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## Clinical Experiences of Flexor Carpi Ulnaris Tendinitis

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**Purpose:** The purpose of this study is to report our clinical experience in rare disease of flexor carpi ulnaris tendinitis.

**Materials and Methods:** Six patients were diagnosed as flexor carpi ulnaris tendinitis from November 1997 to February 2001. They were analysed for their symptoms, duration, radiologic findings, treatment, and results.

**Results:** Patients complained of tenderness on pisiform and resistance to wrist flexion. Ulnar deviation increased the symptoms. On carpal tunnel view, calcific lesion around pisiform was visible in 3 cases. Additionally, whole body bone scan, tomogram, and MRI were also helpful for the diagnosis. Patients initially took conservative treatments which composed of NSAID medication, splint immobilization, and steroid injection. In 3 cases without symptom improvement, pisiform excision was performed. Two patients completely recovered, but one patient had edema and tenderness at operated hand for 6 months after the operation.

**Conclusion:** Flexor carpi ulnaris tendinitis was diagnosed by physical examination and radiologic study. It was treated by conservative measures. When conservative treatment failed, the pisiform excision brought very excellent result without complications.

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**Key Words:** Pisiform, Flexor carpi ulnaris tendinitis, Pisiform excision

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Fig. 1. Carpal tunnel view of right wrist. Calcific lesion was noted around pisiform (arrow).

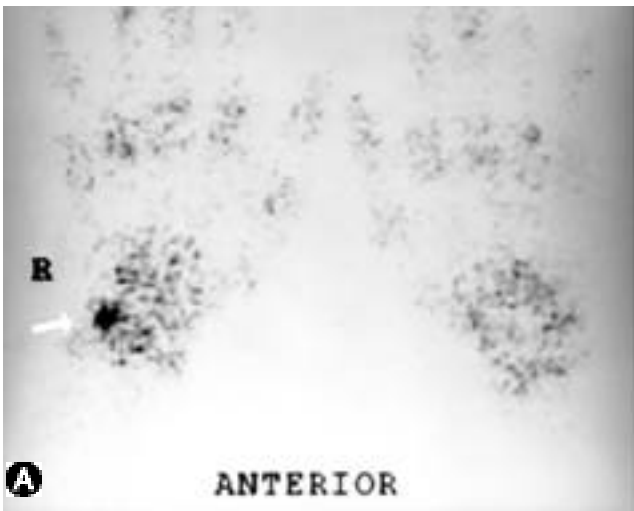


Fig. 2. A. Whole body bone scan of right wrist. Hot-uptake was noted at pisiform which was insertion site of flexor carpi ulnaris. (arrow)



B. Another whole body bone scan showing hot-uptake at pisiform. It means local inflammation of flexor carpi ulnaris at insertion site, pisiform.(arrow)

