Aetiology and Management of Trigger Thumb in Children

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ABSTRACT
Objective: To review local experience of the management of trigger thumb in children.

Patients and Methods: Medical records of children referred to the Paediatric Orthopaedic Clinic at the Princess Margaret Hospital for management of trigger thumb or flexion contracture of the thumb between January 2000 and March 2005 were studied retrospectively.

Results: Data for 46 children with trigger thumb were analysed. Overall, 91.2% of patients presented after the age of 6 months. Twenty four patients were offered conservative management and the trigger thumb resolved for 66.7%. There was no significant difference in outcome between children aged younger or older than 12 months.

Conclusions: Conservative management for trigger thumb is appropriate after the age of 12 months. The findings of this study are consistent with the view that trigger thumb is an acquired condition.

Key Words: Congenital, Etiology, Hand deformities, Treatment outcome

INTRODUCTION
Trigger thumb in children is a common reason for referral to a paediatric orthopaedic clinic. However, this condition is an uncommon congenital malformation of the hand. The incidence of trigger finger is approximately 1 in 2000.1 Trigger finger constitutes only 2% of all upper extremity anomalies in children.2 The cause and management of trigger thumb in children remains controversial. Some authors believe the condition is congenital because trigger digits have been noted at birth, while others believe it is acquired since very few patients present within the first 6 months of life.2,4

There is still debate on the choice of conservative management versus surgical release. Reports state that the recovery rate ranges from 10% to 50% with conservative treatment.15,6 In 1974, Dinham and Meggitt reviewed 105 patients with 131 involved thumbs.1 These authors found no instances of recovery in children older than 12 months. Many doctors now recommend surgical release for children with trigger thumb who are older than 12 months. Parents are concerned about the possible complications of surgery and often require more information on the treatment options available. However, there is a lack of local data to support this discussion.