

Atypical Symptoms of Trigger Finger in the Adult Population

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AIM/ABSTRACT

To identify additional symptoms and clinical exam findings of TF in the adult population to aid in the diagnosis of this condition.

INTRODUCTION

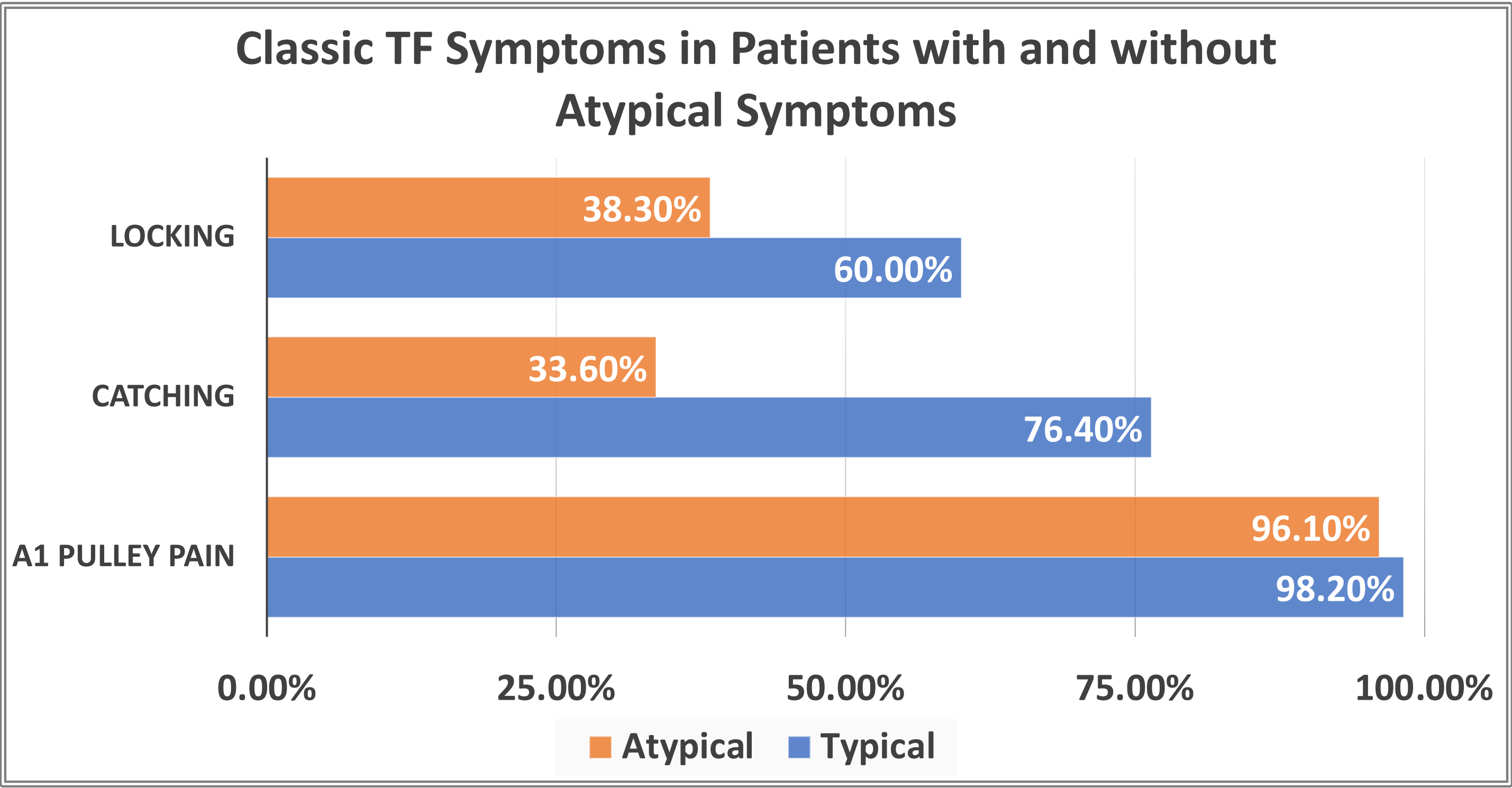
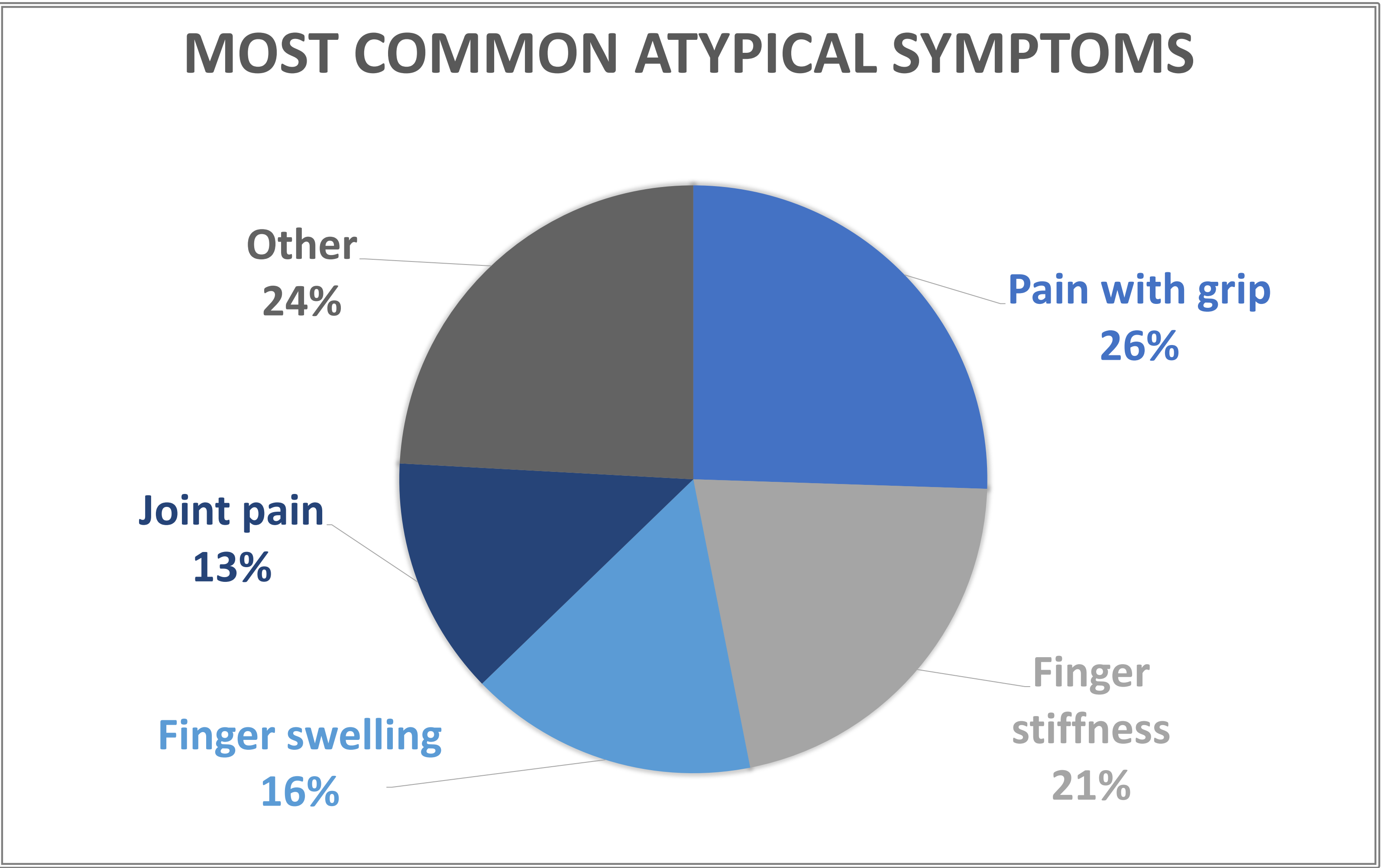
Stenosing tenosynovitis, or trigger finger (TF), classically presents with pain at the A1 pulley, clicking, catching and/or locking of the finger.²⁻⁶ Previous studies⁷ have indicated patients with undiagnosed trigger finger may present with vague symptoms related to difficulty with fine movement and grip.

METHODS

- Retrospective chart review of all adult patients diagnosed with trigger finger on their initial presentation.
- Collected age, sex, medical co-morbidities, advanced testing prior to referral, subjective symptoms, clinical exam findings, number of corticosteroid injections, improvement following injections, and surgical release.

RESULTS

189 patients included in the study. 65% (N=124) exhibited symptoms other than typical symptoms.



- Patients with atypical symptoms were **2.6 times more likely to undergo radiographs** than those with typical symptoms (95%CI: 1.11, 6.0, P=0.027).
- Patients with atypical symptoms were **53% less likely to have an A1 pulley release** than those without atypical symptoms (95%CI: 0.021, 1.11; P=0.085).

Limitations: Retrospective chart review, use of templates for documentation, did not control for concomitant CTS

CONCLUSION

Patients with TF may present with symptoms not classically associated with the condition. Having a higher suspicion for TF in conjunction with a thorough physical exam may increase the likelihood of diagnosis and prevent unnecessary imaging.

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DISCLOSURE

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