

Endoscopic synovectomy of the wrist extensors

Intra-articular wrist diseases may be associated with extensor synovitis. Surgical management of wrist pathologies can be performed with arthroscopy but extensor synovitis may necessitate an open excision. The goal of the authors was to describe their little experience in extensor synovectomy of the wrist extensors

METHOD

4 patients were retrospectively included: one SNAC wrist type II, one dorsal ganglion cyst, one extensor synovial cyst and one case of primitive extensor synovitis. The endoscopic synovectomy was associated in 3 cases with a wrist arthroscopy and was isolated in one case. The articular arthroscopy was performed first when needed, then the extensor synovectomy. Fragment of the synovialis membrane was harvested from the shaver blade for histology. Clinical examinations with a Visual Analogue Scale (VAS) pain and Disabilities of Arm, Shoulder, and Hand (DASH) scores were performed pre-operatively and post-operatively.

RESULTS

Per-operative : the average duration was 45 min, the tendons of the second, third and fourth compartments were visualized in all cases, the EPL was visualized distal to the Lister Tubercle. Synovectomy was only performed in the second, third and fourth compartments.

Outcomes (n=4) : the mean follow-up was 6 months. The synovitis was aspecific in histology for all cases. Concerning efficiency, there was significant improvement in pain and DASH scores when compared to the pre-operative scores. Concerning safety : none tendinous or sensitive skin disorders was observed.

SUMMARY POINTS

In our little experience, an endoscopic synovectomy of the wrist extensors was possible and safe; it may decrease adhesions compared to an open excision and preserve the retinaculum. This work was a first step to perform a complete synovectomy of all the extensor compartments.