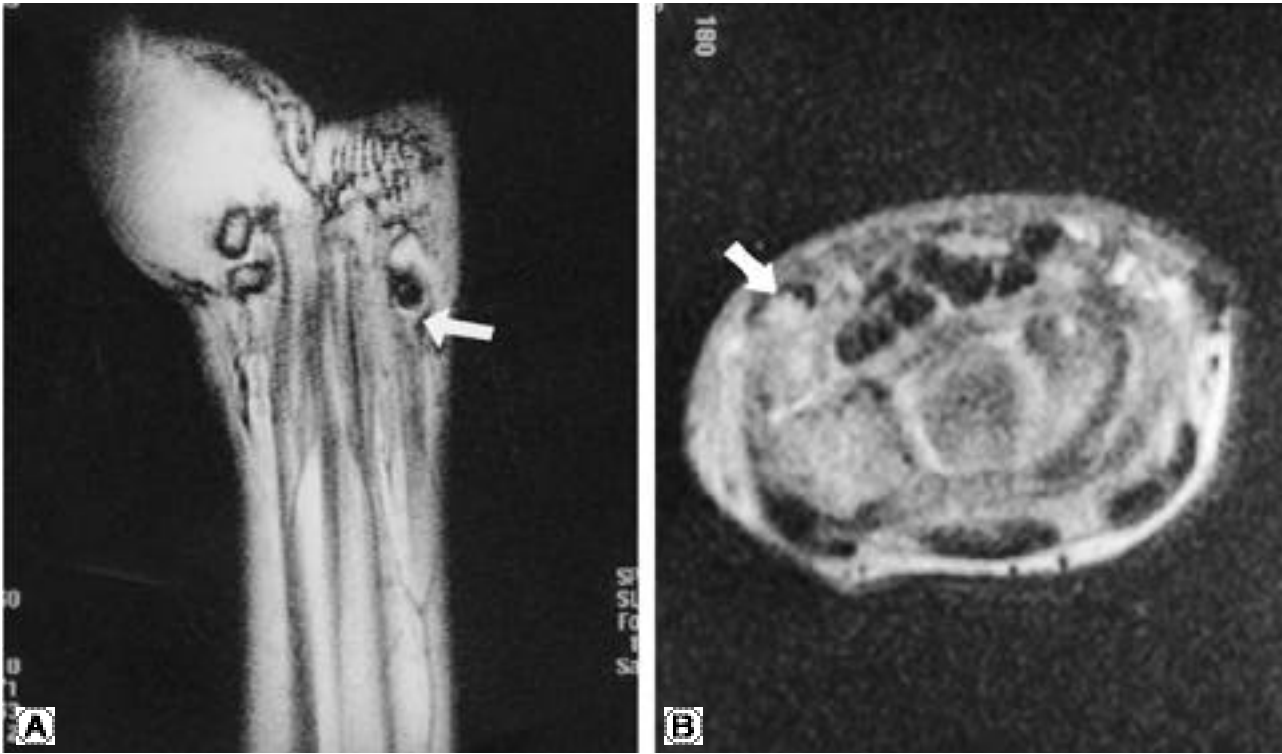


Fig. 3. MRI of left wrist, It shows high signal intensity below flexor carpi ulnaris that means tendinitis of flexor carpi ulnaris (arrow)



Fig. 4. Carpal tunnel view after pisiform excision, showing absence of pisiform.

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**Table 1-A.** Summary of cases.

Case No	Job	Duration of symptom	Physical examination			Radiologic study		
			tenderness	stress test	pain on ulnar deviation	carpal tunnel view	WBBS	CT
1	librarian	8 month	+	-	+	calcific lesion		S
2	housewife	4 month	+	+	-	-	H	
3	housewife	3 month	+	-	-	calcific lesion		F
4	cook	10 month	+	+	-	-	H	
5	amateur golfer	2 month	+	+	+	calcific lesion		T
6	weight trainer	5 month	+	-	-	-	H	

S: sclerosis at pisiform, H: hot uptake at pisiform, F: fluid collection, T: T2, high signal

**Table 1-B.** Summary of cases.

Case No.	Job	Conservative Tx			Operation
		NSAID	Splint immobilization	Steroid injection	pisiform excision
1	librarian	+	+	-	O
2	housewife	+	+	3	-
3	housewife	+	+	-	-
4	cook	+	-	4	O
5	amateur golfer	+	+	-	-
6	weight trainer	+	+	9	O

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가 (supinated oblique view), (carpal tunnel view), (computed tomography) bone scan), (whole body image) 가 (magnetic resonance image) 가 T2

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## REFERENCES

- 1) **Albert B and Jurgen K:** Mechanical strain at the pisotriquetral joint, Clin Anatomy 11 : 320-326, 1998.
- 2) **Carroll RE and Coyle MP:** Dysfunction of the pisotriquetral joint: Treatment by excision of the pisiform. J Hand Surg, 10-A : 703-707, 1985.
- 3) **Carroll RE, Stinton W, Garcia A:** Acute calcium deposits in the hand, JAMA 157: 422-426, 1955.
- 4) **Dilley DF, Tonkin MA:** Acute calcific tendinitis in the hand and wrist, J Hand Surg [B] 16: 215-216, 1991
- 5) **Dobyns JH, Sim FH, Linscheid RL:** Sports stress syndromes of the hand and wrist, Am J Sports Med 6: 236-254, 1978
- 6) **Helal B:** Racquet player's pisiform. Hand, 10: 87-90, 1978
- 7) **Palmieri TJ:** Pisiform area pain treatment by pisiform excision, J Hand Surg [Am] 7: 477-480, 1982.
- 8) **Paley D, McMurtry RY:** Pathologic conditions of the pisiform and pisotriquetral joint, J Hand Surg [Am] 12: 110-119, 1987
- 9) **Shaw JA:** Acute calcific tendonitis in the hand, Orthop Rev 15: 482-485, 1986
- 10) **Thorson E, Szabo RM:** Common tendinitis problems in the hand and forearm, Orthop Clin North Am 23: 65-74, 1992.
- 11) **Wood MB, Dobyns JH:** Sports-related extraarticular wrist syndromes, Clin Orthop 202: 93-102, 1973