon slides back and forth. Normally, this slide is smooth. In de Quervain's tenosynovitis, the lining around that tendon becomes swollen and inflamed. Think of it like a rope fraying inside a tight sleeve. The swelling makes the space too small, so the tendon rubs against the sides as you move your thumb. This friction causes the sharp pain you feel right at the base of your thumb.

Sometimes, other structures nearby can cause similar pain. An extra muscle called the flexor carpi radialis brevis can get in the way and become irritated. If your pain is not exactly at the thumb base, or if your thumb joint feels stiff, other causes might be at play. Your surgeon may use an ultrasound or MRI to look closely at these tissues. These tools help find the exact source of your pain so the treatment matches the problem.

This condition is usually treated without surgery first. A corticosteroid injection into the tunnel can calm the swelling and change how the tendon moves. This treatment works about 73.4% of the time within two injections. However, if you have diabetes, a single injection might be less likely to succeed. If the swelling does not go away, the tendon can get stuck or trigger, which often requires a surgical release to fix.

What we can do about it

Most people start with self-care and physiotherapy. Your surgeon may suggest resting your thumb and wrist to calm the swelling. You might try a thumb spica cast or splint to limit movement while the tendon heals. Physiotherapy aims to gently stretch and strengthen the area without causing more pain. If you have diabetes, you should know that a single injection is less likely to work for you compared to others, but additional injections can still be effective. Many patients find relief with these non-surgical steps before trying anything more invasive.

If simple rest does not help, your surgeon will likely recommend a corticosteroid injection. This is the only non-surgical treatment that can change the course of your condition. It works by reducing inflammation inside the tendon sheath. One or two injections lead to success 73.4% of the time. In some cases, a single injection helps 82% of patients, with over half staying symptom-free for at least 12 months. While the effect can last a long time, the success rate for treatment decreases if you need multiple injections. Other options like ultrasound or iontophoresis may also help reduce pain and improve function.

Surgery is considered when conservative care reaches its limit or if symptoms persist. Your surgeon will discuss this if the pain remains severe despite injections and rest. The operation involves releasing the tight tissue around the tendon to allow it to glide freely. This is typically reserved for cases where non-surgical methods have not provided lasting relief.

When to see someone

See your GP if you have persistent pain on the thumb side of your wrist that does not improve with rest. Ask for a specialist review if you notice locking or giving way of the thumb. You should also seek help if symptoms interfere with sleep or work, or if pain suddenly worsens. If your pain is not in the usual spot near the thumb bone, advanced imaging may be needed to find other causes. While most cases start with non-surgical care like steroid injections, which work 73.4% of the time within 2 injections, some people may need surgery if symptoms persist.