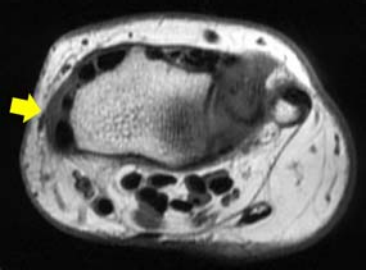




DE QUERVAIN RELEASE

Pathology	Stenosing tenovaginitis of 1st extensor compartment Retinacular thickening																																									
Options	Activity modification Physiotherapy NSAID Splint Corticosteroid Surgery																																									
Anatomy	<table border="0" style="width: 100%;"> <tr> <td>Accessory APL</td> <td style="text-align: right;">56%</td> <td></td> <td></td> </tr> <tr> <td>Accessory APL in separate canal</td> <td style="text-align: right;">12%</td> <td></td> <td></td> </tr> <tr> <td>EPB and APL in separate compartment</td> <td style="text-align: right;">20%</td> <td></td> <td></td> </tr> <tr> <td>EPB in separate canal in distal part of compartment</td> <td style="text-align: right;">34%</td> <td></td> <td></td> </tr> <tr> <td>Accessory EPB</td> <td style="text-align: right;">2%</td> <td></td> <td></td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td>1 APL slip</td> <td style="text-align: right;">28%</td> <td>No EPB</td> <td style="text-align: right;">2%</td> </tr> <tr> <td>2 APL slip</td> <td style="text-align: right;">60%</td> <td>1 EPB</td> <td style="text-align: right;">94%</td> </tr> <tr> <td>3 APL slip</td> <td style="text-align: right;">9%</td> <td>2 EPB</td> <td style="text-align: right;">4%</td> </tr> <tr> <td>4 APL slip</td> <td style="text-align: right;">2%</td> <td>Septum-complete</td> <td style="text-align: right;">29%</td> </tr> <tr> <td>5 EPL slip</td> <td style="text-align: right;">1%</td> <td>Septum-incomplete</td> <td style="text-align: right;">11%</td> </tr> </table>	Accessory APL	56%			Accessory APL in separate canal	12%			EPB and APL in separate compartment	20%			EPB in separate canal in distal part of compartment	34%			Accessory EPB	2%			1 APL slip	28%	No EPB	2%	2 APL slip	60%	1 EPB	94%	3 APL slip	9%	2 EPB	4%	4 APL slip	2%	Septum-complete	29%	5 EPL slip	1%	Septum-incomplete	11%	
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Technique	LA Tourniquet Transverse incision Intelligent use of retractors																																									
Objectives	Release 1st compartment(s) Leave equal retinacular flaps Identify anomalies Check EPB release																																									
Variations	Compartment reconstruction EPB-only release																																									
Complications	Poor scar Nerve damage Incomplete release Tendon damage Haematoma Tendon instability																																									
Outcome	<p>Can be good if the diagnosis is correct, if competently performed and if there is no concurrent litigation</p> <p>Dissatisfaction is associated with complications</p> <p>Satisfaction more likely with long duration of symptoms</p>																																									
References	<p>Arons MS. De Quervain's release in working women: a report of failures, complications, and associated diagnoses. <i>Journal of Hand Surgery</i> 1987, 12A, 540-4.</p> <p>Giles KW. Anatomical variations affecting the surgery of de Quervain's disease. <i>Journal of Bone and Joint Surgery</i> 1960, 42B, 352-5.</p>																																									

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