

Osteoarthritis of the Hand and Wrist

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Fingers

- Age over 65
- Women > Men
- Mainly DIPJ and PIPJ
- Primary rarely affects MCPJ

Types

- Usually Primary
- Hereditary
- Secondary – Trauma
 - Infection (fight bite)

Symptoms

- Stiffness, reduced movement
- Pain (usually not severe)
- Deformity
- Weakness, functional impairment
- Mucoïd cysts

Signs

- Deformity
- Heberden's & Bouchard nodes
- Mucoïd cysts
- Tenderness
- Reduced ROM







The Thumb

- Mainly CMCJ
- MCPJ – primary
 - UCL injury

Thumb Base OA

- Common after 60
- Not always symptomatic
- Associated with Carpal Tunnel Syndrome

Presentation

- Pain (note: night pain may be CTS)
- Deformity
- Weakness (grip)
- Lack of dexterity

Signs

- Prominent thumb base
- Square palm
- MCPJ Hyperextension

XRay

- Eaton – Littler
- XRay severity vs Symptoms





Wrist

- Usually post traumatic
- May not recall injury
- AVN
- Abnormal movement of proximal row
- DRUJ

Types

- SNAC

- SLAC

- STT

- DRUT

Proximal Carpal Row During Wrist Motion

- Flexion & Dorsiflexion
 - Scaphoid rotates on its axis
- Radial deviation – Scaphoid flexes
- Ulnar deviation – Scaphoid extends

Lunate & ligaments act between scaphoid and triquetrum

Advanced Collapse

- Chronic abnormal movement = eccentric wear
- Loss of cartilage results in arthritis = pain
- Loss of carpal height accelerates = collapse
- Pattern predictable depending on cause

SLAC

- Abnormal scaphoid movement
- Capitate migrates proximally
 1. Tip of radial styloid / distal scaphoid
 2. Rest of radioscaphoid joint
 3. Capitolunate





SNAC

- Abnormal movement of distal scaphoid
- No gap for capitate migration
- Rest of radioscaphoid joint spared







LEFT



Kienböcks

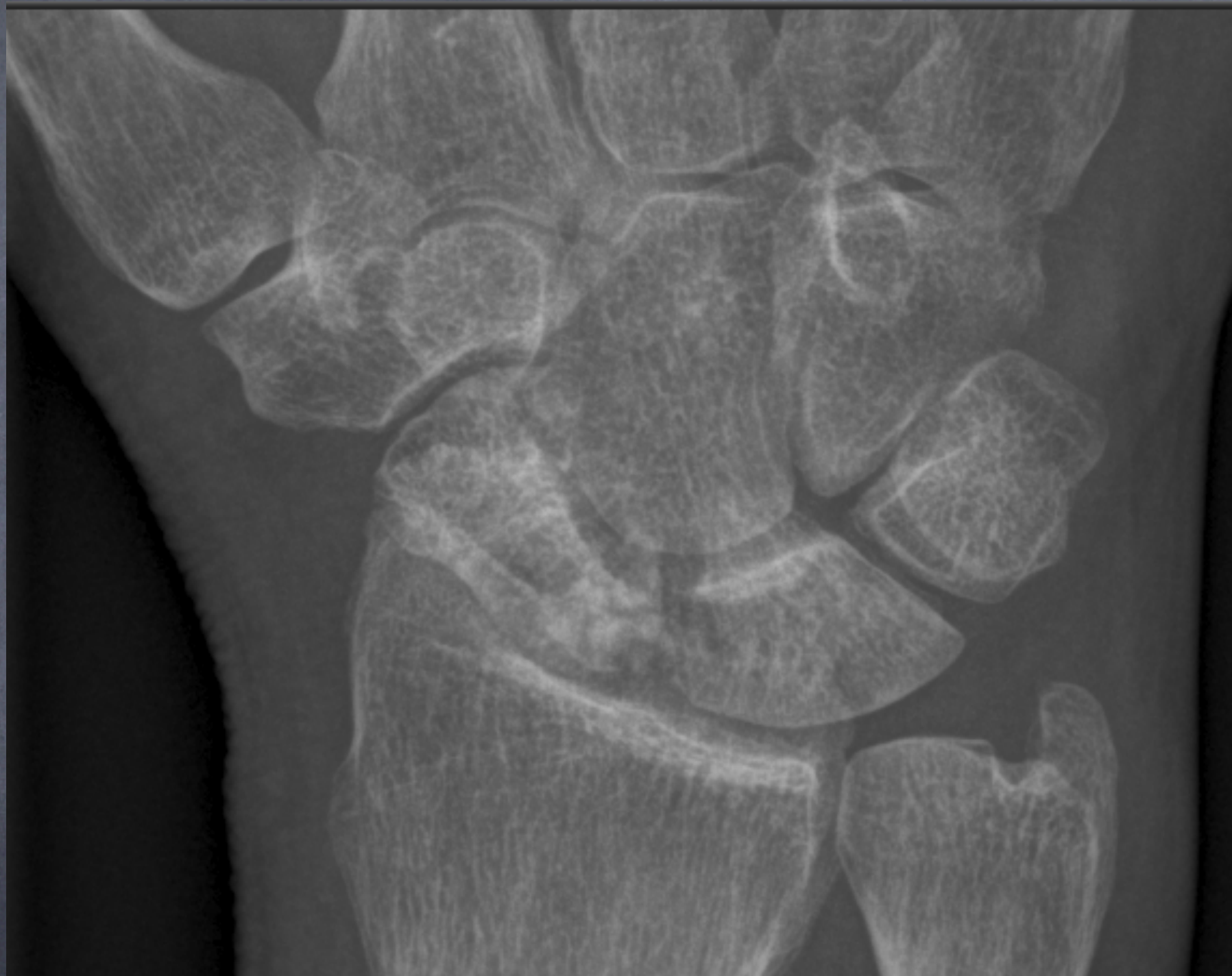
- Avascular necrosis of Lunate
- 4 Stages – 4 = secondary arthritis
- Reduced carpal height











DRUG

- 3 Morphological Types
- Primary
- Trauma (neglected)

