

Palmar tendon in palmar cord (Bowstring): complication of surgical treatment of trigger finger by section of the A1 and A2 pulleys

Tendón palmar en cuerda palmar (Bowstring): Complicación del tratamiento quirúrgico del dedo en gatillo por sección de las poleas A1 y A2

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Trigger finger (stenosing tenosynovitis) (TE) occurs most frequently in adults between the fifth and sixth decades, with a prevalence of 2 to 3% and an annual incidence of 28 per 100,000; TE is located proximal to the pulley called A1, which exhibits marked hypertrophy, degeneration, cyst formation and infiltration of plasma cells and chondrocytic proliferation of type III collagen (1).

The surgical solution of the clubbed finger is the excision of the A1 pulley (2); within the usual anatomical configuration of the pulleys, the separation between the A1 and A2 pulleys measures between 0.4 and 4.1 mm; different anatomical studies have demonstrated continuity of both pulleys between 50% and 65% of people (3); the iatrogenic rupture of the A2 pulley causes the presentation of the tendon in a rope (Bowstring finger, from the Anglo-Saxon literature).

There are few cases reported in the literature on lesion of the A2 pulley produced after the release of a trigger finger, being one of the main complications of this surgery (4); since it is a short surgery, relatively simple and with good functional results, it leads unqualified personnel to perform it.

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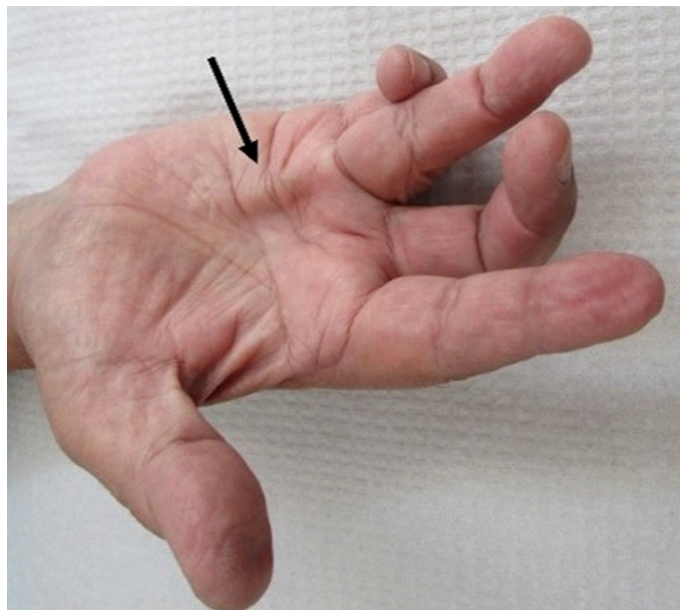
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Figure 1. Flexor bowstring tendon (bowstring finger) of the ring finger of the right hand, by section of the A1 and A2 pulleys; the lower part shows a diagram of the pulleys of the fingers of the hand



Contribution of the authors

Single authorship.

Interest conflict

We declare that we have no conflict of interest.

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