Letter to the Editors

MR IMAGES OF THE WRIST

Sir,

Dr. A.K. Pillai et al (1) have presented a case for radiological quiz, asking for a diagnosis of MR images of the wrist which I read with great interest.

As a hand surgeon the help from radiologist is asked mainly for anatomical variations in the 1st dorsal extensor compartment as the clinical diagnosis is easily made. The variations include - multiple tendons and a septum either complete or partial lodging mainly the tendon of extensor pollicis brevis. Surgical treatment requires release of main compartment as well as septate compartment to give complete relief (2).

Other variations on dorsum of the hand include - extensor digitorum brevis manus (EDBM) - an atavistic muscle (3). Extensor indicis proprius syndrome, extensor digiti minimi syndrome, where muscle bellies extend in the tight fibroosseous tunnel and cause pain. Fourth dorsal extensor compartment can also lodge multiple tendons (4). Similarly there are quite a large number of anatomical variation of clinical significance in carpal tunnel.

In all such cases the newer imaging modalities can be of great help like ultrasound and MRI for diagnosis and treatment.

Lastly four corrections:
1. If there is triggering of tendons in the 1st extensor compartment it is called as triggering de Quervains tenosynovitis and not trigger thumb. Trigger thumb is caused by tight annular pulley of flexor pollicis longus.
2. The correct spelling of de quervain's is Quervain's and not Quervians.
3. Reference number four is incomplete - details of source not mentioned.
4. de Quervains disease was probably first described by Tillaux in 1882 and then by Fritz de Quervain in 1895 and 1912 (2).

References

4. Bruce J Cusenz and Geoffrey G Hallock. Multiple anomalous tendons of the fourth dorsal compartment J. Hand Surg

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