Denervation for proximal interphalangeal joint osteoarthritis. A simple and effective procedure.

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1- Introduction

✧ Proximal interphalangeal joint osteoarthritis is the 2nd leading cause for hand pain after thumb CMC joint OA.
✧ Arthroplasty – mainstay of surgery but there are some absolute prerequisites: bone stock, stability, supple skin and functional tendons. Its salvage treatment remains a challenge.
✧ Joint fusion – excellent pain control but complete loss of mobility is high price to pay

2- Methods

- 8 cases treated from June 2007 to June 2016 by the same surgical team.
- Inclusion criteria: active patients, failed conservative treatment, useful arc of motion and good lateral stability.
- Exclusion criteria: preoperative range of motion less than 15º and PIP joint instability.
- Demographic data, preop and postop VAS for pain and DASH questionnaire and satisfaction
- Surgical technique as described by Loréa et al (Tech Hand Up Extrem Surg. 2004) but by a Volar approach

- Average age 54 (range, 30–69) years.
- Average follow-up 52 (12–116) months.
- Most affected finger was ring finger.
- PIP range of motion improved from 52º to 79º.

3- Results

Satisfaction

72% as excellent or very good

4- Conclusions

✧ PIP joint denervation is a good technique to decrease the pain although in same cases an improvement in ROM may happens.
✧ It is simple, has an early postoperative recovery and low rate complications
✧ If it fails, any subsequent technique remains possible.
✧ We believe that there should be a place for denervation in the management of PIP joint osteoarthritis