**Peters-Veluthamaningal C, van der Windt DAWM, Winters JC, Meyboom-de Jong B. Corticosteroid injection for de Quervain’s tenosynovitis. *Cochrane Database of Systematic Reviews* 2009; Issue 3.**

**PMID:** 19588376

**Reviewer:** Linda Metzger 10-13-15

**Design:** Cochrane Systematic Review (No meta-analysis)

**Objective:** To assess and summarize the evidence on the effectiveness and safety of corticosteroid injections for treating people with de Quervain’s tenosynovitis.

**Summary of Results:**

* Included only one controlled clinical trial with a total of 18 participants (19 wrists) (5 pregnant and 14 lactating women) that compared one steroid injection with methylprednisolone and bupivacaine to splinting with a thumb spica. Injections were given into the tendon-sheath. All patients in the steroid injection group (9/9) achieved complete relief of pain whereas none of the patients in the thumb spica group (0/9) had complete relief of pain, one to six days after injection. The number needed to treat to benefit (NNTB) = 1, 95% confidence interval (CI) 0.8 to 1.2). No side effects or local complications of the steroid injection were reported.
* The included study (Avci 2002) used pseudo-randomization (participants were randomized according to their order of application), there was no description of allocation concealment (but since there was alternate allocation, it is likely that allocation concealment was inadequate) and participants, care providers and outcome assessors were not blinded. Withdrawals and drop-outs were reported and an intention-to-treat analysis was used, but it was not clear whether the two treatment groups were similar at baseline assessment regarding important prognostic indicators. The main outcome measure was “complete pain relief”. No point estimates and measures of variability were presented for the outcome measures.
* The authors concluded that there is only low quality evidence that suggests that corticosteroid injections are superior to thumb spica splinting for relieving pain in the treatment of de Quervain’s tenosynovitis. The evidence is based on only one very small controlled clinical trial of short duration and poor methodological quality, which included only pregnant and lactating women. The applicability of these findings to daily clinical practice is limited. No adverse effects were observed.
* Overall, there is insufficient evidence to conclude that corticosteroid injections are effective or are more effective than thumb spica splinting for relieving pain in the treatment of de Quervain’s tenosynovitis

**Reasons not to Cite as Evidence:**

* Only one study from 2002 was included in the review.
* The sample size for the included study is extremely small.
* The risk of bias and overall quality of the evidence was low in this study.
* This low quality evidence does not meet our literature critique criteria and would not qualify for an evidence statement.
* Because the limited evidence is of low quality, further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate, and so we are uncertain about the magnitude of the effect, and thus no useful conclusions can be drawn.

**Assessment:**

* High quality Cochrane review that shows there is inadequate evidence that corticosteroid injections are effective or are more effective than thumb spica splinting for relieving pain in the treatment of de Quervain’s tenosynovitis.

**References:**

* Avci S, Yilmaz C, Sayli U. Comparison of nonsurgical treatment measures for de Quervain’s disease of pregnancy and lactation. Journal of Hand Surgery 2002; 27A (2):322–4.