

Unlucky Eight: A Rare Case Of Eight Trigger Fingers In A Patient

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INTRODUCTION:

Trigger finger is a disease which commonly affects middle aged women, especially those with diabetes mellitus (DM). The methods used to treat trigger finger include physiotherapy, corticosteroid in injection and if all else fails, surgical release of the A1 pulley. We report an unusual case of eight triggering digits in a middle aged diabetic woman.

CASE REPORT:

Our patient is a middle aged malay women, who has been suffering from type 2 DM for 15 years, requiring insulin. Her trigger finger ordeal took the span of 6 months, where it started from her bilateral index fingers and soon affect all fingers of both hands, sparing the little fingers. Examination showed obvious palpable nodules over the flexor tendons. The patient underwent workup for thyroid function, renal disease, gout and rheumatoid arthritis which were all negative. Plain radiograph showed no abnormalities. She was initially started on physiotherapy, and subsequently was given corticosteroid injections for the affected fingers, however the triggering worsened.

Our patient is currently scheduled for percutaneous release of all her trigger fingers.



DISCUSSION:

Studies has shown that the incidence of trigger finger in diabetics were higher than usual. Multiple digit involvement is considered to be associated with DM. In this patient, the only risk factor seemed to be DM. As thyroid, renal, rheumatoid arthritis have been ruled out. The incidence of trigger finger was also reported to be higher in occupations that require exertional pressure on the palms while performing forceful grip or repetitive digital flexion, however our patient was a clerk. She also had

no genetic predisposition towards developing trigger finger as no immediate family members ever had this problem.

Treatment of multiple trigger fingers in a patient was also most oftenly reported to have failed conservative treatment (Physiotherapy or corticosteroid injection). Affected patients benefit from surgical release of the A1 pulley, which are reported to have a very good outcome.

In this patient, over the span of four months she was given trials of physiotherapy and corticosteroid injections. This was time consuming for our patient and the delay in surgery affected her work

CONCLUSION:

Excluding DM is important when dealing with multiple trigger digits in a patient, among other diseases such as thyroid, renal and connective tissue disease. Treatment should also be targeted towards early surgical release of the A1 pulley as physiotherapy and corticosteroid injections have shown to have poor outcome when dealing with such patients. Early surgical release would also relieve symptoms faster and would be less time consuming for our patient.

REFERENCES:

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