

# Thumb Arthritis:

## What to Do If It Happens to You By Richard K. Thomas, M.D.

**Do you suffer from pain or weakness at the base of your thumb when opening a car door, turning a key, or snapping your fingers?**

If you've experienced these or other symptoms in your thumb such as aching, popping, grinding, or swelling, you could have *osteoarthritis* — a degenerative condition where the cartilage that cushions and reduces friction in a joint wears down, allowing bone-to-bone contact which causes pain and inflammation.



Richard K. Thomas, M.D. can lead to osteoarthritis (also known as degenerative joint disease). In fact, the basal thumb joint is among the most common sites of degenerative joint disease of the hand. In addition to day-to-day wear and tear, fractures, sprains, and genetic predisposition may also contribute to this malady.

The condition is more common in women. Females in general tend to have laxer ligaments, which allow more motion inside the joint and so more rapid deterioration. These thumb problems can occur in patients as young as 40, but they are most common in the 50s and 60s, due to this predisposition toward laxity and the natural wear that occurs with normal use over time.

So how do you know if you have this form of arthritis? If there's discomfort altering how you can use your hand, it's time to talk to somebody.

Treatment for CMC arthritis usually begins when your physician takes a thorough history of your complaints. Then he or she will perform an exam, which may reveal pain and tenderness at the thumb's basal

joint. Swelling and deformity (for example, a prominence or lump at the base of the thumb) may be visible as well (*figure 1*). The physician may grasp your thumb and compress the joint while rotating or shifting the base. This will usually produce pain and sometimes a grinding or "gritty" feeling if arthritis is present. Resisted pinching may also elicit pain. X-rays can show different stages of joint degeneration — such as narrowing of the joint space, bone spurs, and cysts — depending on the severity of the arthritis (*figure 2*).

Once a diagnosis of osteoarthritis has been made, the first course of action is to treat it conservatively. This approach may consist of prescribing oral anti-inflammatory medications (NSAIDs), activity modification, and splinting during activity (*figure 3*). If these are not effective, your doctor can

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Figure 1



Figure 2



Figure 3

administer corticosteroid injections (anti-inflammatory steroids), though this may provide only temporary relief and can become less effective over time as the condition progresses.

If symptoms persist or worsen, surgery is another option. Of the different forms of surgical correction for basal thumb arthritis, ligament reconstruction tendon interposition arthroplasty (LRTI) is the gold standard. A common LRTI technique makes use of a wrist flexor tendon known as the flexor carpi radialis (FCR). The surgeon removes the arthritic joint and then sutures the FCR tendon with anchors or passes it through drill holes at the base of the thumb's metacarpal bone, thereby reconstructing the supporting structures. This reconstruction stabilizes and supports the thumb (*figure 4*).

The decision for surgery is always up to the patient and usually depends on the amount of pain and how much hand function has been lost. Some people can get by for many years with just steroid injections and/or activity modification. If such conservative options fail, he or she may want to choose



Figure 4

whether to live with the condition or have a surgical reconstruction.

LRTI is almost universally an outpatient procedure. The patient will have a short course of rehabilitation following surgery, with splinting and occupational therapy

prior to full activity release. Studies report good to excellent results with this type of procedure. I never talk anyone into having the surgery for thumb arthritis, but once patients do have it, they frequently wish they had done it years earlier. 🍷

## OA and RA — What's the Difference?

### OSTEOARTHRITIS:

- Usually begins after age 40
- Affects 21 million adult Americans
- Usually develops slowly, over many years
- Affects a few joints and may occur on both sides of the body
- Joint redness, warmth and swelling are usually minimal. Morning stiffness is common and may be severe but brief (less than 20 minutes).
- Typically affects only certain joints, such as the hands, hips, knees and spine. Rarely affects wrists, elbows or ankles except after injury.
- Does not cause a general feeling of sickness

### RHEUMATOID ARTHRITIS:

- Usually begins between ages 25 and 50
- Affects 2.1 million adult Americans
- May develop suddenly, within weeks or months
- Usually affects many joints, primarily the small joints on both sides of the body
- Causes redness, warmth, swelling and prolonged morning stiffness of the joints, often lasting for hours
- Affects many joints, including wrists, elbows and shoulders
- Often causes a general feeling of sickness and fatigue, as well as weight loss

