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Le site de l'arthrose

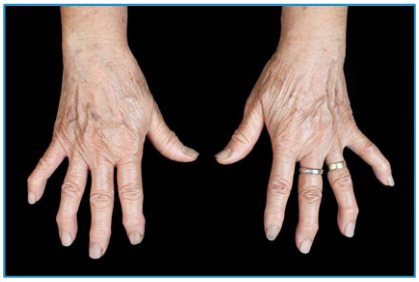
Rhizarthrosis

Patient information SHEETS 6

Osteoarthritis of the thumb or rhizarthrosis is common, often well tolerated and treated with the usual drugs for osteoarthritis.

The lesion is at the base of the thumb

In rhizarthrosis the osteoarthritic lesions are located at the joint between the first metacarpal and the wrist bone (the trapezium). This is osteoarthritis of the trapeziometacarpal joint. This joint allows a movement known as "opposition of the thumb." This joint allows you to put your thumb in opposition to your other fingers. This is the joint that comes into play in "pinching" movements (thumb and index finger, thumb and little finger, etc.).

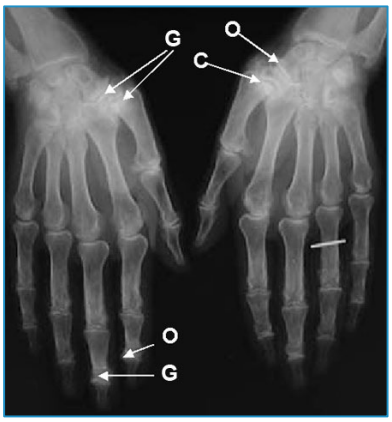


In the long term, an affected joint determines:
- a "Z-shaped" deformation of the thumb at the joint;
- a reduction in volume of the muscles of the palm of the hand (those in the extension of the thumb).

Thumb osteoarthritis is very common

Thumb osteoarthritis is as common as osteoarthritis of the fingers (at the joint of the distal phalanx). It mainly concerns women in the perimenopausal period (20% of women).
The "anatomical" lesion is well tolerated as only one in five lesions causes symptoms. The osteoarthritis is most often primitive (without a trigger factor). In rare cases, there is a trauma or microtrauma factor behind rhizarthrosis.

The main symptom is pain



The pain is triggered by mechanical activity and relieved by rest.
It evolves in successive flare-ups.

The doctor's examination reveals:
- pain in mobilisation of the thumb, sometimes associated with a crackling noise;
- a decrease in muscular strength in pinching movements.

Radiology confirms the diagnosis of rhizarthrosis, mentioned during the examination, on discovering the three signs of osteoarthritis: joint space narrowing (reduction in the height of the space between the two bones), compression of the part of the bone located under the cartilage and bony spurs at the junction between the bone and cartilage (osteophytes or parrot beaks).

Bilateral digital osteoarthritis affecting the distal interphalangeal joints (DIP) and bilateral rhizarthrosis (O: Osteophyte - G: Geode - C: Condensation or Sclerosis)

The treatment is in 3 parts

Non-drug measures summed up by rest splints and maintaining joint mobility by doing exercises.

Drugs are administered in tablet form:
- analgesics with paracetamol as the drug of choice;
- short-term non-steroidal anti-inflammatory treatment during episodes of painful flare-ups, with the precautions for use;
- Symptomatic slow-acting drugs (SYSADOAs) as a long-term treatment.

Drugs are administered locally as:
- topical anti-inflammatory gels effective on small joints;
- intra-articular injection of corticosteroids reserved for inflammatory flare-ups with nocturnal pain.

Surgery is considered when drugs are failing.
The type of surgery depends on many factors (age, clinical assessment, the patient's wishes).

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