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de Quervain Tenosynovitis

Ténosynovite de de Quervain

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Chong 2024

Chong HH, Pradhan A, Dhingra M, Liong W, Hau MYT, Shah R. Advancements in de Quervain Tenosynovitis Management: A Comprehensive Network Meta-Analysis. J Hand Surg Am. 2024 Jun;49(6):557-569. https://doi.org/10.1016/j.jhsa.2024.03.003. Epub 2024 Apr 13. PMID: 38613563.

Purpose	This study presents a network meta-analysis aimed at evaluating nonsurgical treatment modalities for de Quervain tenosynovitis. The primary objective was to assess the comparative effectiveness of nonsurgical treatment options.
Methods	The systematic review was conducted following Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. Searches were performed in multiple databases, and studies meeting predefined criteria were included. Data extraction, risk of bias assessment, and statistical analysis were carried out to compare treatment modalities. The analysis was categorized into short-term (within six weeks), medium-term (six weeks up to six months), and long-term (one year) follow-up.
Results	The analysis included 14 randomized controlled trials encompassing various treatment modalities for de Quervain tenosynovitis. In the short-term, extracorporeal shockwave therapy demonstrated statistically significant improvement in visual analog scale pain scores compared with placebo. Extracorporeal shockwave therapy also ranked highest in the treatment options based on its treatment effects. Corticosteroid injections (CSIs) combined with casting and laser therapy with orthosis showed favorable outcomes. Corticosteroid injection alone, platelet-rich plasma injections alone, **acupuncture**, and orthosis alone did not significantly differ from placebo in visual analog scale pain score. In the medium-term, extracorporeal shockwave therapy remained the top-ranking option for visual analog scale pain score, followed by CSI with casting. In the long-term (one year), CSI alone and platelet-rich plasma injections demonstrated sustained pain relief. Combining CSI with orthosis also appeared promising when compared with CSI alone.
Conclusions	Corticosteroid injection with a short duration of immobilization remains the primary and effective treatment for de Quervain tenosynovitis. Extracorporeal shockwave therapy can be considered a secondary option. Alternative treatment modalities, such as isolated therapeutic injection, should be approached with caution because they did not show substantial benefits over placebo.

1.1.2. Qin 2024

Qin Y, Luo D, Qiu H, Zhang J, Yong H, Yu S. A systematic review and meta-analysis of acupuncture for De Quervain's tenosynovitis treatment. Postgrad Med J. 2024 Sep 22;100(1188):709-720.

https://doi.org/10.1093/postmj/qgae057

Backgound	De Quervain's tenosynovitis (DQt) is a prevalent chronic inflammatory musculoskeletal disorder predominantly affecting the radial aspect of the wrist. This study conducted a comprehensive review of the efficacy of acupuncture in treating De Quervain's tenosynovitis (DQt). Although there is evidence suggesting that acupuncture can alleviate symptoms of DQt-characterized by pain, swelling, and functional impairment-higher-level evidence is still required to further substantiate its efficacy and safety. This study conducted a comprehensive review of the efficacy of acupuncture in treating De Quervain's tenosynovitis (DQt).
Methods	By systematically searching databases such as PubMed, Science Direct, Web of Science, Google Scholar, EMbase, PEDro, China National Knowledge Infrastructure Database (CNKI), Wanfang Database, and Chongqing VIP China Science, Technology Journal Database (VIP), we retrieved randomized controlled trial (RCT) literature on acupuncture for DQt, with the search period extending to November 1, 2023. After extracting and assessing data from the included literature, we performed Meta-analysis using RevMan 5.4.1 software.
Results	The results encompassed **14 RCT** papers, involving **851 patient**s. The Meta-analysis findings indicated that, when compared to topical analgesics, acupuncture demonstrated a significant increase in treatment effectiveness (RR = 1.24; 95% CI = 1.11, 1.39, P = 0.0002) and a notable reduction in VAS pain scores (MD = -1.06; 95% CI = -1.51, -0.61, P < 0.00001). However, no statistically significant difference was observed in conney wrist joint scores. Furthermore, acupuncture was found to reduce VAS pain scores compared to the waiting list group. In comparison to corticosteroid injections (CSI), acupuncture did not show statistical significance in VAS, effectiveness rate, and conney wrist scores.
Conclusion	Acupuncture exhibited a promising trend in alleviating pain associated with DQt and enhancing treatment effectiveness. Nonetheless, due to limitations in the quantity and quality of the included studies, these findings warrant further validation through additional research.

1.1.3. Challoumas 2023

Challoumas D, Ramasubbu R, Rooney E, Seymour-Jackson E, Putti A, Millar NL. Management of de Quervain Tenosynovitis: A Systematic Review and Network Meta-Analysis. JAMA Netw Open. 2023 Oct 2;6(10):e2337001. https://doi.org/10.1001/jamanetworkopen.2023.37001.

Importance	There is a plethora of treatment options for patients with de Quervain tenosynovitis (DQT), but there are limited data on their effectiveness and no definitive management guidelines.
Objective	To assess and compare the effectiveness associated with available treatment options for DQT to guide musculoskeletal practitioners and inform guidelines.

Methods	Data sources: Medline, Embase, PubMed, Cochrane Central, Scopus, OpenGrey.eu, and WorldCat.org were searched for published studies, and the World Health Organization International Clinical Trials Registry Platform, ClinicalTrials.gov, The European Union Clinical Trials Register, and the ISRCTN registry were searched for unpublished and ongoing studies from inception to August 2022. Study selection: All randomized clinical trials assessing the effectiveness of any intervention for the management of DQT. Data extraction and synthesis: This study was prospectively registered on PROSPERO and conducted and reported per Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension Statement for Reporting of Systematic Reviews Incorporating Network Meta-analyses of Health Care Interventions (PRISMA-NMA) and PRISMA in Exercise, Rehabilitation, Sport Medicine and Sports Science (PERSIST) guidance. The Cochrane Risk of Bias tool and the Grading of Recommendations, Assessment, Development, and Evaluations tool were used for risk of bias and certainty of evidence assessment for each outcome. Main outcomes and measures: Pairwise and network meta-analyses were performed for patient-reported pain using a visual analogue scale (VAS) and for function using the quick disabilities of the arm, shoulder, and hand (Q-DASH) scale. Mean differences (MD) with their 95% CIs were calculated for the pairwise meta-analyses.
Results	A total of 30 studies with 1663 patients (mean [SD] age, 46 [7] years; 80% female) were included, of which 19 studies were included in quantitative analyses. From the pairwise meta-analyses, based on evidence of moderate certainty, adding thumb spica immobilization for 3 to 4 weeks to a corticosteroid injection (CSI) was associated with statistically but not clinically significant functional benefits in the short-term (MD, 10.5 [95% CI, 6.8-14.1] points) and mid-term (MD, 9.4 [95% CI, 7.0-11.9] points). In the network meta-analysis, interventions that included ultrasonography-guided CSI ranked at the top for pain. CSI with thumb spica immobilization had the highest probability of being the most effective intervention for short- and mid-term function.
Conclusions and relevance	This network meta-analysis found that adding a short period of thumb spica immobilization to CSI was associated with statistically but not clinically significant short- and mid-term benefits. These findings suggest that administration of CSI followed by 3 to 4 weeks immobilization should be considered as a first-line treatment for patients with DQT.
acupuncture	Short-Term Function : Conventional CSI plus thumb spica immobilization had the highest probability of being the most effective intervention for function at 0 to 12 weeks, followed by **acupuncture**.