

## RE: ULTRASOUND-GUIDED CORTICOSTEROID INJECTION FOR THE TREATMENT OF DE QUERVAIN'S TENOSYNOVITIS

*The Author Responds:* The authors thank the reviewers for their remarks.

For the first point, they are right because in case of inflammation, tendons appear enlarged. There is a typographic error in the quoted sentence of the article: the correct word is “thickened” and not “thinner.” Indeed, as can be read in the legend of Figure 1, the tendons of the abductor pollicis longus and extensor pollicis brevis muscles appeared “thickened” because “the tendon sheaths are distended and surrounded by a fluid that gives the appearance of a circumferential hypoechoogenicity.”

For the second point, because there is no criterion standard method to inject the tendon’s sheath, the authors believe that the exclusive use of either the in-plane or the out-of-plane technique is not indicated. Both have their advantages and limitations, and the choice depends on the experience of the operator.

Although the insertion of the needle parallel to the transducer is considered a good technique, because the entire length of the needle can be seen at all times, the authors believe that limitations can also occur in this approach. Moreover, if the authors want to inject both the abductor pollicis longus and extensor pollicis brevis tendons’ sheath, they have to perform two separate injections, whereas with the needle perpendicular to the transducer, they can inject both tendons’ sheath with only one injection (Figs. 1A, B).

From the authors’ experience, with the metal wire technique, there is no risk for intratendinous injection. Indeed, after the wire profile is marked, the needle is inserted

perpendicularly to the transducer and is moved forward until the authors are sure that the tip is within the tendon’s sheath and they are injecting only the synovial swelling.

The authors believe that their approach is ideal to inject the superficial structures such as, for example, trapeziometacarpal injection.<sup>1</sup> Indeed, in their video, the operator performs a peritendinous synovial injection, a superficial procedure.

### REFERENCE

1. Di Sante L, Cacchio A, Scettri P, et al: Ultrasound-guided procedure for the treatment of trapeziometacarpal osteoarthritis. *Clin Rheumatol* 2011;30:1195–200

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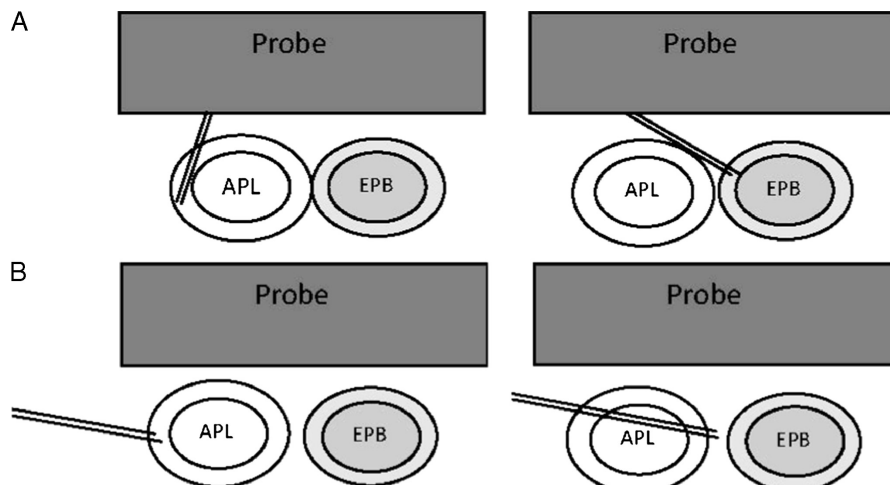
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**FIGURE 1** The needle is placed perpendicular (A) and parallel (B) to the transducer for injection into the tendon sheath of the abductor pollicis longus (APL) and extensor pollicis brevis (EPB) muscles.