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Early Prolotherapy Intervention for Hand Osteoarthritis: Case Report

Topic: Injections (Joint, Spine, etc.)

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BACKGROUND

Osteoarthritis (OA) of the hand is an important cause of local pain and disability that has yet to see powerful treatment options. Here we review the case of a desk-working patient with symptomatic OA of the right hand and its treatment.

CASE DESCRIPTION

This is the case of a 48 year old woman who has been working as an economist for the past 20 years. For the last two months, she's been complaining about progressively increasing pain localized in the entire right hand, with the wrist, first and second metacarpophalangeal (MCP) joints being particularly painful – a 7/10 on the Visual Analog Scale of pain. The pain was constant throughout the day and it would worsen when doing desk work and performing manual tasks. She also complained about swelling and red coloring of the first two fingers, as well as frequent involuntary clawing of her hand during work. The patient had a mild accident about 12 years ago where she fell on both of her outstretched hands, but developed no fractures. The medical history was otherwise unremarkable. She had no prior upper limb pain or any OA diagnosis. Upon presentation, the patient had already been consulted by a rheumatologist who ruled out autoimmune, vascular, infectious and traumatic causes and prescribed a typical NSAID (local and systemic) and tramadol regimen, physical therapy and exercise. Since there was little to no improvement with conservative treatment, we chose to perform prolotherapy with 25% glucose and 4% lidocaine for the tender joints, as well as hydrodissection of the median nerve with 5% glucose (proposed prophylaxis for carpal tunnel syndrome (CTS), given the frequent association between hand OA and CTS), both with ultrasound (US) guidance. She was almost pain free at the three month follow-up with only one or two mild flare-ups.

CONCLUSION

Given that prolotherapy is minimally invasive, cheap and easy to perform even without US guidance, we argue that it might be a robust choice as a first line treatment for such patients (relatively young, minimal joint degeneration), and a great opportunity to spare them from the burden of systemic drugs.

Statement of Disclosures

None

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