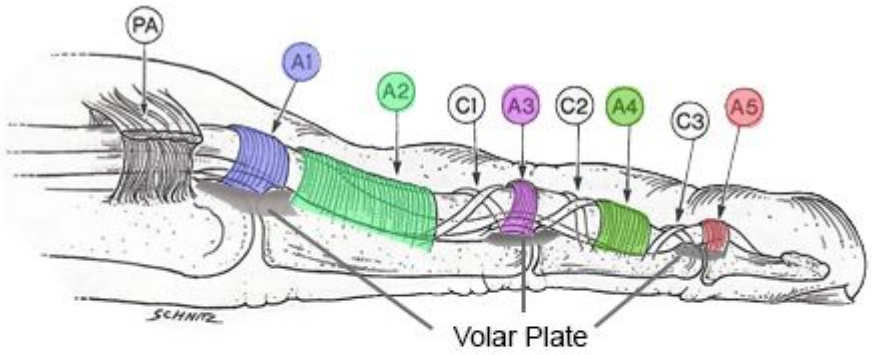
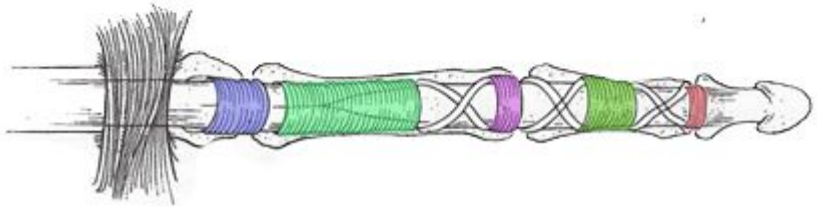
Trigger Finger

w/ Dr. Golinvaux

Finger Anatomy

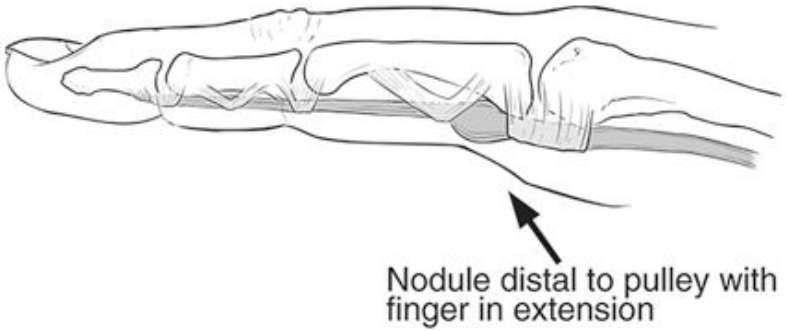
- Pulley System A1-A5
- Flexor tendons

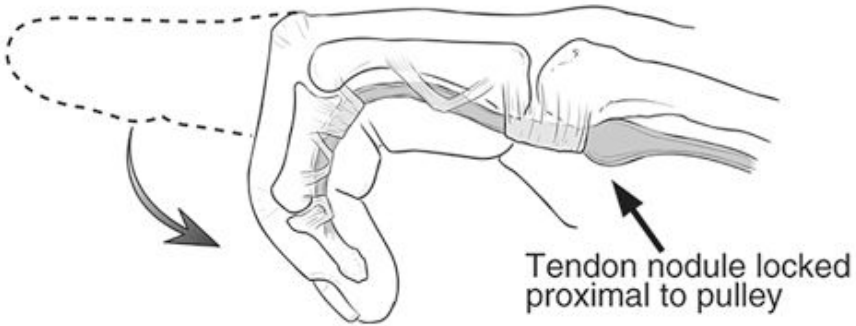




Pathogenesis

- Catching or locking w/ finger flexion
- Nodule located at A1 pulley of flexors +/- slight PIP contracture
- FDP tendon has pathologic nodule





Epidemiology

- Bimodal age distribution
  - Kids <8, adults 40-60y/o

- Women more commonly affected than men, 6:1

History + Physical exam

- Painful catching of finger in tight flexion
- TTP at A1 pulley level
- Small nodule

Grading (Green)

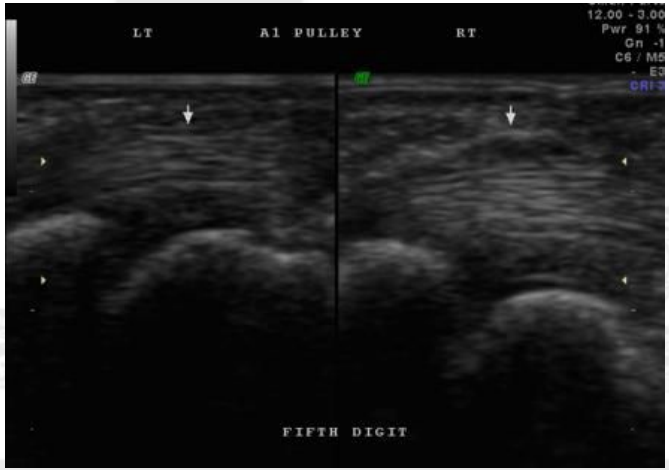
- Grade I- isolated pain over A1 pulley
- Grade II: uneven movement of finger
- Grade III- locking of finger in flexion thats passively correctable
- Grade IV- fixed, locked finger

DDx

- Osteoarthritis (patients also have stiffness +/- locking sensation)
- Retinacular ganglion cyst (nodule that doesn't move w/ tendon)
- Sagittal band insufficiency

Imaging

- Typiaclly not needed
- Tendon enlargement may be seen on MRI + ultrasound

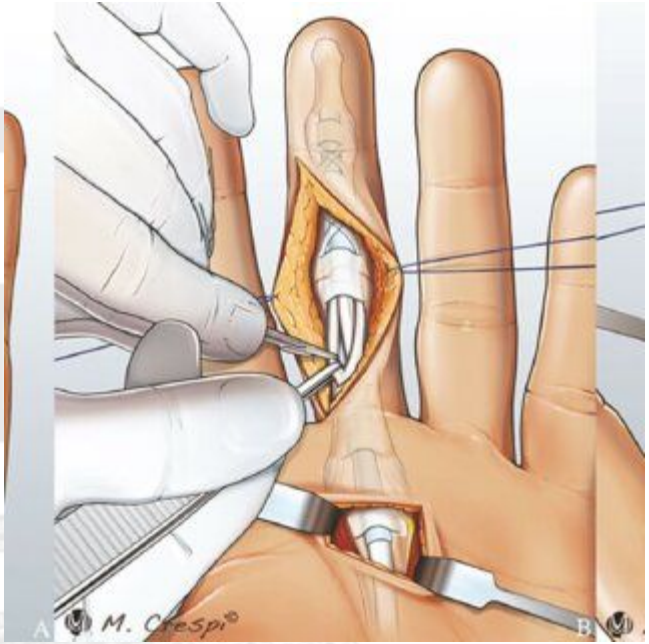


Treatment

- Non-operative
  - Injections- patients w/ diabetes may not improve
  - Injection technique?
- Operative
  - A1 pulley release
    - Done via transverse, Iblique, or vertical incision @ level of metacarpal head
    - If thumb- lookout for radial digit nerve

FDS slip excision

- Pediatric patients w/ multiple trigger fingers- ass oc w/ mucopolysaccharidoses
  - Tx may be removal of one slip of FDS
- Adults w/ chronic triggering+ extensor lag or poorly controlled diabetes
  - Excision of slip of FDS
- Trigger finger + rheumatoid arthritis + ulnar drift of digits
  - FDS slip excision



Thank you Dr. Golinvaux

- Sources: AAOS ROCK