A Review: Pseudo-Trigger Digits

There are several conditions that may mimic the classic trigger finger. The purpose of this study was to evaluate a subset of patients with the chief complaint of digital catching and locking caused by pathologic conditions other than stenosing tenosynovitis.

This was a retrospective review of patients who did not have trigger finger but presented with a chief complaint of digital catching and locking. We reviewed this group of patients and identified diagnoses, treatments, and outcomes. The diagnoses that also caused digital catching and locking included: 1) osteophytic bone deformity; 2) swan-neck deformity; 3) congenital tendinous anomalies; 4) A2 pulley anomalies; 5) intratendinous tumor/ganglion; and 6) subluxating extensor tendon.

Awareness of the possibility of other diagnoses causing catching and locking of digits should aid in accurate evaluation and treatment of this common hand complaint.

Student Researcher: Auset Mitchell
Mentors: Steve K. Lee MD; Michael R. Hausman, MD

Introduction

There are several conditions that may mimic the classic trigger finger. The tendons that bend our fingers run through a sheath. Stenosing tenosynovitis is inflammation in this sheath. When swelling narrows the space necessary for a tendon to pass through, the condition is known as trigger finger. Treatments include: 1) steroid injection around the tendon, which flattens the swelling on the tendon or of the sheath; 2) surgery to make a slit in the sheath to prevent the tendon catching.

Review

In our review, six diagnoses that caused digital catching and locking were identified: 1) osteophytic bone deformity or osteoarthritis, which is a deterioration of the moving parts of the joints, the small layer of cartilage that covers the bones; 2) swan-neck deformity arises from hyperextension of the proximal interphalangeal joint, while the distal interphalangeal joint is flexed; 3) congenital tendinous anomaly, which is an extra slip of the flexor tendon making it too thick to easily slide through the synovial sheath; 4) trigger finger diagnoses and treatment usually associated with the A1 pulley, which could be inflamed and requiring treatment; 5) intratendinous tumor/ganglion, which is a benign tumor-like cyst that contains mucinous fluid enclosed within fibrous tissue; and 6) subluxating extensor tendon, which occurs when the extensor tendon tears out of its sheath and is free to roll over the top of the bone (also similar to the catching and locking found in trigger digits). Post-operatively, 100% of patients reported no to minimal pain and 100% with complete resolution of catching and locking.

When treating patients with a chief complaint of clicking and locking digits, it is important to consider other diagnoses in addition to stenosing tenosynovitis. Awareness of the possibility of other diagnoses causing catching and locking of digits should aid in accurate evaluation and treatment of this common hand complaint.

From the Department of Orthopaedic Surgery; Mount Sinai School of Medicine; New York, New York.