Case report of a complication of local corticosteroid therapy which has not been previously reported in the literature. We describe a rupture of a previously repaired extensor pollicis brevis which occurred spontaneously three months after the administration of triamcinolone into the first dorsal extensor compartment of the recently injured wrist.

OBJECTIVE

Case report of a complication of local corticosteroid therapy which has not been previously reported in the literature. We describe a rupture of a previously repaired extensor pollicis brevis which occurred spontaneously three months after the administration of triamcinolone into the first dorsal extensor compartment of the recently injured wrist.

METHODS

A 29 year old male carpenter presented to the hand therapists with De Quervain’s Tenosynovitis three months after sustaining a circular saw injury which resulted in transection of both tendons in the first extensor compartment of the affected wrist. The inflammatory symptoms were deemed severe enough to warrant triamcinolone injection into the site of previous repair and despite initial improvement the patient re-presented to clinic twelve weeks after steroid administration with spontaneous weakness of thumb extension. The extensor pollicis brevis could not be palpated clinically and subsequent ultrasonography confirmed tendon rupture in the vicinity of the previous injury.

RESULTS

Intra-operative findings confirmed rupture of the extensor pollicis brevis at the site of previous repair with gelatinous degeneration of the tendon stumps which required debridement prior to re-approximation. The patient made a good recovery following this intervention and was able to return to work as a carpenter three months after surgery.

CONCLUSIONS

Our case suggests that corticosteroid therapy may negatively impact the healing process of a recently repaired tendon and reduce its tensile strength resulting in spontaneous rupture. It also highlights the importance of adopting a more conservative approach in patients with a background of traumatic hand injuries who present to clinic with inflammatory symptoms of the hand and wrist affecting a previously repaired tendon. In these instances, we recommend abstaining from local corticosteroid administration altogether and instead managing these patients with splinting, targeted physiotherapy or tenolysis.

REFERENCES