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Letters to the editor

Basal joint osteoarthritis of the thumb: A prospective trial of steroid injection and splinting

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To the editor:

It was with great interest that I read the article by Day et al “Basal joint osteoarthritis of the thumb: a prospective trial of steroid injection and splinting” (J Hand Surg 2004; 29A: 247-251). The authors’ re-affirmed findings in our study (Berggren et al 2001, Scand J Plast Reconstr Hand Surg 35:415-417) that splinting can reduce the request for surgery. As surgery do not guarantee a 100% satisfaction it may be of interest to your readers to know that our 7-year follow up study showed that if continued use of splinting beyond the 3 weeks, as used by Day et al., in addition to a provision of accessories through an occupational therapist, a significant 65% reduction in need for surgery could be achieved without the use of steroid injection. It may also be of interest to your readers to know that the age of the patients was related to whether they continued to prefer splinting to surgery during the 7 year follow up period, with younger patients more often than older eventually preferring surgery. We therefore recommend a modular treatment plan for patients with basal joint osteoarthritis of the thumb, module A) NSAID, B) splinting and accessory provision, C) addition of steroid and finally D) surgery.

Yours sincerely,

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