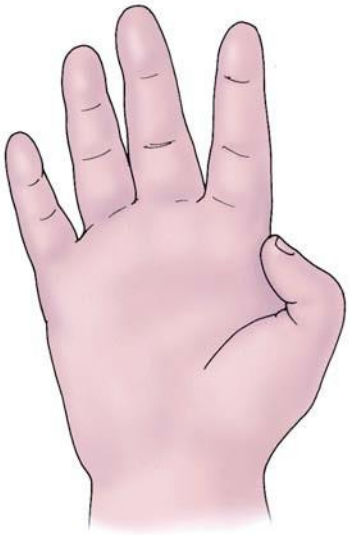
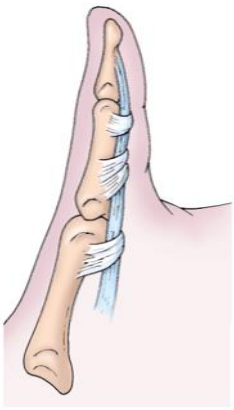
TRIGGER THUMB & DIGITS

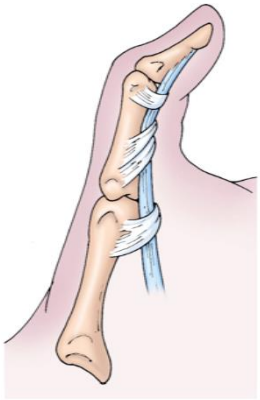


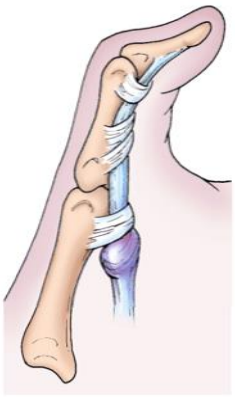
A child's thumb that is drawn down into the palm and cannot be straightened out into a "hitch-hiker's" position is called a trigger thumb.

Of all the children with this condition, 20% are born with the thumb deformity. The remaining 80% of trigger thumb deformities develop during the first year of life. Trigger digits typically develop after after the first year of life.

The anatomic problem is a mismatch between the size of the tendon and the tunnel through which the tendon glides back and forth. At the entrance to this tunnel is a thick band of tissue called the A-1 pulley. In a trigger thumb, the tendon has a lump or knot in it that will not slide through the tunnel under the A-1 pulley. If the mismatch between the thickened lump in the tendon and the narrowed tunnel is severe, then the thumb becomes stuck in the bent position.







Non-surgical treatment including massage, splints, casts and non-steroidal anti-inflammatory drugs is seldom successful in restoring full thumb motion.

The surgical option involves making the tunnel larger for the tendon and is called an "A-1 pulley release". The lump in the tendon cannot be made smaller; therefore the tunnel must be made larger to accommodate the lump. The postoperative period may include a brief period of casting until the wound is healed. Once the wound has healed, the emphasis is on restoring full thumb flexibility. Recurrence of the deformity after surgical release is rare.