Search strategy
Medline 1966 to 06/98 using the OVID interface. ((exp elbow OR exp elbow joint OR elbow$ OR ti.ab.rw.sh OR exp radial fractures OR radial head ti.ab.rw.sh) AND (fat pad$ ti.ab.rw.sh OR effusion$ ti.ab.rw.sh OR exp haemarthrosis OR hemarthrosis ti.ab.rw.sh) LIMIT to human and english language.

Search outcome
Altogether 117 papers found of which 115 were irrelevant to the study question or of insufficient quality for inclusion; the remaining papers are shown in table 1.

Comment
It appears that a high proportion of patients with a positive elbow fat pad sign may be subsequently shown to have minor bony trauma. Most studies do not report on the clinical significance of missed fractures. Those that do (reported here) have found no clinically significant fractures at follow up. A larger prospective study with more robust follow up is required.

Clinical bottom line
There is no evidence to support routine repeat radiography of the elbow in patients with a positive elbow fat pad sign but no fracture.


Steroids in De Quervain’s tenosynovitis
Report by Andy Jones, Specialist Registrar
Search checked by Simon Carley, Clinical Fellow

Clinical scenario
A 32 year old female office worker presents to the emergency department with a three day history of a painful wrist. She works as an office temp and is therefore keen to return to work as soon as possible. You want to know whether using steroid injection has any advantage over your normal practice of prescribing oral non-steroidal anti-inflammatory drugs and splintage.

Three part question
In [young adults with a clinical diagnosis of De Quervain’s tenosynovitis] is [local steroid injection better than simple rest and analgesia] at [decreasing pain and reducing duration of symptoms]?

Search strategy
Medline 1966 to 06/98 using the OVID interface. [(exp tenosynovitis OR tenosynovitis ti.ab.sh) AND (De quervain ti.ab.sh OR de quervains ti.ab.sh OR exp wrist OR exp wrist ti.ab.sh)] AND [exp steroids OR steroids ti.ab.sh OR exp adrenal cortex hormones OR corticosteroids ti.ab.sh] AND maximally sensitive RCT filter).

Search outcome
Thirty two papers found of which 29 irrelevant and two of insufficient quality for inclusion; the remaining paper is shown in table 2.

Comment
No good evidence exists to answer our clinical scenario. The only evidence comes from a study on chronic De Quervain’s—the relevance to acute symptoms presenting to emergency departments is not clear. A randomised controlled trial comparing outcomes in patients presenting in the acute stages of the disease is needed.

Clinical bottom line
There is no evidence to support the use of steroid injections in acute De Quervain’s tenosynovitis.


Table 2

<table>
<thead>
<tr>
<th>Author, date, and country</th>
<th>Patient group</th>
<th>Study type (level of evidence)</th>
<th>Outcomes</th>
<th>Key results</th>
<th>Study weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weiss et al, 1994, USA</td>
<td>87 patients (93 wrists) with active disease, mean duration of symptoms 7 months Injection alone (lidocaine and betamethasone mixture)</td>
<td>Controlled trial</td>
<td>Symptoms and signs at 3–4 weeks and then as required</td>
<td>Injection only group (27/42) did better than splint only group (7/37) (p&lt;0.001)</td>
<td>Not a randomised trial and no power study</td>
</tr>
</tbody>
</table>

The patients are suffering chronic rather than acute symptoms