Arthritis of the Wrist

What is Arthritis?

Arthritis of all types is essentially a wearing away of the smooth gliding surfaces of the joints. The joint surfaces are made up of articular cartilage. These surfaces can be damaged or destroyed by a number of different illnesses and processes. Some diseases of the joints include Osteoarthritis, Crystalline Arthropathy such as Gout and Pseudogout, Rheumatoid Arthritis, and a variety of other systemic inflammatory illnesses like Psoriasis, Lupus (SLE), Hemochromatosis, Scleroderma, and Ankylosing Spondylitis to name a few. Trauma including ligamentous injuries and fractures in and around the joints can also cause arthritis; arthritis of this type is called Traumatic Arthritis. Arthritis as a result of infection of a joint is referred to as Infectious Arthritis. Certain developmental issues can also lead to arthritis including growth plate disturbances and Madelung's Deformity. Decreased vascular supply to certain bones can lead to underlying skeletal injury, which can then result in arthritis. Examples in this category include Osteochondral Defects (OCD) and Kienböck's Disease. Arthritis can also be the result of a combination of factors and disease processes. Systemic inflammatory illnesses such as Rheumatoid Arthritis can also affect a number of other organ systems in the body besides just the joints.

Do all forms of Arthritis look the same?

No. Although any joint in the hands and wrists — or in the entire body for that matter — can develop arthritis, the typical overall joint patterns can differ between various types of arthritis. In certain types of arthritis, some joints are affected more than others. In Osteoarthritis for example metacarpal phalangeal (MCP) joints are typically spared. But even between patients with the same type of arthritis, the presentation and severity can vary greatly.

Specific Examples of Wrist Arthritis

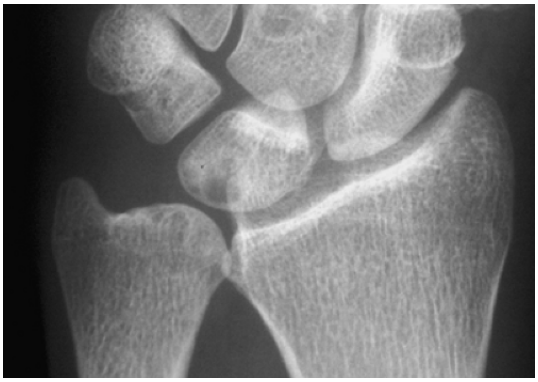
Crystalline Arthropathy
Pseudogout and Gout

STT Joint Osteoarthritis

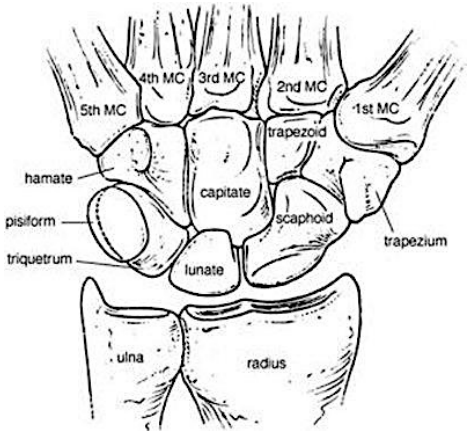
Kienböck's Disease

Rheumatoid Arthritis

SLAC Wrist Arthritis



Ulnar Impaction Syndrome



Skeletal Wrist Anatomy

How is Arthritis treated?

The answer depends in part on the type of arthritis one has, especially when it comes to medications for systemic inflammatory illnesses and surgery for specific joints. But many **non-operative treatments** are typically helpful for all forms of arthritis. Application of ice to the affected areas and joints can decrease swelling and pain. It is best to use ice at the end of the day or after an activity. The ice should be wrapped in a towel and not applied directly to the skin. Better yet, a bag of frozen corn kernels works well in this regard. Applying ice for 15 minutes at a time, on and off, for several cycles is typically most effective. Remember, before using the hands and wrists, they should be nice and warm in order to keep the soft tissues flexible and prevent injury. Various wraps and splints can also be applied in order to provide some compression, stability, and immobilization.

Non-steroidal anti-inflammatory medications (NSAID's) — such as Motrin, Ibuprophen, Advil, Aleve, Naprosyn, Celebrex, Diclofenac, and Relafen — can help alleviate pain and associated inflammation. These types of medications should be taken after meals. Many people take these medications on a long-term basis without any difficulty. If you end up taking NSAID's for more than 3 months at a time, you should ask your primary care physician about obtaining blood work to check that your liver and kidneys are functioning normally. Additionally Tylenol or Acetaminophen can be taken along with an NSAID for additional pain relief. Tylenol may also be a reasonable alternative if one is unable to take NSAID's due to gastrointestinal issues or anticoagulation for other medical problems.

Some people also find glucosamine and chondroitin sulfate tablets of benefit. There are a number of topical treatments, which some patients have found helpful including Capsaicin cream, Bengay, CBD oil, Voltaren Gel, and Icy-Hot ointment to name a few. Proven benefit and mechanism of action of these topical treatments are not well established, but they usually do not cause any harm and may provide some relief.

Are repetitive exercises helpful for my Wrist Arthritis?

No. Joints with arthritis will not improve by repetitively moving or cycling them. Forcing the wrists to extremes of motion will likely make them feel worse. Also bearing weight on the hands can cause significant pain in the wrists. This being said, many patients with arthritis are able to use their hands and wrists for a wide variety of activities with a tolerable amount of symptoms or no symptoms at all. You should use your hands and wrists for all activities with which you feel comfortable. Many people with various forms of arthritis choose to use their hands and wrists for work or extracurricular activities which they enjoy. And that's okay. Pain from arthritis during regular activities is allowable and does not necessarily mean that you are causing any irreparable harm or that your arthritis is worsening as a result.

What about cortisone?

Cortisone injections can relieve symptoms of pain and associated inflammation of an arthritic joint for a time. However, the effect of the injection will be temporary, as cortisone does not *cure* arthritis. How long the cortisone injection will last is quite variable and can range anywhere from several weeks to 6 months or so. It is difficult to predict how effective a cortisone injection will be and how long it will last for any one particular patient.

Is there surgery for all forms of Wrist Arthritis?

Yes. There are many surgeries that have been developed and performed over the years. Different surgeries have met with varying degrees of success depending on the type of arthritis, the joints involved, and the severity of arthritis. Certain surgeries may be recommended for certain stages or severity of an arthritic process as is the case with **Scapholunate Advanced Collapse Arthritis (SLAC Wrist)** (see Picture). Remember that the decision to proceed with surgery is based on a combination of factors including symptoms, duration/effectiveness of nonoperative treatment, and function. Your hand surgeon can help you decide what treatment is best for you.