

Pediatric Trigger Thumb—Congenital or Developmental?—Unique Report of a Case

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Abstract

Pediatric trigger thumb is the new terminology for the so-called congenital trigger thumb. This change in appellation was suggested based on recent knowledge acquired through prospective studies of a large number of newborns for the presence of trigger thumb at birth across many centers. In this background, we came across a newborn with trigger thumb which was diagnosed right after birth, putting aside all theories of nonexistence of congenital trigger thumb. We report a case of congenital trigger thumb diagnosed at birth, which was managed surgically at 9 months of age, who has good clinical and functional outcomes at 1-year follow-up. Herewith, we would like to submit that congenital trigger thumb does exist, though might be a very rare occurrence.

Keywords^{Q4}

Introduction

The term “congenital trigger thumb” is believed to be a misnomer and almost completely replaced by the term “pediatric trigger thumb” for the past two decades.¹ Some authors have recommended the term “developmental trigger thumb” for this condition.² In this study, we report a case of pediatric/congenital trigger thumb which was diagnosed right after birth and was managed by surgical release of the A1 pulley.

Case Report

A full-term, 3.2-kg male infant, second born child of noncon-sanguineous parents, delivered by elective cesarean section was subjected to routine clinical examination by an attending pediatric orthopaedic surgeon immediately after birth. Though unusual for a pediatric orthopaedic surgeon to attend obstetric theaters for neonatal screening, this happened here as the infant was the son of the pediatric orthopaedic surgeon himself.

The infant was active and crying normally. General examination was unremarkable but for a small preauricular tag in the left ear. The hips and spine were normal. The right

hand had flexion deformity at the interphalangeal joint of the thumb (80 degrees) (► Fig. 1). The deformity was fixed and could not be corrected, though a jog of 5 to 10 degrees movement was possible at the interphalangeal joint. A palpable firm nodule was present proximal to the thumb metacarpophalangeal (MCP) joint crease similar to the classical description of Notta's nodule. The rest of the examinations of the upper limbs and the hand were normal. A clinical diagnosis of locked congenital trigger thumb right hand was made and the infant was started on passive stretching from day 1 of birth. Differential diagnosis of congenital absence of the extensor of thumb or congenital flexion contracture of the thumb was also considered, but the presence of Notta's nodule favored toward the diagnosis of trigger thumb.

At 9 months of life, as there was no improvement in the deformity with regular stretching exercise and it was a locked triggering due to the nodule, it was planned for surgical intervention. Under general anesthesia, with add-on brachial block surgical release of the A1 pulley of the right thumb was done through an incision placed over the thumb MCP joint crease. The surgery was performed under loupe magnification and the radial and ulnar neurovascular bundles were identified and retracted on either side to expose the flexor pollicis tendon and its sheath. On exploration,

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