

# Longitudinal Outcomes of Corticosteroid Injections in de Quervain's Tenosynovitis

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**INTRODUCTION:** De Quervain's tenosynovitis is a common cause of radial wrist pain. Initial treatments include corticosteroid injections, bracing, and anti-inflammatory medications, with procedural release reserved for definitive management. This study investigates the efficacy of injections and intervention-free survival time.

**METHODS:** Patients at a single academic institution from 2014 to 2024 with de Quervain's receiving at least one corticosteroid injection were included. Primary events were defined as a repeat injection or operative release. Time between injection and primary event were recorded, and analyzed using Kaplan-Meier product-limit method.

**RESULTS:** Overall, 2,122 hands received a corticosteroid injection for de Quervain's tenosynovitis. Within one injection, 66.5% of cases did not require further intervention, and within two injections, 81.0% of cases were resolved. Following initial injection at a median 111 days, 6.69% of cases progressed to surgery and 26.8% required repeat injections. Intervention-free rates were 97% at six weeks, 87% at three months, and 75% at six months. In patients requiring a second injection, at a median of 122 days, 18.8% required a third injection, and 33.6% underwent procedural release. Intervention-free rates were 97% at six weeks, 85% at three months, and 64% at six months.

**DISCUSSION AND CONCLUSION:** Patients with de Quervain's tenosynovitis had excellent responses to corticosteroid injections, with 66.5% of cases resolving with a single injection and 81.0% resolving with two. There is evidence that a second corticosteroid injection is less efficacious in reducing the need for operative release or repeat injection. Patients with de Quervain's tenosynovitis should be advised that corticosteroid injections generally provide excellent relief and

mitigate the need repeat interventions.

