

An Observation on Trigger Fingers

To the Editor:

Trigger fingers are a common hand condition caused by the inability of the flexor tendon to glide within the sheath owing to a size mismatch of the tendon and its sheath. The condition can present as pain in the region of the metacarpal head, as a digit that locks occasionally, or as a digit locked in flexion. Because other conditions can cause similar pain, it is essential to witness the triggering in the clinic to determine the proper treatment for the patient. Often the patient's history is that of triggering but at the time of examination the finger does not trigger. The senior author has observed that many suspected trigger digits can be provoked into triggering with a unique diagnostic maneuver in clinic.

The patient is brought into the examination room and placed with the hands on the examination table. A thorough history is obtained and a systematic examination of both upper extremities is performed before focusing on the digit in question. The symptomatic hand is then examined and the patient is asked to demonstrate the trigger digit. If the digit will

not trigger after a few attempts, the patient is instructed to perform the following maneuver. The patient is asked to make a tight fist 3 times and relax after each effort, while the examiner holds the hand closed. After the third contraction, the patient is asked to slowly extend all fingers. At this point, the digit will usually trigger or lock, confirming the diagnosis.

Although the diagnosis of a trigger digit is often uncomplicated, in our practice observing the triggering of the digit guides the patient's treatment. Over many years in practice, we developed the outlined technique to assist in diagnosing and treating one of the most common hand conditions seen in practice.

Blaine T. Bafus, MD

Avrum I. Froimson, MD

Department of Orthopaedic Surgery

Cleveland Clinic Foundation

Cleveland, OH

doi:10.1016/j.jhsa.2011.12.014

Cost of Open Partial Fasciectomy, Needle Aponeurotomy, and Collagenase Injection for Dupuytren Contracture

To the Editor:

The recent publication "Cost-effectiveness of open partial fasciectomy, needle aponeurotomy, and collagenase injection for dupuytren contracture"¹ is interesting. Chen et al concluded that "open partial fasciectomy is not cost-effective."¹ Indeed, this work should ideally include a cost-utility study that deals directly with the estimated quality of life adjustment. The medical cost is only 1 important concern included in the cost analysis. Indeed, there are other aspects to be considered, such as indirect cost resulting from loss of work and complications as well as the cost of time required by the practitioner to provide care. To complete the analysis, all costs, both direct and indirect aspects, should be included and analyzed.

Viroj Wiwanitkit, MD

Wiwanitkit House

Bangkhae, Bangkok, Thailand

doi:10.1016/j.jhsa.2011.11.028

REFERENCE

1. Chen NC, Shauver MJ, Chung KC. Cost-effectiveness of open partial fasciectomy, needle aponeurotomy, and collagenase injection for dupuytren contracture. *J Hand Surg* 2011;36A:1826–1834.e32.

In Reply:

The question raised by Professor Wiwanitkit is a common one and worthwhile clarifying when discussing cost-effectiveness analyses.