

Flexor Pollicis Longus Tendon Rupture in Patients With Rheumatoid Arthritis: Evaluation and Surgical Management

Guy Guenther¹, Aaron Tsunaji Tian Lai Shiinoki, Allison Price Moody, Michael S Guss

¹Tufts Medical Center

Proposal

This video shows the diagnosis and management of flexor pollicis longus (FPL) tendon ruptures in a patient with rheumatoid arthritis (Mannerfelt syndrome). The video reviews the current literature on the diagnosis and management of these attritional tendon ruptures. The case presentation of a 66-year-old woman who underwent flexor digitorum superficialis tendon transfer to the FPL is reviewed. The video demonstrates a step-by-step surgical approach to our preferred treatment option for this condition. Currently, a paucity of technique videos demonstrate this surgical technique.

Method/Technique/Results

Surgical management in this patient consisted of release of the carpal tunnel with tenosynovectomy of the inflamed flexor tendons, harvest of the flexor digitorum superficialis tendon from the long finger, and transfer of the flexor digitorum superficialis to the remnant stump of the FPL tendon. Postoperatively, a thumb spica splint was applied, with slight flexion of the wrist and thumb. The patient was then transitioned to a thumb spica orthoplast custom splint and allowed to begin gentle range of motion and motor re-training for the tendon transfer.

Summary

Mannerfelt syndrome is a known condition in patients with rheumatoid arthritis, leading to hand dysfunction and disability. This video demonstrates our preferred surgical technique for this condition, namely transfer of the flexor digitorum superficialis of the long or ring finger to the FPL.